

**Certificate of Insurance**

To be completed only by the insurer or its authorized representative.

**Insured party**

First Name		Last Name	
Operating as			
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number	Mobile Number		Email

**Insurance information**

Name of Insurance Company	Policy number
Operations of the named insured for which this certificate is issued	
Commercial General Liability (minimum limit to be evidenced \$2,000,000.00)	Coverage per occurrence
Effective date (yyyy-mm-dd)	Expiry date (yyyy-mm-dd)

**Provisions of Amendments or Endorsements**

- A. Commercial General Liability is extended to include Personal Injury Liability, Broad Form Contractual Liability, Owner's/Contractor's Protective Coverage, Contingent Employer's Liability, Employer's Liability, Non-owned Automobile liability, Product's/Completed Operations, and, if applicable to the insured operations as detailed above, such as coverage for blasting, pile driving and collapse.
- B. The City of Toronto, its boards, agencies, commissions or subsidiary operations, as applicable, are included as Additional Insureds, but only with respect to liability arising out of the operations of the Insured for which a contract is issued by the City of Toronto.
- C. The Commercial General Liability policies identified above shall protect each insured in the same manner and to the same extent as though a separated policy has been issued to each, but nothing

## Certificate of Insurance

shall operate to increase the Limits of Liability as identified above beyond the amount(s) for which the Company would be liable if there had been only one Insured.

- D. The Commercial General Liability policies identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insureds as set out in item B.
- E. If cancelled or changed to reduce the coverage outline on this Certificate during the period of coverage as stated herein, thirty (30) days, or fifteen (15 days if cancellation is due to non-payment of premium), prior written notice by registered mail will be given by the Insurer(s) to the City of Toronto at the address provided for notice and communication in the contract between the Insured and the City of Toronto.

### Broker Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number	Mobile Number		Email

### Authorized Signature

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) indicated above unless notice is given in writing in accordance with item E.

Signature	Date (yyyy-mm-dd)
Stamp of Certifying Official	

The acceptance of this certificate by the City of Toronto does not certify that the limits of liability and terms and conditions of the policy referred to above meet the specified requirements of the Commissioner of Finance nor will the acceptance of this certificate by the City waive the City's rights of action against the application and/or insurer for failure to comply with provisions governing the use of permits and licences granted herein.