

Form must be completed and signed off by your insurer or broker. Proof of liability insurance accepted on this form only with no alteration. 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 Ontario and/or Canada

Insurer A:

Insurer B:

Insurer C:

Insurer D:

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	Insurer D
Policy #:	Effective date:	Expiry date:	
Each occurrence (\$):		Deductible (\$):	

CGL Policy on a per occurrence basis including: Bodily Injury, Death and Property Damage, Cross Liability and Severability of Interest, Blanket Contractual Liability, Premises and Operations, Personal and Advertising Injury, Products and Completed Operations, Owner’s and Contractors Protective, and Non-owned Automobiles.

Check which of the following are also included in the CGL Policy:

- | | |
|--------------------------|---|
| Employer’s liability | No asbestos exclusion or covered by endorsement |
| Tenant’s legal liability | CCDC compliance |
| No XCU exclusion | Other |
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Automobile Liability (“Auto”) Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limit of Liability (\$):	All owned automobiles		All leased automobiles

Excess/Umbrella Liability Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limit of Liability (\$):	Deductible/SIR:		
Occurrence basis	Excess policy		Umbrella policy

Follows form to:

CGL (above)	Auto (above)	Other (incl.pol. #)
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Professional Liability/Errors and Omissions Liability Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Per claim (\$):	Deductible/SIR (\$):		

Builder’s Risk Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limits of coverage amount (\$):			

Broad Form Property Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limits of coverage amount (\$):			

Boiler and Machinery Policy:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limits of coverage amount (\$):			

Installation Floater:

Insurer A	Insurer B	Insurer C	Insurer D
Policy #:	Effective date:	Expiry date:	
Limits of coverage amount (\$):			

Broad Form Contractor's Equipment Policy:

Insurer A Insurer B Insurer C Insurer D
Policy #: Effective date: Expiry date:
Limits of coverage amount (\$):

Contractor's Pollution Liability Policy:

Insurer A Insurer B Insurer C Insurer D
Policy #: Effective date: Expiry date:
Limits of coverage amount (\$):

Environmental Impairment Liability Policy:

Insurer A Insurer B Insurer C Insurer D
Policy #: Effective date: Expiry date:
Limits of coverage amount (\$):

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: Date:

Signature of authorized representative or official: