



# Certificate of Insurance

## Residential Rental Licensing

I acknowledge that personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25. The information will be used to process Residential Rental Licence. Questions about the collection of personal information may be directed to the following to [cityclerksoffice@brampton.ca](mailto:cityclerksoffice@brampton.ca) or [privacy@brampton.ca](mailto:privacy@brampton.ca).

**Liability insurance coverage shall be in the amount of not less than two million dollars (\$2,000,000) per occurrence, inclusive of bodily injury, personal injury and property damage. This form must be completed & signed by your insurer or authorized representative (e.g. insurance broker).**

<b>LICENCE TYPE</b> (check box)	<b>Single Dwelling</b> (No Additional Residential Units/ARU)
	<b>Two-Unit Dwelling</b> (Principal dwelling plus one attached ARU)
	<b>Multiple Residential Dwelling</b> (More than one ARU, Triplex, Fourplex, Garden Suite)

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

<b>NAME OF INSURED</b>	<b>TELEPHONE NUMBER</b>	
<b>ADDRESS OF INSURED</b>	<b>CITY</b>	<b>POSTAL CODE</b>
<b>ADDRESS OF RENTAL UNIT</b>	<b>CITY</b>	<b>POSTAL CODE</b>

<b>TYPE OF INSURANCE</b>	<b>INSURER'S NAME</b>	<b>POLICY NUMBER (Not binder)</b>	<b>EFFECTIVE (MM/DD/YY)</b>	<b>EXPIRY DATE (MM/DD/YY)</b>	<b>LIMITS OF LIABILITY (\$)</b>
<b>GENERAL LIABILITY</b>					Per Occurrence
<b>UMBRELLA / EXCESS</b>					

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

<b>NAME OF INSURANCE COMPANY OR BROKER (completing form)</b>	<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>	<b>FAX NUMBER</b>
<b>NAME OF AUTHORIZED REPRESENTATIVE or OFFICIAL</b>	<b>SIGNATURE</b>
<b>DATE (MM/DD/YY)</b>	