

**CERTIFICATE OF INSURANCE** 

To be completed by Insurance Company or Agent duly
authorized to conduct business in the Province of Ontario

RETURN ONE COPY TO:

Licensing Services
East York Civic Centre 850 Coxwell Avenue, 3<sup>rd</sup> Floor Fax Number: 416-392-4515

Toronto, Ontario M4C 5R1 Phone Number: 416-392-6700

TYPE OF POLICY	Commercial General Liability (Minimum Limit - \$1,000,000.00 per occurrence)					POLICY CLASS	Pedicab Owner			
Name and Add		Name  L								
INSURING COMPANY		POLICY NUMBER		AMOUNT OF COVERAGE		EFFECTIVE DATE DD/MM/YY		EXPIRY DATE DD/MM/YY		
N	<b>N</b> ake	Year	VEHICLES COVERED BY			Y THE ABOVE POLICIES  Serial Number			M.L.S. Plate Number	
PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY										
. Commercial General Liability is extended to include Bodily Injury Liability, Contractual Liability and Contingent Employers Liability.										
If cancelled or changed to reduce the coverage as outlined in this certificate, during the period of coverage as stated herein, ten (10) days prior written notice by registered mail will be given by the Insurer to: Municipal Licensing and Standards, Licensing Services, East York Civic Centre, 850 Coxwell Avenue, 3 <sup>rd</sup> Floor, Toronto, Ontario, M4C 5R1.										
CERTIFICATION  I certify that the insurance is in effect as stated and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date shown, unless notice is given in writing in accordance with 5B.										
Date:				Signature & S Authori Represen of Insur	zed ative					