CERTIFICATE OF INSURANCE

THE CORPORATION OF THE CITY OF VAUGHAN
2141 MAJOR MACKENZIE DR., VAUGHAN, ON, L6T 1A1

That Policy(ies) of Insurance as herein described have been issued to the insured named below and are in force on the indicated dates.

1. Proof of insurance will be accepted on this Certificate only, without amendments.
2. This Certificate must be completed and signed by an Insurance Company or authorized insurance broker licensed in Ontario and able to conduct business in Canada.

Insured Information

City File/Tender No.		Title/Description of Work/Activity	
Name and Address of Insured:			

#	Type of Insurance	Policy No.	Effective Date	Expiry Date	Limit of Insurance (if other than CDN$, indicate)	Deductible

1	Commercial General Liability (occurrence form)				$ per occurrence
					$ general aggregate
					$ completed operations
						$

	Employer's Liability				$	$
	Sudden & Accidental Pollution				$	$
2	Non-Owned Automobile Liability				$ per occurrence	$
3	Automobile Liability				$ per occurrence	$
4	Umbrella Liability ☐ Follow form Auto ☐ Follow form Liability				$ per occurrence $ aggregate	$
5	Contractor's Pollution Liability (CPL)				$ per claim $ aggregate	$
6	Environmental Impairment Liability (EIL)				$ per claim/ occurrence $ aggregate	$
7	Cyber Liability				$ per claim	$
8	Technology Professional Liability (E&O)				$ per claim/ occurrence $ aggregate	$
9	Professional Liability (E&O)				$ per claim/ occurrence $ aggregate	$
10	Builder's Risk				$	$
11	All Risk Property				$	$
12	Installation Floater				$	$
13	Contractors Equipment				$	$
14	Crime (Fidelity)				$ employee dishonesty	$
15	Boiler And Machinery/Equipment Breakdown				$	$
16	Wrap Up Liability				$ per occurrence $ aggregate	$
17	Unmanned Aerial Vehicle (Drone) Liability				$ per occurrence	$
18	OTHER				$	$

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REQUIRED PROVISIONS

1. The Commercial General Liability policy is extended to include Personal/Bodily Injury, Contractual Liability, Non-Owned Automobile Liability, Contingent Employer's Liability, Cross Liability and Severability of Interest and Volunteers/Employee's as additional insured(s).
2. It is agreed and understood that all claims arising out of the operations of the above-mentioned project which fall within the deductible or self-insured retention (SIR) limit are the sole responsibility of the Named Insured.
3. Should any of the described policies or part thereof be cancelled or materially changed, the Insurer must provide thirty (30) days written notice by registered mail to: The Corporation of the City of Vaughan to the respective department.
4. Protection under the General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insured identified above.
5. This certificate must be renewed annually during the course of the contract. Should the contractor fail to renew this certificate, the contractor agrees to indemnify the Corporation of the City of Vaughan with respect to the same coverage outlined in this certificate of insurance above.

ADDITIONAL INSURED

It is understood and agreed that **THE CORPORATION OF THE CITY OF VAUGHAN** is added as an **Additional Insured** to the above listed General Liability Policies with respect to liability arising out of the operations at the above-mentioned project. The following are also added as Additional Insured:

X	The Corporation of the City of Vaughan		Other	
	The Regional Municipality of York		Other	
	Toronto and Region Conservation Authority (TRCA)		Other	

INSURERS PROVIDING COVERAGE

Name & Address of Insurance Company(ies) Indicate line #s if multiple insurers **FSRA LICENSED**	#		
	#		
	#		
	#		
	#		

CERTIFICATION

I certify the following: a) that the insurance is in effect as stated in this certificate b) that I have authorization to issue this certificate for and on behalf of the insurer(s) and c) **that the above insurer is a Financial Services Regulatory Authority of Ontario (FSRA) Licensed Insurer listed on the List of Insurers Licensed to Transact Business under the Insurance Act** and d) I have read and understood the Required Provisions above.
This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 3.

Brokerage Name:		
Broker Contact:		
Broker Address:		
Broker Phone No:		
Broker Email Address:		
Date Issued:		**SIGNATURE AND STAMP OF CERTIFYING OFFICIAL**

The City of Vaughan reserves the right to contact the broker or insurer directly to obtain a renewal certificate should insurance coverage expire during the term of the contract with the City of Vaughan.