



CITY OF VAUGHAN CLERK'S DEPARTMENT
LICENSING DIVISION
 2141 MAJOR MACKENZIE DRIVE
 VAUGHAN ONTARIO L6A 1T1
 PHONE 905.832.2281
 FAX 905.832.8528

CERTIFICATE OF INSURANCE

<u>LICENSE TYPE:</u>	<u>NAME AND ADDRESS OF INSURED:</u>
<u>VAUGHAN PLATE NO.:</u>	<u>NAME AND ADDRESS OF LESSEE:</u>
<u>NAME AND ADDRESS OF INSURANCE AGENT:</u>	

YEAR	MAKE	MODEL	V.I.N.

INSURING COMPANY	POLICY NUMBER	COVERAGE AMOUNT (\$)	EFFECTIVE DATE
			EFFECTIVE DATE
			EXPIRY DATE

Should the policy be cancelled before the normal expiration date, we shall endeavour to provide the Certificate Holder with 15 days notice by registered mail or facsimile.

In the event of a change in vehicles, a Substitution Endorsement is to be filed with the City of Vaughan.

Signature & Stamp of Insurer's Authorized Representative

DATE: _____

ATTACH SEPARATE SHEET FOR MULTIPLE VEHICLES