



The Corporation of the City of Brampton
Certificate of Insurance
(LICENSING - VARIOUS)

Corporate Services
 - Licensing
 Administration

NOTE: 1) Proof of Insurance will be accepted on this form only(with no amendments)
2) Insurance Company MUST be licensed to operate in Canada
3) If a facsimile has been transmitted, the original must follow.

LICENCE TYPE (check box)	<input type="checkbox"/> Fireworks(\$5M CGL required)	<input type="checkbox"/> Newspaper Box(\$2M CGL)
	<input type="checkbox"/> Horse Riding Establishment(\$2M CGL)	<input type="checkbox"/> Sign Distributor(\$2M CGL)
	<input type="checkbox"/> Stationary – Carnival(\$1M CGL)	<input type="checkbox"/> Stationary – Vendor(\$1M CGL)
	<input type="checkbox"/> Stationary(\$1M CGL)	

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

NAME OF INSURED	TELEPHONE NUMBER	AREA CODE ()
ADDRESS OF INSURED	CITY	POSTAL CODE
ADDRESS OF EVENT	CITY	POSTAL CODE

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER (NOT binder)	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
COMMERCIAL GENERAL LIABILITY					\$
<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS					\$

Commercial General Liability - Occurrence Basis, Including Personal Injury, Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause

For the *Newspaper Box Licence* THE CORPORATION OF THE CITY OF BRAMPTON has been added as an **additional insured**, but only with respect to the liability arising out of the operations of the named Insured.

For the *Fireworks Licence* THE CORPORATION OF THE CITY OF BRAMPTON and THE REGIONAL MUNICIPALITY OF PEEL have been added as **additional insureds**, but only with respect to the liability arising out of the operations of the named Insured.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the insured named above and are in force at this time. 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
Licensing Administration, 1st Floor
2 Wellington Street West
Brampton, Ontario L6Y 4R2
Tel: 905-874-2580 Fax: 905-874-2119
E-mail: natalie.botelho@brampton.ca

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

NAME OF INSURANCE COMPANY OR BROKER(completing form)	Telephone Number () -
ADDRESS	Fax Number () -
NAME OF AUTHORIZED REPRESENTATIVE or OFFICIAL(please print)	SIGNATURE: _____ Date: (Year / Month / Day)

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