



**THE CORPORATION OF THE TOWN OF RICHMOND HILL
CYBER LIABILITY INSURANCE COVERAGE**

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 Work/Services to which this Certificate applies:			
TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DED OR SIR
Cyber Liability Claims Made <input type="checkbox"/> or Per Occurrence <input type="checkbox"/> Form – including:: <ul style="list-style-type: none"> • Broad Named Insured, including Employees and Contracted Employees • Network and, Information Security (Third Party) Liability - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Privacy Liability - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Privacy Breach Response - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Multimedia Liability - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Privacy Regulatory Actions and/or Fines - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Data Recovery - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Technology Professional Services - Yes <input type="checkbox"/> or No <input type="checkbox"/> • Subcontractors are added as Additional Insureds - Yes <input type="checkbox"/> or No <input type="checkbox"/> • The policy contains a waiver of subrogation in favour of the Corporation of the Town of Richmond Hill 				Limit Per Incident: \$ _____ \$ General Annual Aggregate: \$ _____ Only if any of the coverages indicated have sub-limits – show the type of coverage and limit below: <u>Coverage</u> <u>Limit</u> - \$ _____ - \$ _____ - \$ _____ - \$ _____ - \$ _____	

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 where applicable is added as an **Additional Insured** to the above listed Policy with respect to liability arising out of the operations of the above mentioned work or services.
2. If applicable 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 claims arising out of the operations of the above mentioned project which 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 Town of Richmond Hill, Attention: Risk Management at risk.management@richmondhill.ca**
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 Corporation of the Town of Richmond Hill and any other applicable Additional Insureds noted in 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, REPRESENTATIVE AND ADDRESS Phone: Email:	INSURANCE COMPANY NAME, ADDRESS, PHONE ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL Signature _____ Date _____, 20____ Name of above: Title:
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