



**THE CORPORATION OF THE TOWN OF RICHMOND HILL
CRIME CERTIFICATE OF INSURANCE**

THIS IS TO CERTIFY THAT THE INSURED NAMED BELOW IS INSURED AS DESCRIBED BELOW.

- NOTE:**
1. THIS FORM MUST BE COMPLETED AND SIGNED BY THE INSURANCE COMPANY.
 2. PROOF OF INSURANCE WILL ONLY BE ACCEPTED ON THIS FORM (WITH NO AMENDMENTS).
 3. THE INSURANCE COMPANY MUST BE LICENSED TO OPERATE IN CANADA

Any inquiries regarding completion of this form can be directed to: risk.management@richmondhill.ca or 905-771-2487

Insured Name:	Address of Insured:
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Town of Richmond Hill Contract, file, and/or reference Number:	Project and Description of Work/Activity 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
3D Crime Insurance: <ul style="list-style-type: none"> • Comprehensive Dishonesty, Disappearance, and Destruction • Robbery and Hold-up Inside/Outside • Transit Extension 				Per Occurrence: \$ \$ \$	\$
OTHER:				Limit \$ \$	\$

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

1. It is understood and agreed that **THE CORPORATION OF THE TOWN OF RICHMOND HILL** is added as Loss Payee but as their interest may appear with respect to the above listed policy(ies).
2. It is agreed and understood that any deductible or self-insured retention (SIR) arranged between the Named Insured and the Insurer must be declared herein. It is further understood and agreed that losses and/or claims arising out of the above referenced operations that fall within the deductible or SIR limit are the sole responsibility of the Named Insured.
3. 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 prior written notice to:

The Town of Richmond Hill, at risk.management@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.

NAME, ADDRESS AND TELEPHONE NO. OF INSURANCE BROKER Phone: Email:	NAME, ADDRESS AND TELEPHONE NO. OF INSURANCE COMPANY ORIGINAL SIGNATURE AND STAMP OF INSURANCE COMPANY Signature _____ Date _____, 20____ Name of above: Title:
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