



Certificate of Insurance

**Proof of liability insurance will be accepted on this form only (no amendments)
This form must be completed and signed by your insurer or insurance broker
Insurance company must be licensed to operate in Canada**

This is to certify that the Named Insured, hereon is insured as described below

| | |
|---|------------------------------|
| Named Insured | Address of the Named Insured |
| Operations of the insured for which this certificate is issued: | |

Automobile Liability Insurance (minimum limit to be evidenced - \$2,000,000 unless otherwise required)

| Insuring Company | Policy Numbers | Amount of Coverage | Effective Date DD/M/YR | Expiry Date DD/M/YR |
|------------------|----------------|--------------------|------------------------|---------------------|
| | Primary | | | |
| | Excess | | | |

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

Commercial General Liability Insurance (minimum limit to be evidenced - \$2,000,000 unless otherwise required)

| Insuring Company | Policy Numbers | Amount of Coverage | Effective Date DD/M/YR | Expiry Date DD/M/YR |
|--|----------------------------------|--|------------------------|---------------------|
| | CGL | Per Claim/Annual Aggregate Deductible, if any | | |
| | Excess Liability (if applicable) | Per Claim/Annual Aggregate | | |
| Provisions of Amendments or Endorsements of Listed Policy(ies) | | | | |

Provisions of Amendments or Endorsements of Listed Policy(ies)

Professional Liability – Claims Made Basis - Yes No

| Insuring Company | Policy Numbers | Amount of Coverage | Effective Date DD/M/YR | Expiry Date DD/M/YR |
|------------------|---|----------------------------|------------------------|---------------------|
| | Professional Liability | Per Claim/Annual Aggregate | | |
| | Excess Professional Liability (if applicable) | Per Claim/Annual Aggregate | | |

- Is the limit inclusive of indemnity and claims expenses – Yes No
- If the policy is on a claims made basis have there been any claims notices given for this policy term Yes No

Commercial General Liability Insurance is written on an occurrence basis and is extended to include Premises Liability, Products/Completed Operations, Cross Liability and Severability of Interests Clause, Personal Injury Liability, Contractual Liability, Property Damage, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, and Contingent Employers Liability.

With respect to the Commercial General Liability Insurance excluding non owned auto coverage, The Corporation of the Town of Whitby, is added as Additional Insured but only with respect to liability arising out of the operations of the Named Insured.

Other Additional Insureds as per contractual conditions are as follows: (Note if Applicable)

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the Town of Whitby.

These policies shall not be cancelled or changed so as to reduce the coverage as outlined on this certificate without thirty (30) days, prior written notice by registered mail by the Insurer(s) to the Corporation of the Town of Whitby, Corporate Services Department, Purchasing Section, 575 Rossland Road East, Whitby, Ontario L1N 2M8.

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

| | | |
|---------------|--|---|
| Date: DD/M/YR | Broker/Insurer's Name, Address, Telephone, Fax and E-Mail: | Signature and Stamp of Certifying Official: |
| | | Print Name |