



CONSTRUCTION - COMMERCIAL GENERAL LIABILITY 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 or 905-771-2487*

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| Named Insured: | Address of Insured: |
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| City of Richmond Hill Reference No. | Project and Description of Work/Activity to which this Certificate applies: All operations and obligations of the Named Insured as outlined in Permits, Plans, Contracts and Agreements executed between the Named Insured and the City of Richmond Hill or the Richmond Hill Public Library. |
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| TYPE OF INSURANCE | POLICY NO. | EFFECTIVE yyyy/mm/dd | EXPIRY yyyy/mm/dd | LIMIT OF LIABILITY | Deductible or SIR |
|--|------------|-------------------------|----------------------|--|----------------------|
| Construction - Commercial General Liability <ul style="list-style-type: none"> • Is this Wrap-up Coverage - Yes <input type="checkbox"/> or No <input type="checkbox"/> • If wrap-up a 24 month extension clause is included - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Project specific - Yes <input type="checkbox"/> • Products and Completed Operations Broad Form Property Damage • Bodily Injury and Personal Injury • Broad Form Contractual Liability Owner's and Contractor's Protective Occurrence Form • Riggers Liability (hook, crane, and hoist) Yes <input type="checkbox"/> • Contingent Employers Liability • Employers Liability - Yes <input type="checkbox"/> • Cross Liability and Severability of Interest. • Sub-contractors are Added as Additional Insureds- Yes <input type="checkbox"/> • Employees and Agents added as Additional Insureds • Includes:(check if covered): <input type="checkbox"/>shoring <input type="checkbox"/>excavating, <input type="checkbox"/>underpinning, <input type="checkbox"/>pile driving, <input type="checkbox"/>demolition <input type="checkbox"/>blasting • Pollution Liability Sudden & Accidental Yes | | | | Per Occurrence: \$ Non-owned Auto Liability: \$ Employers Liability: \$ Pollution Liability Per incident: \$ General Annual Aggregate: \$ | \$ |

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

1. It is understood and agreed that **THE CORPORATION OF THE CITY OF RICHMOND HILL** is added as an **Additional Insured (Additional Named Insured when coverage is Wrap-up)** to the above listed Policies with respect to liability arising out of the operations of the above mentioned project.
2. The following are also added as **Additional Insureds**:

3. 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 claims arising out of the operations of the above mentioned project which fall within the deductible or SIR limit are the sole responsibility of the Named Insured.
4. If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days prior written notice by registered mail of such a cancellation to: **The City of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
5. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insureds noted in Item 1 and 2 above.

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 4.

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| INSURANCE BROKER NAME AND ADDRESS Representative: Phone: Email: | INSURANCE COMPANY NAME AND FULL ADDRESS ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL SIGNATURE _____ DATE _____ NAME OF SIGNATORY: TITLE OF SIGNATORY: |
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