



# PROPERTY 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](mailto:risk.management@richmondhill.ca) or 905-771-2487

Named Insured:	Address of Insured:
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City of Richmond Hill Reference No.	<b>Description of the Contract/Agreement to which this Certificate applies:</b> All operations and obligations of the Named Insured as outlined in Permits, Plans, Contracts and Agreements executed between the Named Insured and the City of Richmond Hill or the Richmond Hill Public Library.
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TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMIT OF LIABILITY	Deductible. OR SIR
<b>COMMERCIAL PROPERTY INSURANCE</b> <ul style="list-style-type: none"> <li>• Broad Form Property of Every Description – including buildings, contents, equipment owned or leased, and leasehold improvements</li> <li>• All risk coverage</li> <li>• Includes waiver of subrogation rights against The Corporation of the City of Richmond Hill including those for whom the City is in law responsible.</li> </ul> Identify coverage forms below <ul style="list-style-type: none"> <li>• Replacement Cost: Yes <input type="checkbox"/> No</li> <li>• Standard Mortgagee clause: Yes <input type="checkbox"/> No</li> <li>• Transit /Cargo: Yes <input type="checkbox"/> No</li> <li>• All risk Installation Floater: Yes</li> <li>• Contractors Equipment (RC/ACV form): Yes <input type="checkbox"/> No</li> <li>• Property off premises: Yes <input type="checkbox"/> No</li> <li>• Sewer Back-up: Yes <input type="checkbox"/> No</li> <li>• Flood: Yes <input type="checkbox"/> No</li> <li>• Earthquake: Yes <input type="checkbox"/> No</li> <li>• Business Interruption: Yes <input type="checkbox"/> No</li> <li>• Indicate Form: <input type="checkbox"/> Profits, <input type="checkbox"/> Gross Earnings, <input type="checkbox"/> Rents.</li> <li>• Extra Expense: Yes <input type="checkbox"/></li> <li>• Boiler and Machinery: Yes <input type="checkbox"/> Indicate Form: <input type="checkbox"/> Broad Form includes Mechanical Breakdown</li> </ul>				Property of Every Description: \$ Sewer Back-up : \$ Flood: \$ Earthquake: \$ % min Transit/Cargo: \$ Off Premises: \$ Contractors Equipment: \$ Business Interruption: \$ Extra Expense: \$ Boiler and Machinery: Property Limit: \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$

If required under the agreement/contract referenced above: THE CORPORATION OF CITY OF RICHMOND HILL is added to the above policy(ies) as a Loss Payee, as their interest may appear (A.T.I.M.A.): yes  no

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

1. 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.
2. If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced 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: **The City of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
3. If it is a requirement of the contract and/or agreement referenced above that the Corporation of the City of Richmond Hill is a loss payee under the above policy(ies) listed within this certificate, it is agreed that the City 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.

<b>INSURANCE BROKER NAME AND ADDRESS</b>   Representative: Phone: Email:	<b>INSURANCE COMPANY NAME AND FULL ADDRESS</b>   ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL SIGNATURE _____ DATE _____ NAME OF SIGNATORY: TITLE OF SIGNATORY:
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