

Certificate of Insurance
(Works and Transportation - Operations)

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

This is to certify that the insured, named below, is insured, as described below for a limit of not less than \$3,000,000.00, exclusive of interest or costs, for the servicing, installation of works, and all other requirements of the site plan agreement with _____
 for the Road Occupancy Permit _____ (Name of Owner)

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

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY <small>BODILY INJURY & PROPERTY DAMAGE - INCLUSIVE</small>
COMMERCIAL GENERAL LIABILITY					\$
<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS					\$

Commercial general liability insurance - occurrence basis applying to all operations of the insured, which shall include bodily injury liability and property damage liability, completed operations liability, contractor's protective liability and contractual liability. This policy contains no exclusions for damage or loss from vibration (excluding pile driving), the removal or weakening of support, shoring and underpinning, or from any other activity or work that may be done on land owned by the City or the Region or both in connection with the development referred to in the site plan agreement.

MOTOR VEHICLE LIABILITY					\$
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Motor Vehicle Liability Insurance with an inclusive limit of liability of \$1,000,000.00 exclusive of interest or costs per occurrence for loss or damage resulting from bodily injury to or death of one or more persons and for loss or damage to property. This policy must cover all vehicles owned, or operated by, or on behalf of the insured.

THE CORPORATION OF THE CITY OF BRAMPTON and THE REGIONAL MUNICIPALITY OF PEEL have been added as additional insureds under the Commercial General Liability Policy, but only with respect to their interest in 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.

If this insurance is cancelled or changed in any way that would affect the City of Brampton or the Region of Peel or both as outlined in coverage specified herein for any reason, 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: Supervisor of Permits
2 Wellington Street West
Brampton, Ontario L6Y 4R2
Phone: 905-874-2500 Fax: 905-874-2599

This certificate is executed and issued to the aforesaid The Corporation of the City of Brampton and The Regional Municipality of Peel, 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 *****