GARAGE KEEPERS 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 THE PROVINCE OF ONTARIO**
- **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 Contract/Agreement to which this Certificate applies:** 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.

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE yyyy/mm/dd	EXPIRY yyyy/mm/dd	LIMIT OF LIABILITY	DEDUCTIBLE or SIR
Motor Vehicle Liability **OPF #4 form Covering:** • Garage Liability Indicate applicable Coverage if Included: ☐ Non-owned Automobile Coverage – including Collision ☐ Open Lot Specified Perils / pilferage Coverage - including Non-owned Automobile				**Per Occurrence:** **$** **Limit of coverage per Non-owned Automobile Liability** **$** **Aggregate Limit – Non-owned Automobile Liability** **$**	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. It is understood and agreed that the City of Richmond Hill, should they chose, has the authority to request renewal certificates directly from the Insurer for the life of the referenced agreement.
3. The Insurer understands that they waive subrogation and/or recovery from the City of Richmond Hill's automobile insurer(s) when the vehicles are in the care, custody, and control of the above Named Insured.
4. 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 to:
   The Corporation of The City of Richmond Hill, Attention: Risk Management, 225 East Beaver Creek Road, Richmond Hill, ON L4B 3P4

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 AND ADDRESS	**INSURANCE COMPANY NAME AND FULL ADDRESS**
Representative: **Phone:** **Email:**	**ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL** **SIGNATURE**_____ **DATE** _____ **NAME OF SIGNATORY:** **TITLE OF SIGNATORY:**

Version: September 2024