



**CERTIFICATE OF INSURANCE**  
*(to be completed only by the Insurer or its authorized representative)*

Name of Insured:		Operating Name:		Telephone No.:
Address of Insured:			Postal Code:	
Name of Insurance Company:				
Operations of the named insured for which this Certificate is issued:  CaféTO			Permit #:	
<b>COMMERCIAL GENERAL LIABILITY</b> <i>(minimum limit to be evidenced - \$1,000,000.00)</i>				
Policy No. / Insuring Co.:	Effective Date (Month DD, YYYY):	Expiry Date (Month DD, YYYY):	Coverage (per occurrence):	
<b>PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)</b>				
<p>Commercial General Liability is extended to include Bodily Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employers Liability and Non-owned Automobile Liability.</p> <p>The City of Toronto has been named as an Additional Insured but only with respect to liability arising out of the operations of the Insured for which a permit, license or agreement has been issued by the City of Toronto.</p> <p>The Commercial General Liability policy(ies) identified above shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each but nothing shall operate to increase the limits of liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.</p> <p><b>If insurance is placed in primary and excess layers, file Separate certificates for each. If a facsimile has been transmitted, the original certificate must follow. The Commercial General Liability policy(ies) identified above shall apply as the primary insurance and not excess to any other insurance available to any of the Additional Insured as set out in Paragraph 2.</b></p> <p><b>If the policy is canceled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, thirty (30) days prior written notice (ten (10) days if cancellation is due to non-payment of premium) by registered mail will be given by the insurer to:</b></p>				
Municipal Licensing & Standards 850 Coxwell Avenue, 3rd Floor Toronto, Ontario M4C 5R1			Email: mlsroadallowance@toronto.ca Subject: COI Business Address of Insured	
Name of Insurance Broker:		Telephone No.:	Email Address:	
Address:			Postal Code:	
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) shown unless notice is given in writing.				
_____ Signature and Stamp of Authorized Representative			_____ Date	

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.