THE CORPORATION OF THE TOWN OF RICHMOND HILL
GENERAL LIABILITY CERTIFICATE OF INSURANCE

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

******* This form must be completed and signed by the Insurance Company. *******

Note: 1. Proof of insurance will be accepted ON THIS FORM ONLY (with no amendments).
2. Insurance Company must be licensed to operate in Canada and form must be signed by the UNDERWRITER

Name Insured:	**Address of Insured:**
Town of Richmond Hill Reference - RFP, RFQ, Contract and or file Number:	**Description of the Service/Work/Activity/Contract Agreement to which this Certificate applies:**

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DEDUCTIBLE(S)
Commercial General Liability • Products and Completed Operations • Property Damage • Bodily Injury • Personal Injury • Broad Form Contractual Liability • Owners and Contractors Protective • Occurrence Form • Employees, volunteers, automatically added as Additional Insureds • Contingent Employers Liability • Employers Liability • Cross Liability and Severability of Interest • Non Owned Automobile including SEF 94 – Limit $ • Tenants Legal Liability • Pollution Liability - Sudden and Accidental Clean-up				**Per Occurrence: $** **Employers Liability** **Per Occurrence: $** **Aggregate: $** **Pollution Liability** **Per Occurrence: $** **Aggregate: $** **Non-owned Auto** **Total Limit: $** **Tenants Legal** **Per Occurrence: $** **Aggregate: $** **General Annual Aggregate: $**	$ $ $ $
OTHER:				**Limit $**	**$**
Umbrella or Excess Liability - Follow Form Yes ☐ or No ☐				**Per Occurrence: $** **Annual Aggregate: $**	**$**

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

1. It is understood and agreed that **THE CORPORATION OF THE TOWN 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 project/service.
2. The following are also added as **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 or materially changed to 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 Corporation of The Town of Richmond Hill, Attention: Risk Management, 225 East Beaver Creek Road, Richmond Hill, ON L4B 3P4
5. 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.
6. 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 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, ADDRESS AND TELEPHONE NO.** Tel:	**NAME, ADDRESS AND TELEPHONE NO. OF INSURANCE COMPANY** Tel: **ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL** **Signature**_____ **Date , 20** **Name of above:** **Title:**