

# CITY OF VANCOUVER

## LICENCES & INSPECTIONS DEPARTMENT

City Hall, East Wing  
453 West 12th Avenue  
Vancouver, BC, Canada V5Y 1V4  
Within Vancouver Telephone: 3-1-1  
Outside Vancouver: 604-873-7000



## CHIEF LICENCE INSPECTOR

B. Windsor

Joandon Construction Inc  
C/O WEIMING ZHAO  
7275 SALISBURY AVENUE UNIT 303  
BURNABY, BC CAN

# 2010

Account #: 495016

Licence #: 10-153412

## BUSINESS LICENCE

Issued Dec 10, 2009

Expires Dec 31, 2010

Business Licence Holder: Joandon Construction Inc

Business Trade Name: Joandon Construction Inc

Located At: 7275 Salisbury Ave Unit 303 Burnaby BC V5E

Business Type: CT - Contractor

Subtype: Alterations & Repairs

BL Renewal Fee	\$147.00
Total Fee Paid:	\$147.00

The above named, having paid the required fees, is hereby licensed to carry on the business, trade, profession or other occupation stated herein. This licence is issued subject to the provisions of all by-laws of the City of Vancouver now or hereafter in force and to all amendments that may hereafter, during the currency of this licence, be made to said by-laws. In issuing this licence the City does not represent or warrant compliance with other City of Vancouver by-laws. The licensee is responsible for ensuring compliance with all relevant by-laws of the City. This licence must be posted upon the licensed premise and is valid at this address only.



**CORPORATION OF THE CITY OF NEW WESTMINSTER**  
511 ROYAL AVENUE, NEW WESTMINSTER BC V3L 1H9 604-527-4565

**\* 2009 BUSINESS LICENCE \***

THIS LICENCE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE BUSINESS PREMISES. THIS LICENCE IS ONLY VALID AT SPECIFIED LOCATIONS.

BUSINESS & LOCATION:

**JOANDON CONSTRUCTION INC  
BUSINESS - OUT OF TOWN**

LICENCE NO: **123953**

LICENCE FEE: **\$140.48**

EXPIRES ON: **Dec 31, 2009**

LICENSEE:

**JOANDON CONSTRUCTION INC  
303-7275 SALISBURY AVE  
BURNABY BC V5E 4E1**

HAS PAID THE REQUIRED LICENCE FEE AND IS ENTITLED TO CARRY ON THE BUSINESS DESCRIBED AS:

**CONTRACTOR - NON RESIDENT GENERAL**

This is to certify that the licensee is entitled to carry on such business as indicated within the City of New Westminster in a lawful manner and is issued subject to the provisions of all bylaws in effect in the City of New Westminster.



Head Office: 1200, 321 - 6th Avenue S.W., Calgary, Alberta T2P 4W7

# Contractors Edge

Renewal

Policy Number: 501165254

Intact Insurance Company hereinafter called the Insurer.

The Policy Declarations together with the Supplementary Declarations, Policy Conditions, forms, riders and endorsements, if any, issued to form a part thereof, completes the Policy.

## POLICY DECLARATIONS

**Name of Insured** Joandon Construction Inc

**Mailing Address** 7275 Salisbury Avenue  
Burnaby, BC V5E4E1

**Policy Period** From July 05, 2009 To July 05, 2010  
12:01 a.m. standard time at the postal address of the Named Insured stated herein.

**Insured's Business Operations** Building Renovations and Repairs

**Broker** Metrotown Insurance Services Ltd  
4277 Kingsway Unit M3 Burnaby, British Columbia  
V5H3Z2  
Phone No. 604-437-0929

**Broker No.** 38184 Branch ID B

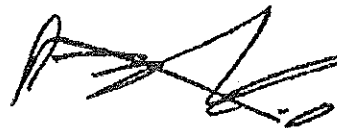
**Total Policy Premium** \$ 1,627 **Minimum Retained Policy Premium** \$ 0

**Billing Method** Agency Bill

In witness whereof the Insurer has duly executed this policy, provided however that this policy shall not be valid or binding unless countersigned by a duly Authorized Representative of the Insurer.



Authorized Representative



Authorized Representative

This Policy Contains a Clause(s) That May Limit the Amount Payable

Office: 1200, 321 - 6th Avenue S.W., Calgary, Alberta T2P 4W7



## Contractors Edge

Policy Number: 501165254

Insurance provided subject to the Declarations, Terms, and Conditions of the policy and its Forms only for the coverages for which specific Forms are attached and for which a specific Limit or Amount of Insurance is shown hereunder.

**THE FOLLOWING COVERAGES APPLY TO ALL LOCATIONS UNLESS OTHERWISE SPECIFIED.**

MISCELLANEOUS COVERAGES						
FORM#	FORM AND COVERAGE(S)	DEDUCTIBLE	PERILS	VALUATION	CO-INSURANCE	LIMIT OF INSURANCE
BF04	Contractor's Equipment (Actual Cash Value)					
	Contractors Tools	\$ 1,000	Broad Form	Actual Cash Value		\$ 2,000
E074	Data Exclusion					
E077	Terrorism Exclusion					
E078	Fungi and Fungal Derivatives Exclusion					

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## Contractors Edge

Policy Number: 501165254

### GENERAL LIABILITY COVERAGES

FORM#	FORM AND COVERAGE(S)	DEDUCTIBLE	LIMIT OF INSURANCE
LR02	Commercial General Liability		
	Coverage A - Bodily Injury Deductible: Per Occurrence	\$ 1,000	
	Coverage A - Bodily Injury and Property Damage Liability		Each Occurrence Limit \$ 2,000,000
	Coverage A - Bodily Injury and Property Damage Liability		General Aggregate Limit \$ 5,000,000
	Coverage A - Products-Completed Operations		Aggregate Limit \$ 2,000,000
	Coverage A - Property Damage Deductible: Per Occurrence	\$ 1,000	
	Coverage B - Personal Injury and Advertising Injury Liability		\$ 2,000,000
	Coverage C - Medical Payments		Per Person \$ 10,000
	Coverage D - Tenants' Legal Liability	\$ 1,000	\$ 100,000
EL10	Contractors Edge Plus Coverage Endorsement (Liability)		As Per Form
L249	Water Ingress Exclusion Endorsement		

Form Of Business: Corporation

#### RATING INFORMATION:

Rating Description: Building Renovations and Repairs

Rating Base: Receipts

Advance Premium: \$ 1,499

#### RATING INFORMATION:

Rating Description: Power Washing and Roof Repair

Rating Base: Receipts

Advance Premium: \$ 1



WORKING TO MAKE A DIFFERENCE  
worksafebc.com

# 2009 Quarterly Payroll Report and Payment



48886

JOANDON CONSTRUCTION INC.  
303 - 7275 SALISBURY AVENUE  
BURNABY BC V5E 4E1

Account number	761653-AQ
Payroll report ID	007725939
<b>DUE DATE</b>	<b>OCT 20 2009</b>
Period covered	JUL 01 2009 SEP 30 2009
* E-banking number	7616536

\* Electronic and Internet banking

KEEP A PHOTOCOPY FOR YOUR RECORDS

For quick, easy, no delay reporting and payment choose one of these options:

- Report payroll and pay online (24/7) at **WorkSafeBC.com** and click Report Payroll
- Report payroll and pay over the phone (24/7) by calling 1 877 FilePay (1 877 345-3729)

Or choose one of these reporting and payment options (allow 5 days for processing):

- Mail this completed page in the enclosed envelope along with your payment
- Fax this completed page to 604 244-6490 or toll-free at 1 888 992-6622 and mail your payment (including the payment stub) in the enclosed envelope

**STEP 1 REPORT YOUR PAYROLL** (by the DUE DATE to avoid a payroll estimate)

Report your payroll for this quarterly period only, in whole Canadian dollars.

761653-AQ - 007725939

CLASSIFICATION DESCRIPTION

721027  
House, Other Wood Frame  
Constr, Renovation

A	Wages, salaries and shareholders' earnings *	\$	4,500.00
B	Payments to subcontractors	\$	56,930.00
C	Total (A + B)	\$	61,430.00
D	Net rate		3.77 %
E	Premium (C x D)	\$	2,315.91

\* Maximum assessable payroll per worker for 2009 is \$68,500

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**AVOID PENALTIES AND ESTIMATES**

If we do not receive your payroll information by **OCT 20 2009**, we will estimate your payroll amount. This may affect your clearance status.

**You must report your payroll, even if your payroll is nil or if you have no amount due.**

Deduct credits accumulated as at SEP 26 2009	\$	OCT 20 2009
Amount due	\$	2315.91

Stamp: OCT 20 2009  
Stamp: WORKSAFE BC  
Signature: paav.

**STEP 2 MAKE YOUR PAYMENT** (by the DUE DATE to avoid a penalty)