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 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, Contracte No:	**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	DED(S) OR SIR(S)
Commercial General Liability • Products and Completed Operations • Broad Form Definition of Insured • Broad Form Property Damage • Bodily Injury • Personal Injury • Broad Form Contractual Liability • Owners and Contractors Protective • Occurrence Form • Employees, volunteers, added as Additional Insureds • Employers Liability • Contingent Employers Liability • Non Owned Automobile including SEF 96, SEF 94 – Limit $ SEF 94 Deductible $ • Tenants Legal Liability • Pollution Liability – Sudden and Accidental • Cross Liability and Severability of Interest • Waiver of Subrogation against The Corporation of The Town of Richmond Hill				**PER OCCURRENCE: $** **Employers Liability** **Per Employee: $** **Per Occurrence: $** **Aggregate: $** **Non-owned Auto** **Total Limit: $** **Tenants Legal** **Per Occurrence: $** **Aggregate: $** **Pollution Liability** **Per Occurrence: $** **Aggregate: $** **GENERAL 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 services, work, activities, or Contract.
2. The following are also **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 substantially 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 Additional Insured noted in Item 1 and 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	**INSURANCE COMPANY NAME, ADDRESS, PHONE**
Phone: Email:	**ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL** **Signature**_____ **Date , 20** **Name of above:** **Title:**