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 TYPE:	☐	**Blanket**	**Covering the Named Insured for all work or activities performed for the City of Vaughan and/or for agreements with the City of Vaughan and/or for operations conducted within the City of Vaughan**
	☐	**Project / Service Specific Agreement**	**City File No. and/or Description:**
FSRA Licensed Insured:		**Address:**	

#	TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT (if other than CDN $ indicate)	Deductible

1	COMMERCIAL GENERAL LIABILITY (occurrence form)				$ per occurrence
					$ general aggregate
					$ completed operations
						$

	Non-Owned Auto				$	$
	Employer's Liability				$	$
	Sudden & Accidental Pollution				$	$
2	AUTOMOBILE LIABILITY				$	$
3	UMBRELLA LIABILITY				$ per occurrence $ general aggregate	$

4	GARAGE LIABILITY				$ per occurrence
					$ comprehensive
					$ collision
						$

5	ALL RISK PROPERTY				$	$
6	BOILER AND MACHINERY				$	$
7	CRIME				$ employee dishonesty	$
8	CONTRACTOR'S EQUIPMENT				$	$
9	PROFESSIONAL LIABILITY (Errors & Omissions)				$ per claim $ general aggregate	$
10	ENVIRONMENTAL IMPAIRMENT				$ per claim / occurrence $ aggregate	$
11	BUILDER'S RISK / INSTALLATION FLOATER				$	$
12	WRAP UP LIABILITY				$ per occurrence $ general aggregate	$
13	DIRECTOR'S & OFFICER'S LIABILITY				$ per claim $ general aggregate	$
14	AVIATION LIABILITY				$ per claim $ general aggregate	$

15	CYBER LIABILITY					
	Network & Information Security (3rd party) Liability				$ per claim $ general aggregate	$
	Privacy Liability				$ per claim $ general aggregate	$
	Technology Professional Services				$ per claim $ general aggregate	$
16	PERSONAL LIABILITY				$ per claim $ general aggregate	$
17	EXCESS PERSONAL LIABILITY				$ per claim $ general aggregate	$

REQUIRED PROVISIONS:

1. Commercial General Liability policy is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, 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 in advance by registered mail of such a 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 City of Vaughan
- ☐ The Regional Municipality of York
- ☐ Toronto and Region Conservation Authority (TRCA)
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

*The City of Vaughan and its respective directors, officers, council members, boards and employees, including; Vaughan Fire and Rescue Services, the Vaughan Public Library Board, Vaughan Hydro Inc., Tourism Vaughan Corporation and Hydro Vaughan Energy Corporation.

DATE ISSUED	NAME & ADDRESS OF INSURANCE COMPANY(IES) Indicate line #s if multiple insurers # # # # #

NOTICE AND RECEIPT. Enter the information for the respective City department below to ensure receipt of the certificate by the appropriate City contact. Policy changes affecting the insurance requirements outlined in the respective Project/Service Agreement are to be provided in writing in accordance with item 3.

Contact:	Department:
Email:	Phone No:

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**. 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 Address:	**SIGNATURE AND STAMP OF CERTIFYING OFFICIAL**

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.