



**The Corporation of the City of Brampton
CERTIFICATE of INSURANCE**

Insurance & Risk
Management,
Finance Department

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

This is to certify that the policy(s) of insurance described below have been issued to the Insured for the servicing, installation of works, and all other requirements of the site plan agreement with

_____ for site plan SP - _____.
(Name of Owner)

NAME OF INSURED	TELEPHONE NUMBER	AREA CODE
	▶ () -	-
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					
UMBRELLA 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. Such policy shall be written with a limit of not less than THREE MILLION Dollars(\$3,000,000.00) exclusive of interest or costs.

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 the liability arising out of the operations of the Named Insured.

MOTOR VEHICLE LIABILITY					
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Motor Vehicle Liability Insurance with an inclusive limit of liability of not less than ONE MILLION Dollars (\$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 or for loss or damage to property of others as a result of owning, using or operating an automobile. This policy must cover all vehicles owned, or operated by or on behalf of the 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,
Attn: Finance Dept. – Development Administration, 2nd Floor
2 Wellington Street West
Brampton, Ontario, L6Y 4R2**

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. The 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 *****