



Certificate of Insurance

Proof of liability insurance will be accepted on this form. If a facsimile has been transmitted, the original certificate must follow. **This form must be completed and signed by your insurance broker.**

This is to certify that the policy(ies) of insurance described below have been issued to the insured for the policy period indicated.

Name of Insured:	Street Address of Insured:
Telephone Number of Insured:	City Postal Code
Location and Operations of Insured for which Certificate is issued:	
All Operations Performed For The City of Pickering	

Automobile Liability Insurance

Insuring Company	Policy Number(s)	Amount of Coverage	Effective Date	Expiry Date
			D/M/Y	D/M/Y

Automobile liability insurance covering third party damage and bodily injury liability (including accident benefits) as may be required by applicable laws arising out of any vehicle owned in whole or in part and licensed in the name of the insured, including all vehicles leased on a long term basis, in connection with this contract.

Commercial General Liability

Insuring Company	Policy Number(s)	Amount of Coverage	Effective Date	Expiry date
			D/M/Y	D/M/Y

Professional Liability

Insuring Company	Policy Number(s)	Amount of Coverage	Effective Date	Expiry date
			D/M/Y	D/M/Y

Commercial General Liability is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner’s and Company’s Protective Coverage, Products-Completed Operations, Contingent Employer’s Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to the Commercial General Liability, **The City of Pickering** has been added as an Additional Insured without subrogation but only with respect to its interest in the operations of the named insured.

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.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the City of Pickering. If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to:

The Corporation of the City of Pickering
Corporate Services Department
One The Esplanade
Pickering, Ontario L1V 6K7
Phone: 905.420.4634 Fax: 905.420.5313

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).

Date:	Name, Address, Fax and Telephone Number of Insurance Broker:	Signature of Authorized Representative or Official:
	Mailing Address of Insurance Broker:	Print Name of above Authorized Representative or Official: