

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

LICENCE TYPE	Taxi Cab Brokerage Taxi Cab Operator Tow Truck	Driving School (DS) Driving School Vehicle Refreshment Vehicle Limousine	PLATE NO. :
Vehicle(s) Make	Year	Model	Serial Number
			Owner

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(LESSOR, if applicable)	TELEPHONE NUMBER AREA CODE _____ _____ - _____
ADDRESS	CITY POSTAL CODE _____ _____
NAME OF INSURED(LESSEE, if applicable)	TELEPHONE NUMBER AREA CODE _____ _____ - _____
ADDRESS	CITY POSTAL CODE _____ _____

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
COMMERCIAL GENERAL LIABILITY					
AUTO LIABILITY					
UMBRELLA					
FOR TOW TRUCK OPERATORS ONLY: LIABILITY FOR DAMAGE TO TOWED VEHICLE					\$100,000
DAMAGE TO CARGO IN TOWED VEHICLE					\$ 50,000

This will confirm the above vehicle insurance, with an OPCF 6A Endorsement (*Taxi & Limousine Licence ONLY*) or an OPCF 6D (*Driving School Vehicle*) is in full force and effect as of this date and issued in compliance with The Corporation of the City of Brampton, Licensing By-Laws.

If any of the above insurance policies are cancelled or changed so as to reduce the coverage during the coverage period as stated above, so as to affect this certificate, 10 days' notice of cancellation for non-payment or 30 days' notice for cancellation of the policy will be given by the insurer to:

The Corporation of the City of Brampton - Licensing
485 Chrysler Drive
Brampton, Ontario L6S 6G3
Phone: 905-458-3424 ext. 63225 Fax: 905-458-3903

enforcementclerks@brampton.ca

NOTE: In the event of a change in vehicles, a Substitution Endorsement is to be filed with the Licensing Section.

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 *****