

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

Name of Insured Contractor/Trade	City of Toronto Contact Name, Address, and Telephone Number: Municipal Licensing and Standards Road Allowance 850 Coxwell Avenue, 3rd Floor Ontario, M4C 5R1
Address and Telephone Number of Insured:	MLSRoadallowance@toronto.ca <u>Operations of Named Insured for which certificate is issued</u>
Address of Adjacent property and name of Adjoining Owner(s) to which the Right-of-entry permit relates:	

Commercial General Liability – Minimum Limit to be evidenced - \$1,000,00.00				
Insuring Company	Policy Number	Policy Limit(s) (\$ per occurrence)	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)
Primary Insurer:				

Commercial General Liability Provisions:

- (i) The CITY OF TORONTO and the Adjoining Owner(s) are included as Additional Insureds with respect to liability arising out of the operations of the Insured in connection with the services being provided as described above.
- (ii) The Commercial General Liability Policy identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insureds as set out above, and shall include a cross-liability clause.
- (iii) 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.

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 (yyyy-mm-dd)	Broker's or Insurer's Name and Address	Signature of Certifying Official
-------------------	--	----------------------------------