Richmond Hill

SPECIAL EVENTS and FACILITY BOOKINGS
GENERAL LIABILITY INSURANCE CERTIFICATE

THIS IS TO CERTIFY THAT THE *INSURED* NAMED BELOW IS INSURED AS DESCRIBED HEREIN

- **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 Reference No.	**Description of the Service/Work/Activity/Contract Agreement to which this Certificate applies:**

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMIT OF LIABILITY	Deductible OR SIR(S)
General Liability • Products and Completed Operations • Definition of Insured includes Employees & Volunteers • Property Damage • Bodily Injury • Personal Injury • Contractual Liability • Owners and Contractors Protective • Contingent Employers Liability • Alcohol Liability Included -YES ___ • Non Owned Automobile including SEF 96, SEF 94 – Limit $ SEF 94 Deductible $ • Tenants Legal Liability • Cross Liability and Severability of Interest • Waiver of Subrogation against The Corporation of The City of Richmond Hill				**PER OCCURRENCE: $** **Employers Liability** **Per Employee $** **Per Occurrence:$** **Aggregate: $** **Non-owned Automobile Liability** **Total Limit: $** **Tenants Legal Liability** **Per Occurrence:$** **Aggregate: $** **GENERAL ANNUAL AGGREGATE: $**	$ $ $

Provisions of amendments or endorsements for the 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.
2. The following are also **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 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.
4. If the insurance provided under the said policy(ies) is cancelled, the Insuring Company will give thirty (30) days prior written notice by registered mail of such a cancellation to: **The City of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
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 and 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 AND ADDRESS	**INSURANCE COMPANY NAME AND FULL ADDRESS**
	ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL
Representative:	**SIGNATURE**_____ **DATE** _____
Phone:	**NAME OF SIGNATORY:**
Email:	**TITLE OF SIGNATORY:**

VERSION: April 2026