

Fiona Chapman, Director Business Licensing and Regulatory Services

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## **CERTIFICATE OF INSURANCE**

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

TYPE OF POLICY				POLICY CLASS		Driving School Owner and Instructor		
Name and A	ddress of I	nsured (as	s on Certificate of Registrati	ion) N	Vame			
				Ā	Address ar	nd Phone No	. of Insurance Agent (if a	applicable)
INSURING	COMPAN	NY	POLICY NUMBER	AMOUN	r of co	VERAGE	EFFECTIVE DATE	EXPIRY DATE
INSURING	COMIA	TOLICTIVENIBLE		ANIOUNT OF COVERIGE		VERAGE	DD/MMMMM/YYYY	DD/MMMMM/YYYY
			VEHICLES	COVERE	D BY TH	E ABOVE 1	POLICIES	
Make		Year	Model Serial Nu			umber	Motor Number	
			Insurance policy providing coror the motor vehicles desc	verage of n	ot less th	nan \$2,000,0		chicle as required by
ousiness of or	for use of	f a Drivir	for Passenger Hazard coving School of not less than tion 545-12A(9), as amend	\$2,000,000				
days prior writt	ten notice	to the Ex	fect on this date and may ecutive Director or his/her ttached herewith to this Ce	Designate,				
Note: <i>In the ev</i>	ent of a ch	ange in v	ehicles, a Substitution End	dorsement is	s to be fil	ed with Mur	nicipal Licensing and St	tandards.
Date:				Signature & Stamp of  Authorized Representative of Insurer:				