



THE CORPORATION OF THE CITY OF RICHMOND HILL
 COURSE OF CONSTRUCTION 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

Named Insured:	Address of Insured:
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City of Richmond Hill RFP, RFQ, File, Contract No:	Description of the Contract/Agreement to which this Certificate applies:
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TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMIT OF LIABILITY	DED. OR SIR
BUILDERS RISK INSURANCE COVERAGE INCLUDING <ul style="list-style-type: none"> Broad Form Property of Every Description – including buildings and materials All risk coverage including replacement costs Includes waiver of subrogation rights against The Corporation of the City of Richmond Hill including those for whom the City is in law responsible. <u>Identify coverage forms below</u> <ul style="list-style-type: none"> Contractors Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> Transit /Cargo: Yes <input type="checkbox"/> No <input type="checkbox"/> Property off premises: including unnamed locations Yes <input type="checkbox"/> No <input type="checkbox"/> Sewer Back-up: Yes <input type="checkbox"/> No <input type="checkbox"/> Flood: Yes <input type="checkbox"/> No <input type="checkbox"/> Earthquake: Yes <input type="checkbox"/> No <input type="checkbox"/> Broad Form By-law Extension Yes <input type="checkbox"/> No <input type="checkbox"/> Expediting Expense: Yes <input type="checkbox"/> No <input type="checkbox"/> Ingress/Egress 4 weeks Yes <input type="checkbox"/> No <input type="checkbox"/> Civil Authorities 4 weeks Yes <input type="checkbox"/> No <input type="checkbox"/> Professional Fees: Yes <input type="checkbox"/> No <input type="checkbox"/> Boiler & Machinery Commissioning and Testing (hot & cold) minimum 4 weeks - Yes <input type="checkbox"/> No <input type="checkbox"/> DE4 or LEG 3 endorsement Yes <input type="checkbox"/> No <input type="checkbox"/> 				Property of Every Description: \$ Contractors Equipment Floater: \$ Sewer Back-up: \$ Flood: \$ Earthquake: \$ Transit/Cargo: \$ Off Premises: \$ Commissioning and Testing (Hot and Cold) 4 weeks: \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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

- 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.
- The Corporation of the City of Richmond Hill is hereby added as a Loss Payee, as their interest may appear (A.T.I.M.A.) to the Course of Construction coverage. If the insurance provided under the said policy(ies) is cancelled or materially changed to significantly reduce coverage or limits as set out in this certificate 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 or change to: **The City of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
- As a Loss Payee, it is agreed that the City of Richmond Hill can request at their discretion a certified copy of the policy.

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 2.

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