THE CORPORATION OF THE CITY OF RICHMOND HILL
ENVIROMENTAL LIABILITY CERTIFICATE OF INSURANCE

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**

First Name Insured:	**Address of Insured:**
City of Richmond Hill RFP, RFQ, File, Contract No:	**Location & Description of Work for which this Certificate applies**:

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMITS OF LIABILITY	DED / SIR
Pollution Liability – Including First Party and Third Party clean-up. ▪ Employees, temporary employees, and sub-contractors are Additional Insureds. ▪ Hourly Claim Reporting requirement: Indicate type of Form: Contractors Pollution Liability ☐ **or** Sudden & Accidental Clean-up ☐ Claims Made Yes ☐ or No ☐ Includes known substances (remediation) Yes ☐ or No ☐ Project Specific Yes ☐ or No ☐				**Limit per incident - $** **Transit - $** **General Aggregate - $**	$

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

1. It is understood and agreed that **THE CORPORATION OF THE CITY OF RICHMOND HILL** is added as an **Additional Insured** the above listed Environmental Impairment Liability Policy with respect to liability arising out of the operations at the above mentioned project including lands on the construction site(s), material storage site(s), and while in transit..
2. The following are also added as **Additional Insureds:**

3. If the insurance provided under the said policy is canceled or changed to significantly reduce coverage or the limit of coverage 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**

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.

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