



## AUTOMOBILE LIABILITY 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>Motor Vehicle Liability OPF #1 form Covering:</b> <ul style="list-style-type: none"> <li>• All vehicles owned, operated, or Leased</li> <li>• Standard Accident Benefits</li> <li>• Uninsured Motorist Protection</li> </ul> Indicate applicable Coverage if Included: <input type="checkbox"/> Operation of attached equipment <input type="checkbox"/> Non-owned Automobile Liability <input type="checkbox"/> Permission to carry passengers by Endorsement				<b>Per Occurrence:</b> \$	DC/PD \$  All Perils \$

NOTE: If vehicles are not insured under a blanket fleet coverage, indicate the vehicles insured (if this is not sufficient space attach a separate sheet)  
Year, Make, VIN

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

1. It is understood and agreed that claims arising out of the operations of the above mentioned works, services or activities which fall within the deductible limit(s) are the sole responsibility of the Named Insured.
2. If the Insurance provided under the said policy(ies) is cancelled or materially changed during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days written notice to:

The City of Richmond Hill, at [riskmanagement@richmondhill.ca](mailto:riskmanagement@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.

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