



**THE CORPORATION OF THE TOWN OF RICHMOND HILL  
PRIMARY AUTOMOBILE INSURANCE CERTIFICATE**

**THIS IS TO CERTIFY THAT THE *INSURED* NAMED BELOW IS INSURED AS DESCRIBED HEREIN**

- **THIS FORM MUST BE COMPLETED AND SIGNED BY THE INSURANCE COMPANY,**
- **THE INSURANCE COMPANY MUST BE LICENSED TO OPERATE IN CANADA**
- **PROOF OF COVERAGE WILL ONLY BE ACCEPTED ON THIS FORM (WITH NO AMENDMENTS)**

*Any inquiries regarding completion of this form can be directed to: risk.management@richmondhill.ca*

Named Insured:	Address of Insured:
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Town of Richmond Hill - RFP, RFQ, File, Contract Number:	Description of the Contract/Agreement to which this Certificate applies:
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TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DEDUCTIBLE
<b>Motor Vehicle Liability OPF #1 form Covering:</b> <ul style="list-style-type: none"> <li>• All vehicles owned, operated, or Leased</li> <li>• Standard Accident Benefits</li> <li>• Uninsured Motorist Protection</li> </ul> Indicate applicable Coverage if Included: <input type="checkbox"/> Operation of attached equipment <input type="checkbox"/> Non-owned Automobile Coverage				Per Occurrence: \$	DC/PD \$

NOTE: If vehicles are not insured under a blanket fleet coverage, indicate the vehicles insured (if this is not sufficient space attach a separate sheet)  
Year, Make, VIN

**Provisions of amendments or endorsements of listed Policy(ies):**

1. It is understood and agreed that claims arising out of the operations of the above mentioned works, services or activities which fall within the deductible limit(s) are the sole responsibility of the Named Insured.
2. If the Insurance provided under the said policy(ies) is cancelled or materially changed during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days written notice to:

**The Town of Richmond Hill, at riskmanagement@richmondhill.ca.**

**CERTIFICATION**

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). This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 3.

<b>INSURANCE BROKER NAME, REPRESENTATIVE AND ADDRESS</b>   Phone:  Email:	<b>INSURANCE COMPANY NAME, ADDRESS, PHONE</b>   <b>ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL</b> Signature _____ Date _____, 20____ Name of above: Title:
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