



**THE CORPORATION OF THE CITY OF RICHMOND HILL
EXCESS / UMBRELLA LIABILITY 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 the Contract/Project /Service Agreement to which this Certificate applies: | | | |
| EXCESS INSURANCE COMPANY NAME | POLICY NO. | EFFECTIVE yyyy/mm/dd | EXPIRY yyyy/mm/dd | LIMIT OF EXCESS LIABILITY | DEDUCTIBLE OR SIR |
| | | | | Per Occurrence: \$ Aggregate Limit: \$ General Annual Aggregate: \$ | \$ |
| THE ABOVE INSURANCE COVERAGE IS EXCESS OVER AND ABOVE THE FOLLOWING LIST OF UNDERLYING INSURANCE POLICY(IES) | | | | | |
| TYPE OF INSURANCE | INSURANCE COMPANY | POLICY NO. | EFFECTIVE yyyy/mm/dd | EXPIRY yyyy/mm/dd | PRIMARY LIMIT OF LIABILITY |
| | | | | | Per Occurrence: \$ Aggregate Limit: \$ |
| | | | | | Per Occurrence: \$ Aggregate Limit: \$ |
| | | | | | Per Occurrence: \$ Aggregate Limit: \$ |
| | | | | | Per Occurrence: \$ Aggregate 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** is added as an **Additional Insured** to the Excess policy above with respect to liability arising out of the operations of the Named Insured in connection with the above mentioned Contract/Project/Service. In addition, all Additional Insureds under the primary policies are automatically covered under the above excess insurance coverage.
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 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**
4. 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.
5. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured noted in Item 1 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 3.

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| 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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