Legal Services Department

# The Corporation of the City of Brampton

# *Certificate of Insurance*

Licensing Division

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

**(MOBILE)**

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

| | | | | |
|---|---|---|---|---|
| **LICENCE TYPE** | ☐ **Taxi Cab** ☐ **Driving School** ☐ **Tow Truck** ☐ **Refreshment Vehicle** ☐ **Limousine** | | | **PLATE NO. :** _____ |
| **Vehicle(s) Make** | **Year** | **Model** | **Serial Number** | **Owner** |
| | | | | |

**This is to certify that the insured, named below, is insured, as described below:**

| | |
|---|---|
| **NAME OF INSURED(LESSOR, if applicable)** | **TELEPHONE NUMBER** AREA CODE ▷ (  ) -  - |
| **ADDRESS** | **CITY** **POSTAL CODE** |
| **NAME OF INSURED(LESSEE, if applicable)** | **TELEPHONE NUMBER** AREA CODE ▷ (  ) -  - |
| **ADDRESS** | **CITY** **POSTAL CODE** |

| TYPE OF INSURANCE | INSURER'S NAME | POLICY NUMBER | EFFECTIVE (YR./MO./DAY) | EXPIRY DATE (YR./MO./DAY) | LIMITS OF LIABILITY |
|---|---|---|---|---|---|
| **AUTOMOBILE** | | | | | **$ 1,000,000** THIRD PARTY LIABILITY |
| **LIABILITY FOR DAMAGE TO TOWED VEHICLE** | | | | | **$ 100,000** |
| **CARGO** | | | | | **$ 50,000** |

This will confirm the above vehicle insurance, with an OPCF 6A Endorsement(*Taxi & Limousine Licence ONLY*) is in full force and effect as of this date and issued in compliance with The Corporation of the City of Brampton, Licensing Department By-Laws. This policy may not be cancelled or altered during it's term or allowed to expire except upon ten(10) days prior written notice to:

**The Corporation of the City of Brampton**
**Attention: Licensing Division – Admin. Bldg.**
**485 Chrysler Drive**
**Brampton, Ontario L6S 2M3**
**Phone: 905-458-3424 Fax: 905-458-3903**

*NOTE: In the event of a change in vehicles, a Substitution Endorsement is to be filed with the Licensing Department.*

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 *****