

# Certificate of Insurance



Region's Contract No.:
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**This is to certify that the following policies of insurance, subject to their terms, conditions, and exclusions, have been issued and are at present in force for the insured named below, with the specified insurer.**

Name and Address of Insured
Description of Operations
Location of Operations (attach separate sheet if necessary)

Type of Insurance	Policy Number	Effective Date Y M D	Expiry Date Y M D	Limits of Liability
Commercial General Liability				\$ /Occurrence
				\$ Annual Aggregate
				Deductible \$
Name and Address of Insurance Company				

The Commercial General Liability Policy includes personal injury liability, occurrence property damage, contractual liability, non-owned automobile liability, owner's and contractor's protective coverage, products-completed operations, contingent employer's liability, and cross liability and severability of interests clauses.

**The Policy contains no exclusions or limitations with respect to the blasting, shoring underpinning, raising or demolition of any building or structure or subsidence of any property, or land from any cause.**

Type of Insurance	Policy Number	Effective Date Y M D	Expiry Date Y M D	Limits of Liability
Motor Vehicle Liability				\$ /Claim or loss
				Deductible \$
				Name and Address of Insurance Company
Professional Liability				\$ /Claim or loss
				\$ Annual Aggregate
				Deductible \$
Name and Address of Insurance Company				
Other (specify)				\$ /Claim
				\$ Annual Aggregate
				Deductible \$
Name and Address of Insurance Company				

Any Umbrella and/or excess insurance is in excess of both the Commercial General Liability and Automobile Liability policies. **The Regional Municipality of Peel and/or City of Brampton and/or City of Mississauga and/or Town of Caledon** have been added as additional insureds, but only with respect to their interest in the operations of the named insured, (excluding Automobile or Professional Liability policies). Any deductible or self insured retention is the sole responsibility of the named insured. If any Policy is cancelled or materially changed so as to reduce coverage during the period of coverage as stated above, or so as to affect this certificate, thirty (30) days prior written notice, by registered mail, will be given by the Insurer to:

**The Regional Municipality of Peel, 10 Peel Centre Dr., Brampton, ON L6t 4B9**

**This certificate is executed and issued to the Regional Municipality of Peel on the date stated below.**

Name and Address of Insurance Broker				
Signature of Authorized Representative of Broker or Insurance Company	Executed and Issued	Yr.	Mo.	Day

**Note:** Proof of liability insurance will be accepted on this form only (with no amendments).