

**NO BINDER NUMBER****RETURN ONE COPY TO:****Municipal Licensing and Standards**

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

**City of Toronto
ML&S – Business Licensing
and Regulatory Services
East York Civic Centre
850 Coxwell Avenue, 3rd Floor
Toronto, ON M4C 5R1**

CERTIFICATE OF INSURANCE

TYPE OF POLICY		POLICY	Tow Truck Owner
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Name and Address of Insured (as on Certificate of Registration)	Name

	Address and Phone No. of Insurance Agent (if applicable)

INSURING COMPANY	POLICY NUMBER	AMOUNT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE
	Bodily Injury & Property Damage (Vehicle Licence Holder ONLY)		DD/MM/YY	DD/MM/YY
	Damage to Customer's Vehicles			
	Cargo			

Make	Year	VEHICLES COVERED BY THE ABOVE POLICIES		M.L.S. Plate Number
		Model	Serial Number	

The above-named insurer(s) hereby (certify/certifies) that (it/they has/have) issued to the above-named insured the following policies:
(Please delineate the appropriate terms)

- _____ a Bodily Injury and Property Damage policy providing coverage of not less than \$2,000,000.00 inclusive per vehicle as required by Section 219 of the Insurance Act for the motor vehicles described above, the description of which comprises part of this Certificate;
- _____ Extended Protection in an amount of not less than \$100,000.00 against liability for damage to customer's vehicles while in the care, custody or control of the insured;
- _____ a Cargo Insurance Policy providing coverage of not less than \$50,000.00 inclusive per vehicle for the motor vehicles described above.

These policies are in full force and effect as of this date and issued in compliance with City of Toronto Municipal Code, Chapter 545, Article V1, Section 545-70, as amended. Municipal Licensing and Standards shall be given at least ten (10) days' notice in writing of the cancellation or expiration of the policy or policies.

Note: In the event of a change in vehicles, a Substitution Endorsement is to be filed with Municipal Licensing and Standards.

Date:**Signature & Stamp of Authorized Representative of Insurer:**