

The Corporation of the City of Pickering
Certificate of Insurance



Proof of Liability Insurance will be accepted on this form only.
****IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW****
*****THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR INSURANCE BROKER*****

This is to certify that the policy(ies) of insurance described below have been issued to the Insured for the policy period indicated.

Name of Insured:	Address of Insured:
Telephone Number of Insured: () -	City Postal Code
Location and Operations of Insured for which Certificate is issued. ALL OPERATIONS PERFORMED FOR THE CITY OF PICKERING	

Automobile Liability Insurance

<u>Insuring Company</u>	<u>Policy Number</u>	<u>Amount of Coverage</u> \$	<u>EFFECTIVE DATE</u> D/M/Y	<u>EXPIRY DATE</u> D/M/Y

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured, including all vehicles leased on a long-term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

Commercial General Liability

<u>Insuring Company</u>	<u>Policy Number</u>	<u>Amount of Coverage</u> \$	<u>EFFECTIVE DATE</u> D/M/Y	<u>EXPIRY DATE</u> D/M/Y

Professional Liability

<u>Insuring Company</u>	<u>Policy Number</u>	<u>Amount of Coverage</u> \$	<u>EFFECTIVE DATE</u> D/M/Y	<u>EXPIRY DATE</u> D/M/Y

Commercial General Liability is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to the Commercial General Liability and Professional Liability, THE CITY OF PICKERING has been added as an Additional Insured without subrogation but only with respect to its interest in the operations of the named insured.

The Commercial General Liability Policy(ies) identified above shall protect each insured in the same manner and to the same extend as though a separate policy has been issued to each, but nothing shall operate to increase the Limits of Liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the City of Pickering.

If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to

The Corporation of the City of Pickering
 Corporate Services Department
 One The Esplanade
 Pickering, Ontario L1V 6K7
 Phone: 905.420.4634 Fax: 905.420.5313

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Date	Name of Insurance Broker	Signature of Authorized Representative or Official
	Mailing Address of Insurance Broker	Print Name of above Authorized Representative or Official

