

CERTIFICATE OF INSURANCE

(to be completed by the Insurer or its authorized representative)

Name of Insured		Telephone No.									
Address of Insured		Postal Code									
Name of Insurance Company											
<p>Operations of the named insured for which this Certificate is issued <i>(indicate the address of the worksite and provide a brief description of the Insured's activities (e.g. install and maintain hoarding at 123 Fourth Street, Toronto). If this Certificate is being used for more than one permit, this section should be completed to provide a description of the Insured's operations (e.g. All hoisting operations of the Insured))</i></p>											
<p>COMMERCIAL GENERAL LIABILITY (minimum limit to be evidenced - \$2,000,000.00 OR \$5,000,000.00, unless otherwise requested, e.g. piling/shoring limits are higher)</p>											
Policy No. / Insuring Co.	Effective Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Coverage (per occurrence)								
<p>PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)</p> <p>Commercial General Liability is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employers Liability and Non-owned Automobile Liability.</p> <p>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, licence 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>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.</p> <p>If the policy is cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, sixty (60) 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:</p> <p>Transportation Services, Public Realm & Right of Way Management: Attention: <u>Camilla Lamothe</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> City Hall – East Tower, 23Fl. 100 Queen Street West, M5H 2N2 </td> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> 433 Eastern Avenue 2nd Floor, Bldg B, M4M 1B7 </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> East York Civic Centre 850 Coxwell Avenue, M4C 5R1 </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> York Civic Centre 700 Eglinton Avenue West M6M 1V1 </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Etobicoke Civic Centre 399 The West Mall, 3rd Fl. M9C 2Y2 </td> <td style="vertical-align: top;"> <input type="checkbox"/> North York Civic Centre 5100 Yonge St, 4th Fl. M2N 5V7 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Scarborough Civic Centre 150 Borough Drive M1P 4N7 </td> <td></td> </tr> </table>				<input type="checkbox"/> City Hall – East Tower, 23Fl. 100 Queen Street West, M5H 2N2	<input checked="" type="checkbox"/> 433 Eastern Avenue 2 nd Floor, Bldg B, M4M 1B7	<input type="checkbox"/> East York Civic Centre 850 Coxwell Avenue, M4C 5R1	<input type="checkbox"/> York Civic Centre 700 Eglinton Avenue West M6M 1V1	<input type="checkbox"/> Etobicoke Civic Centre 399 The West Mall, 3 rd Fl. M9C 2Y2	<input type="checkbox"/> North York Civic Centre 5100 Yonge St, 4 th Fl. M2N 5V7	<input type="checkbox"/> Scarborough Civic Centre 150 Borough Drive M1P 4N7	
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Name of Insurance Broker		Telephone No.									
Address		Postal Code									
<p>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.</p>											
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 applicant and/or insurer for failure to comply with provisions governing the use of permits and licences granted herein.