

**Municipal Licensing and Standards** 

**Fiona Chapman, Director**Business Licensing & Regulatory Services

Please Reply to: Licensing Services 850 Coxwell Avenue, 3<sup>rd</sup> floor Toronto ON M4C 5R1

Tel: 416-392-6700 Fax: 416-392-4515

## **CERTIFICATE OF INSURANCE**

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

Type of Policy				Policy Class		DRIVESELF CAR RENTAL		
Name and Address o Registration)	Insure	d (as on	Certificate o	f	Name and	Address of Insurance A	Agent (i	f applicable)
INSURING COMPANY		POLICY NUMBER		AMOUNT OF COVERAGE		EFFECTIVE DATE day/month/year	EXPIRY DATE day/month/year	
MAKE	V YE		LES COVI	ERED		ABOVE POLICIES L NUMBER	S	MOTOR NUMBER
inclusive per vehicle as which comprises part o	require this Cer	d by Secrtificate.	ct. 219 of the	Insuran	mage policy ce Act for t	urance Company hereby providing coverage of the motor vehicles descri	not les bed abo	ss than \$1 MILLION ove, the description of
MUNICIPAL COD Standards shall be given	E, ART n at least	ΓICLE ten (10)	XV, SECT	ION 20 in writin	$07  \mathrm{B}(1)$ , eng of any car	with CHAPTER 545 dorsed to the effect that I icellation, expiration or v to be filed with Municipa	Municip ariation	oal Licensing and of the policy.
Date		_			Signature	& Stamp of Authorized I	Renrese	 ntative of Insurer