

CERTIFICATE OF INSURANCE COVERAGE

(This Form must be completed, if not purchasing insurance through the City, in order to book any City property or facility.)

Name of Insured:	
Address of Insured:	Postal Code:
Telephone Number: ()	Email Address:

GENERAL LIABILITY INSURANCE COVERAGE
(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)

Name of Insurance Company:		
Policy Number:	Effective from (MM/DD/YY):	Expiry (MM/DD/YY):
Description of Activity/Event/Use:		
Location(s) and/or Name of City Facility:		
Start Date (including set-up if any):	End Date (include tear down if any):	

This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):

Commercial General Liability Limit per Occurrence; \$ 2,000,000 (all other activities) \$ 5,000,000 (Festivals, High Risk Sports, or as indicated under contract)

Aggregate Limit: \$

Coverage Above Includes:

Third Party Bodily Injury and Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products & Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cross Liability/Severability of Interests Clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees &/or Volunteers added as Additional Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Answer below, ONLY if applicable:

If Event includes Sport Activity - Bodily Injury to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- Participant to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes Vendors - Independent Blanket Vendor coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes the serving of Alcohol - Liquor Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

It is understood and agreed that this policy includes **ADDITIONAL INSUREDs** with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the City of Brampton, its employees and authorized agents. 2) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

***NOTE* Additional insurance coverage may be required if any of the above boxes indicate "No".**

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. **If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: City of Brampton, Risk Management - Proof of Insurance, 2 Wellington Street West, Brampton, Ontario Canada L6Y 4R2.**

Dated this Day of , 20 at , , Canada

Authorized Representative: _____

(Signature & Stamp of Insurer or Authorized Broker)

Name of Broker:

Address of Broker:

Prov.:

Postal Code: