

Standard Certificate of Insurance



1. Proof of insurance will be accepted on this Certificate only, without amendments.
2. Completed certificates must be signed and submitted to one of the departments provided in Item #5 of the requirements section below.
3. This Certificate must be completed and signed by an Insurance Company or authorized insurance broker licensed and able to conduct business in Canada.

Named Insured: _____

Address of Named Insured: _____

Location and description of work/activity/contract to which this certificate applies: _____

Type of Insurance	Policy Number	Effective Date YYYY/MM/DD	Expiry Date YYYY/MM/DD	Limit of Liability	Deductible
Commercial General Liability	_____	_____	_____	_____	_____
Motor Vehicle Liability	_____	_____	_____	_____	_____
Umbrella/Excess Liability	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

The Named Insured and undersigned Insurer agree to and confirm the following requirements:

1. The Commercial General Liability Policy is extended to include Personal / Bodily Injury, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products – Completed Operations, Contingent Employers Liability, Cross Liability and Severability of Interest and Volunteers/Employee's as additional insured(s).
2. **The Corporation of the City of Vaughan** has been added as an **Additional Insured** under the Commercial General Liability Policy, but only with respect to the liability arising out of the aforementioned operations of the Named Insured.
3. Other Additional Insured(s): _____
4. The Named Insured and Insurer must declare deductible limits for each type of coverage applicable. All claims arising out of the operations which fall within the deductible limits are the sole responsibility of the Named Insured.
5. Should any of the described policies or part thereof be cancelled or materially changed, the Insurer must provide thirty (30) days written notice by registered mail to: The Corporation of the City of Vaughan to the respective department in the drop down box below:

Attention: _____

Email: _____

6. Protection under the General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insured identified above.

CERTIFICATION I have authorization to issue this Certificate for and on behalf of the Insurer(s). This is certification under my authority that the insurance policies and coverage stated in this Certificate are in effect as stated as per the date of signing. This Certificate is valid until the expiration date(s) indicated unless notice is provided in writing pursuant to section #5 above.

Insurance Company: _____

Insurance Broker: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Phone: _____

Fax: _____

Authorized Insurance Company Official

Name (print) _____

Signature _____

Date (YYYY/MM/DD) _____

AUTHORIZED STAMP