# CITY OF THOROLD

## Certificate Professional Liability Insurance

### INSTRUCTIONS

1. This form must be completed and signed by your insurer or insurance broker
2. Proof of Insurance will be accepted on this form only **(with no amendments)**
3. Insurance company must be licensed to operate in Canada
4. The information below must reflect insurance requirements as set out in applicable contract/project
5. All dollar amounts shown are deemed to be in Canadian currency

### SECTION 1 – INSURED DETAILS

| | | | |
|---|---|---|---|
| Insured Name: | | | |
| Address: | | | |
| Telephone Number: | | Email Address: | |

### SECTION 2 – LOCATION & NATURE OF OPERATION OR CONTRACT/PROJECT

**If Applicable, Please Insert Numbers Below**

| | | | |
|---|---|---|---|
| PO Number: | | RFQ Number: | |
| RFP Number: | | RFT Number: | |

### SECTION 3 – PROFESSIONAL LIABILITY

| Insurance Company | Policy Number | Effective Policy Date (mm/dd/yyyy) | Expiry Policy Date (mm/dd/yyyy) |
|---|---|---|---|
| | | | |

| | | |
|---|---|---|
| **Limits of Liability** | Per Claim **$** | Aggregate **$** |

### SECTION 4 – COVERAGE/DEDUCTIBLE INFORMATION

| | | | |
|---|---|---|---|
| Deductible | ☐ Yes | ☐ No | Amount: $ |
| Self-Insured Retention | ☐ Yes | ☐ No | Amount: $ |
| Have there been any claims made in this policy term that may affect the limit of coverage available? | ☐ Yes | ☐ No | |

## SECTION 5 – CANCELLATION

If the insurance provided under the said policy is cancelled during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days' prior written notice of such cancellation by registered mail to: **The Corporation of the City of Thorold**
3540 Schmon Parkway, P.O. Box 1044, Thorold, ON L2V 4A7
**Attention: Finance Department**

## SECTION 6 – INSURANCE COMPANY/BROKER DETAILS

| | | | |
|---|---|---|---|
| **Name of Insurance Company or Broker (completing form):** | | | |
| **Address:** | | **Telephone No.:** | |
| **Name of Authorized Representative or Official:** | | **Email:** | |
| **Signature of Authorized Representative or Official:** | | **Date:** | |

This Certificate is executed, issued, and delivered on the date written above and sent by electronic transmission to The Corporation of the City of Thorold. The authorized representative or official agrees that by inserting his or her name in the field above constitutes an electronic signature and the parties may rely upon such electronic signature as though it was an original signature.

In addition, you are certifying that the policies of insurance as described above have been issued by the authorized representative or official to the Name Insured; are in force at this time; and the information submitted is correct.