

## THIS CERTIFICATE OF INSURANCE IS TO CERTIFY TO:

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.

(	CERTIFICATE		Blanket		the City o	f Vaugha	n and/o	r for agreements	or activities performe s with the City of Vau e City of Vaughan	
	TYPE:		Project / Ser Specific Agreeme	;	City File N and/or Description					
lr	nsured:					Add	ress:			
#	TYPE OF INSU	RANCE	POLICY NO.		ECTIVE nm/yyyy	EXPI dd/mm		LIMIT (if other the	nan CDN \$ indicate)	Deductible
	COMMERCIAL							\$	per occurrence	
1	GENERAL LIABIL (occurrence form)							\$	general aggregate	\$
		,						\$	completed operations	
	Non-O	wned Auto						\$		\$
		's Liability						\$		\$
	Sudden & /	Accidental Pollution						\$		\$
2	AUTOMOBILE LI	ABILITY						\$		\$
3	UMBRELLA LIAB	II ITV						\$	per occurrence	\$
J	OMBRELLA LIAB	'ILII I						\$	general aggregate	Ψ
								\$	per occurrence	
4	GARAGE LIABILI	TY						\$	comprehensive	\$
								\$	collision	
5	ALL RISK PROPI	ERTY						\$		\$
6	BOILER AND MACHINERY							\$		\$
7	CRIME							\$	employee dishonesty	\$
8	CONTRACTOR'S EQUIPMENT							\$		\$
9	PROFESSIONAL LIABILITY							\$	per claim	\$
)	(Errors & Omissio	ons)						\$	general aggregate	Ψ
10	ENVIRONMENTA	۸L						\$	per claim / occurrence	\$
10	IMPAIRMENT							\$	aggregate	Ψ
11	BUILDER'S RISK INSTALLATION F							\$		\$
40	14/D 4 D 1 I D 1 1 4 D 11	ITV						\$	per occurrence	¢.
12	WRAP UP LIABIL	_1						\$	general aggregate	\$
40	DIRECTOR'S &							\$	per claim	¢
13	OFFICER'S LIAB	ILITY						\$	general aggregate	\$
, .	A)//AT/Obj.::55::	IT)/						\$	per claim	
14	AVIATION LIABIL	.11 Y						\$	general aggregate	\$

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15	CYBER LIABILITY			
	Network & Information		\$ per claim	\$
	Security (3rd party) Liability	 	\$ general aggregate	
	Privacy Liability		\$ per claim	\$
	1 Tivacy Liability		\$ general aggregate	
	Technology Professional		\$ per claim	\$
	Services		\$ general aggregate	
16	PERSONAL LIABILITY		\$ per claim	6
10	I ENGONAL LIABILITY		\$ general aggregate	Ψ
17	EXCESS PERSONAL		\$ per claim	\$
17	LIABILITY		\$ general aggregate	

## **REQUIRED PROVISIONS:**

- **1.** Commercial General Liability policy is extended to include Personal Injury Liability, Contractual Liability, Products Completed Operations, Contingent Employer's Liability, Cross Liability and Severability of Interest.
- 2. It is agreed and understood that the deductible or self insured retention (SIR) arranged between the Named Insured and the Insurers must be declared herein and is subject to approval by The City of Vaughan. It is further understood and agreed that claims arising out of the operations of the above mentioned project, which fall within the deductible or SIR limit, are the sole responsibility of the Named Insured.
- **3.** If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) days written notice of cancellation to the address above.
- **4.** The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured as set out below.

Required Additional Insured(s) with respect to General Liability. It is understood and agreed that entity(ies) identified below is/are added as an Additional Insured(s) to the Commercial General Liability and Umbrella Liability Policies with respect to liability arising out of the operations of the Named Insured performed / supplied / conducted for/to the City of Vaughan.

"The Ci	y or vaugnan		Other	
The Re	gional Municipality of Y	ork	Other	
Toronto	and Region Conservat	tion Authority (TRCA)	Other	
				and employees, including; Vaughan Fire and ughan Corporation and Hydro Vaughan Energy
DATE ISSUE	:D	NAME & ADDRESS OF INSURANCE COMPANY(IES) Indicate line #s if multiple insurers	# # # #	
appropriate Cit	contact. Policy chang		nce requirements outline	w to ensure receipt of the certificate by the d in the respective Project/Service
Contact:			Departme	nt:
Email:			Phone No	

**CERTIFICATION** 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 in accordance with item 3.

Broker Name &		
Address		
Tel. No.:		
E-mail Contact Addre	ess:	SIGNATURE AND STAMP OF CER

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

THIS FORM MUST BE COMPLETED BY AND AUTHORIZED INSURANCE BROKER OR INSURANCE PROVIDER.

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