The Corporation of the City of Brampton

Certificate of Insurance

(NOTE: Insurance Company must have a minimum rating of 'B+')

Investments, Insurance & Risk Management Branch, Finance Department

(SPECIAL EVENTS)

Evidence of Insurance Coverage will be accepted on this form only.
****IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW****

This is to certify that policies of insurance, subject to their terms, conditions and exclusions, are at present in force for the Insured named below with the Insurer specified in accordance with their special event on _____ at _____.
(date of event) *(location of event)*

NAME OF INSURED	**TELEPHONE NUMBER** AREA CODE ▷ ( ) - -
ADDRESS OF INSURED	**CITY** **POSTAL CODE**

GENERAL LIABILITY	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
INSURANCE COMPANY				$ _____ INCLUSIVE LIMIT BODILY INJURY & PROPERTY DAMAGE
THE CORPORATION OF THE CITY OF BRAMPTON HAS BEEN ADDED AS AN ADDITIONAL INSURED TO THE GENERAL LIABILITY POLICY, BUT ONLY WITH RESPECT TO THE LIABILITY ARISING OUT OF THE OPERATIONS OF THE INSURED.				TENANTS LEGAL LIABILITY COVERAGE $ _____ LIMIT.

OTHER INSURANCE	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
INSURANCE COMPANY				

Should any of the above described policies be cancelled or materially changed so as to effect the coverage stated above, thirty(30) days prior written notice by registered mail will be given by the insurer(s) to :

The Corporation of the City of Brampton
Attention: Insurance Branch, Finance Department
2 Wellington Street West, Brampton, Ontario L6Y 4R2
Phone: 905-874-2144 Fax: 905-874-2296

This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:

DATE YR. MO. DAY ▷	NAME OF INSURANCE COMPANY (not broker)
NAME OF INSURANCE BROKER	AUTHORIZED REPRESENTATIVE OR OFFICIAL BY:

***** THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURANCE BROKER *****

Revised 2007-10