BRAMPTON
brampton.ca Flower City

Realty Services
Community Services
Department
RE: _____
_____

The Corporation of the City of Brampton
Certificate of Insurance

NOTE: Insurance Company MUST have a minimum rating of: 'B+' (A.M.Best); 'Baa' (Moody's); or 'BBB' (Standard and Poor's)

**** PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ONLY ON THIS FORM ****

This is to certify that the policies of insurance as described below have been issued by the undersigned to the insured named below and are in force at this time.

NAME OF INSURED	TELEPHONE ( ) -
ADDRESS OF INSURED	CITY / POSTAL CODE

TYPE OF INSURANCE	INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY BODILY INJURY & PROPERTY DAMAGE - INCLUSIVE
☒ **COMMERCIAL GENERAL LIABILITY**					PER OCCURRENCE
☐ **UMBRELLA** ☐ **EXCESS** ☐ **ALL-RISK PROPERTY**					

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.

Tenant's Legal Liability Yes ☐ No ☐ Limit _____

☒ MOTOR VEHICLE LIABILITY					

Motor Vehicle Liability - must cover all vehicles owned, or operated by, or on behalf of the insured.

THE CORPORATION OF THE CITY OF BRAMPTON has been added as an additional insured under the Commercial General Liability, but only with respect to the liability arising out of the operations of the Named Insured.

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 (OR notification in compliance with the Statutory Conditions of OAP 1 Sept. 1, 2010 ed.) will be given by the insurer(s) to :

The Corporation of the City of Brampton
Attention: Real Estate Assistant, Realty Services
2 Wellington Street West, Brampton, Ontario L6Y 4R2
Phone: 905-874-2865 Fax: 905-874-3370

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 *****