



**THE CORPORATION OF THE TOWN OF RICHMOND HILL
PROPERTY 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:
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Town of Richmond Hill Reference – RFP, RFQ, File, Contract Number:	Description of the Contract/Agreement 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
COMMERCIAL PROPERTY INSURANCE <ul style="list-style-type: none"> • Broad Form Property of Every Description – including buildings, contents, equipment owned or leased, and leasehold improvements • All risk coverage • Includes waiver of subrogation rights against The Corporation of the Town of Richmond Hill including those for whom the Town is in law responsible. <p><u>Identify coverage forms below</u></p> <ul style="list-style-type: none"> • Replacement Cost: Yes <input type="checkbox"/> No <input type="checkbox"/> • Standard Mortgagee clause Yes <input type="checkbox"/> No <input type="checkbox"/> • Transit /Cargo: Yes <input type="checkbox"/> No <input type="checkbox"/> • Contractors Equipment (RC/ACV form): Yes <input type="checkbox"/> No <input type="checkbox"/> • Property off premises: Yes <input type="checkbox"/> No <input type="checkbox"/> • Sewer Back-up: Yes <input type="checkbox"/> No <input type="checkbox"/> • Flood: Yes <input type="checkbox"/> No <input type="checkbox"/> • Earthquake: Yes <input type="checkbox"/> No <input type="checkbox"/> • Business Interruption: Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate Form: <input type="checkbox"/> Profits, <input type="checkbox"/> Gross Earnings, <input type="checkbox"/> Rents. • Extra Expense: Yes <input type="checkbox"/> No <input type="checkbox"/> • Boiler and Machinery: Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate Form: <input type="checkbox"/> Broad Form <input type="checkbox"/> includes Mechanical Breakdown 				Property of Every Description: \$ Sewer Back-up : \$ Flood: \$ Earthquake: \$ Transit/Cargo: \$ Off Premises: \$ Contractors Equipment: \$ Business Interruption: \$ Extra Expense: \$ Boiler and Machinery: Property Limit: \$	\$ \$ \$ % min \$ \$ \$ \$ \$ \$ \$

If required under the agreement/contract referenced above: THE CORPORATION OF TOWN OF RICHMOND HILL is added to the above policy(ies) as a Loss Payee, as their interest may appear (A.T.I.M.A.): yes no

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. 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. If it is a requirement of the contract and/or agreement referenced above that the Town of Richmond Hill is a loss payee under the above policy(ies) listed within this certificate, it is agreed that the Town 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 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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