



**THE CORPORATION OF THE TOWN OF RICHMOND HILL
PROFESSIONAL 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:
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Town of Richmond Hill RFP, RFQ, File, Contract No:	Description of Work/Services to which this Certificate applies:
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TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DED or SIR
Professional Liability Coverage included for the work/service operations listed above and those within the Town of Richmond Hill's contractual agreement signed with the Named Insured. Extended coverage for: <ul style="list-style-type: none"> • Errors and Omissions - Yes <input type="checkbox"/> No <input type="checkbox"/> • Associated with a Cyber Incident, including but not limited loss of data, hacking, and breach of privacy - Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate: <ul style="list-style-type: none"> • Claims Made - Yes <input type="checkbox"/> No <input type="checkbox"/> • Full Limit of Coverage available on today's date - Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what limit is available as of this date \$				Each Claim: \$ / Incident Aggregate: \$	\$

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 claims arising out of the operations of the above mentioned work/service which fall within the deductible or SIR limit are the sole responsibility of the Named Insured.
2. If the insurance provided under the said policy(ies) is cancelled or materially changed to reduce coverage or limits during the period of coverage as set out 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

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 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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