CITY OF THOROLD

Standard Certificate of 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

PROVISIONS/AMENDMENTS/ENDORSEMENTS

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM BELOW:

1. Commercial General Liability Insurance (and Excess or Umbrella Liability, if any) is extended to include the following coverage: Bodily Injury, Property Damage, Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products/Completed Operations, Personal Injury, Death, and Non-Owned Automobile Liability.
2. **The Corporation of the City of Thorold** its officers and/or officials, employees, and volunteers (and other entities as outlined in Section 7(2) below) are added as **Additional Insureds** to the Commercial General Liability Insurance, Umbrella or Excess Liability, if any, and where applicable, the Contractor's Pollution Liability Policy.
3. The policy(ies) identified below shall apply as primary insurance and not excess to any other insurance available to the Corporation of the City of Thorold.
4. If the insurance provided under the said policy(ies) 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 City of Thorold**
   3540 Schmon Parkway, P.O. Box 1044, Thorold, ON L2V 4A7
   Attention: Finance Department

SECTION 1 – INSURED DETAILS

Insured Name:			
Address:			
Telephone Number:		Email Address:	

SECTION 2 – CONTRACT INFORMATION

Contract Name:		Contract Number:	

SECTION 3 – PRIMARY – COMMERCIAL GENERAL LIABILITY (PER OCCURRENCE)

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

Inclusive	**Aggregate, if applicable**	**Deductible**
$	**$**	**$**

If applicable, list inclusions any limits in the CGL Policy or as required by the applicable contract/project.

If inclusive amount does not meet the City's standard required coverage, complete Section 5 below.

SECTION 4 – AUTOMOBILE LIABILITY (PER OCCURANCE)

Limits of Liability/Amounts: Bodily Injury & Property Damage for all owned, operated or leased vehicles

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Limit of Liability
				$

If inclusive amount does not meet the City's standard required coverage, complete Section 5 below.

SECTION 5 –UMBRELLA OR EXCESS LIABILITY

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Limit of Liability
				$

SECTION 6 – ADDITIONAL POLICIES

Name of Policy	Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Limits of Coverage
Builder's Risk Policy					**$**
Wrap Up Liability					**$**
Boiler & Machinery (Equipment Breakdown)					**$**
Contractor's Pollution Liability Asbestos Abatement Mold Remediation					**$**

Contractor's Equipment					**$**
Installation Floater					**$**
Identify Other Coverage:					**$**

SECTION 7 – ADDITIONAL INSURED

1. It is understood and agreed that the **Corporation of the City of Thorold** is added as an **Additional Insured** to the above listed Commercial General Liability Policy, Umbrella or Excess Liability, if any, and where applicable, Contractor's Pollution Liability Policy.
2. The following are also added as **Additional Insureds:**

SECTION 8 – 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.