

Standard Certificate of Insurance

Form must be completed and signed off by your insurer or broker. Proof of liability insurance will be accepted on this form only with no alterations. Note: Checked boxes confirm coverage in place.

Section 1: Insurer Information					
Contract/ Project/ Purchase Order Title, Number and Description ("the Contract"):					
Named Insured:					
Address:					
Phone:	Fax:				
Insurers affording coverage (exact F.S.	.C.O. licensed name):				
Insurer(s) licensed to conduct business in Or	ntario and/or Canada				
Insurer A:	Insurer B:				
Insurer C:					
Additional Insured as required by the	Contract:				
The Regional Municipality of Niagara	Niagara Regional Police Services Board				
Other additional insureds as required by the	Contract:				
Section 2: Types of Insurance					
Commercial General Liability ("CGL")	policy:				
Insurer A Insurer	B Insurer C				
Policy #: Effective	e date: Expiry date:				
Each occurence (\$):	Deductible/SIR (\$):				
and Severability of Interest, Blanket Contractual	ing: Bodily Injury, Death and Property Damage, Cross Liability Liability, Premises and Operations, Personal and Advertising mer's and Contractors Protective, and Non-owned Automobiles.				
Check which of the following are also include	led in the CGL Policy:				
Employer's liability	No sexual abuse or molestation exclusion				

Automobile Liability ("Auto") Policy:				
Insurer A	Insurer B	Ins	Insurer C	
Policy #:	Effective date:	Ex	xpiry date:	
Limit of Liability (\$):	All ow	ned automobiles	All leased automobiles	
Excess/Umbrella Liability Policy:				
Insurer A	Insurer B	Ins	surer C	
Policy #:	Effective date:	Ex	xpiry date:	
Limit of Liability (\$):	Deductible/SIR:			
Occurence basis	Excess policy	Ur	mbrella policy	
Follows form to: CGL (above)	Auto (above)	Other (incl.pol. #)		
Other Coverage Details:				
All insurance coverages indicated above comply with the contract except as specified below:				
Section 3: Provisions/Amendments/Endorsements				
a. The above noted Additional Insured(s) has/have been added as the Additional Insured except for the Auto Policy and the Professional Liability Policy, but only with respect to liability arising out of operations of the Named Insured.				
b. The Policies identified above shall apply as primary insurance and not excess to any other insurance or self insurance available to the Additional Insured(s).				
c. Any failure to comply with any of the terms and conditions of the Policies of the Named Insured shall not affect coverage provided to the Additional Insured(s).				
d. In the event that there is a material change in the foregoing Policies or coverage affecting the Additional Insured(s) or cancellation of coverage before the expiration date of any of the foregoing Policies, the undersigned will give thirty (30) days prior to written notice (fifteen (15) days for auto liability) by registered mail or facsimile transmission to: The Regional Municipality of Niagara Attention: Legal Division, 1815 Sir Isaac Brock Way, Thorold, Ontario, L2V 4T7 Fax: 905-685-7931				
This is to certify that the policies of insurance as described above have been issued by the undersigned to the Named Insured and are in force at this time. This Certificate of Insurance is executed and issued to the Additional Insured(s) on the date written below.				
Name of insurer or broker issuing certificate:				
Address:				
Phone: Fax:		Email:		
Name of authorized representative or	official:			
Signature of authorized representative	or official		Date [.]	