



FACILITY USER CERTIFICATE OF INSURANCE COVERAGE

- 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

Name of Insured:

Address of Insured:

Postal Code:

Telephone Number: ()

Email Address:

GENERAL LIABILITY INSURANCE COVERAGE

Name of Insurance Company:

Policy Number:

Effective from (yyyy/mm/dd):

Expiry (yyyy/mm/dd)

Description of Activity/Event/Use:

Location(s) and/or Name of City Facility:

Start Date (including set-up if any):

End Date (include tear down if any):

This is to certify the above Named Insured holds insurance for the above activity as follows (check applicable boxes):

COMMERCIAL GENERAL LIABILITY (as indicated under the contract); \$ 2,000,000 OR \$ 5,000,000

Aggregate Limit: \$

Coverage Above Includes:

- | | | |
|--|------------------------------|-----------------------------|
| Third Party Bodily Injury and Property Damage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Products & Completed Operations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cross Liability/Severability of Interests Clause | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employees &/or Volunteers added as Additional Insureds | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Answer below, ONLY if applicable:

- | | | | |
|---|------------------------------|------------------------------|------------------------------|
| If Event includes Sport Activity - Bodily Injury to Participants | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | - Participant to Participant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Event includes Vendors - Independent Blanket Vendor coverage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If Event includes the serving of Alcohol - Liquor Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

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 above listed Policies with respect to liability arising out of the operations of the Named Insured in connection with the above mentioned services, work, activities, or Contract. It is further understood and agreed that the policy contains a waiver of subrogation in favour of the City of Richmond Hill.
2. It is agreed and understood that any deductible or self-insured retention (SIR) arranged between the Named Insured and the Insurer and 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 substantially 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. Additionally, the policy 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.

**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: