

Information about the Insured

To be completed only by the insurer or by its representative

Name of Insured	City of Toronto contact name, Address and Telephone Number City of Toronto Urban Forestry Services, Data Management Centre 18 Dyas Road, Toronto, ON M3B 1V5 Fax: 416-392-7815
Address and Telephone Number of Insured	

Address of the property adjacent to the proposed work / tree location

1. Commercial General Liability

minimum limit to be evidenced - \$2,000,000.00 per occurrence

Insuring Company	Policy Number	Policy Limit(s) (\$ per occurrence)	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)
Primary Insurer:				
Umbrella/Excess Insurer				
Applicable to Auto Coverage				

Certificate of Insurance

Parks, Forestry & Recreation, Urban Forestry

Commercial General Liability policy provisions:

- a) 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 or proposal is issued by the City of Toronto.
- b) The policy includes a Cross-Liability and Severability of Interest, Blanket Form Contractual Liability, Owner's and Contractor's Protective Liability, Broad Form Property Damage, Contingent and/or Employer's Liability, Non-Owned Automobile Liability, Products/Completed Operations and any other provision relevant to the contract work.
- c) The Commercial General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the City.
- d) If cancelled during the period of coverage as stated herein, thirty (30) days, (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 on this Certificate.

2. Automobile Liability
 minimum limit to be evidenced - \$2,000,000.00 per occurrence

Insuring Company	Policy Number	Policy Limit(s) (\$)	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)

Certification

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) stated in the "Expiry Date" provision, unless notice is given in writing in accordance with the provision of this Certificate.

Date:	Broker's or Insurer's Name and Address	Signature and Stamp or Certifying Official
-------	----------------------------------------	--------------------------------------------