THE CORPORATION OF THE CITY OF RICHMOND HILL
CYBER LIABILITY INSURANCE COVERAGE

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:**

City of Richmond Hill RFP, RFQ, File, Contract No:	**Description of Work/Services to which this Certificate applies:**

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMIT OF LIABILITY	DED OR SIR
Cyber Liability Claims Made ☐ **or** Per Occurrence ☐ Form – including:: • Broad Named Insured, including Employees and Contracted Employees • Network and, Information Security (Third Party) Liability - Yes ☐ or No ☐ • Privacy Liability - Yes ☐ or No ☐ • Privacy Breach Response - Yes ☐ or No ☐ • Multimedia Liability - Yes ☐ or No ☐ • Privacy Regulatory Actions and/or Fines - Yes ☐ or No ☐ • Data Recovery - Yes ☐ or No ☐ • Technology Professional Services - Yes ☐ or No ☐ • Subcontractors are added as Additional Insureds - Yes ☐ or No ☐ • The policy contains a waiver of subrogation in favour of the Corporation of the City of Richmond Hill				**Limit Per Incident: $** **General Annual Aggregate: $** Only if any of the coverages indicated have sub-limits – show the type of coverage and limit below: Coverage Limit - $ - $ - $ - $ - $	$

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

1. It is understood and agreed that **THE CORPORATION OF THE CITY OF RICHMOND HILL,** where applicable, is added as an **Additional Insured** to the above listed Policy with respect to liability arising out of the operations of the above mentioned work or services.
2. If applicable 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 materially changed to 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**
5. The policy(ies) identified above shall protect each insured in the same manner and to the same extent 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 Insurer would be liable if there had been only one Insured.
6. 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 Richmond Hill and any other applicable Additional Insureds noted in item **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.

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

VERSION: JULY 2019