THE CORPORATION OF THE TOWN OF RICHMOND HILL
COURSE OF CONSTRUCTION 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**

Named Insured:	**Address of Insured:**

Town of Richmond Hill RFP, RFQ, File, Contract No:	**Description of the Contract/Agreement to which this Certificate applies:**

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DED. OR SIR
BUILDERS RISK INSURANCE COVERAGE INCLUDING • Broad Form Property of Every Description – including buildings and materials • All risk coverage including replacement costs • Includes waiver of subrogation rights against The Corporation of the Town of Richmond Hill including those for whom the Town is in law responsible. Identify coverage forms below • Contractors Equipment: Yes ☐ No ☐ • Transit /Cargo: Yes ☐ No ☐ • Property off premises: including unnamed locations Yes ☐ No ☐ • Sewer Back-up: Yes ☐ No ☐ • Flood: Yes ☐ No ☐ • Earthquake: Yes ☐ No ☐ • Broad Form By-law Extension Yes ☐ No ☐ • Expediting Expense: Yes ☐ No ☐ • Ingress/Egress 4 weeks Yes ☐ No ☐ • Civil Authorities 4 weeks Yes ☐ No ☐ • Professional Fees: Yes ☐ No ☐ • Boiler & Machinery Commissioning and Testing (hot & cold) minimum 4 weeks - Yes ☐ No ☐ • DE4 or LEG 3 endorsement Yes ☐ No ☐				**Property of Every Description: $** **Contractors Equipment Floater: $** **Sewer Back-up : $** **Flood: $** **Earthquake: $** **Transit/Cargo: $** **Off Premises: $** **Commissioning and Testing (Hot and Cold) 4 weeks:**	$ $ $ $ $ **% min** $ $ $ **or** **hour**

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. **The Corporation of the Town of Richmond Hill** is hereby added as a Loss Payee, as their interest may appear (A.T.I.M.A.) to the Course of Construction coverage. If the insurance provided under the said policy(ies) is cancelled or materially changed to significantly 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 Town of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
3. As a Loss Payee, it is agreed that the Town of Richmond Hill 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.

INSURANCE BROKER NAME, REPRESENTATIVE AND ADDRESS	**INSURANCE COMPANY NAME, ADDRESS, PHONE**
Phone: Email:	**ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL** **Signature**_____ **Date , 20** **Name of above:** **Title:**