

Certificate of Insurance

Standard Liability

Town of Oakville
1225 Trafalgar Road
Oakville, ON L6H 0H3



THIS IS TO CERTIFY THAT THE INSURED NAMED BELOW IS INSURED AS DESCRIBED

To be completed and signed by an Authorized Broker or Insurance Company

- Proof of insurance will be accepted on this form only (with no amendments)
- Insurance Company must be licensed to operate in Canada
- Completed Certificates must be signed and forwarded to one of the departments provided in #5 of the Provisions section below
- Any enquiries regarding the completion of this form can be addressed to _____ @oakville.ca

Insured Information	
Named Insured	<input type="text"/>
Address of Insured	<input type="text"/>
Location & Description of Work/Activity to which this Certificate applies <i>ALL OPERATIONS OF THE NAMED INSURED WITH RESPECT TO:</i>	Town of Oakville Contract/File/Tender/Permit No.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Type of Insurance	Policy No.	Effective Date	Expiry Date	Limit of Liability "Per Occurrence"	Deductible
Commercial General Liability Property Damage yes no Bodily Injury yes no Non-Owned Automobile yes no Tenant's Legal Liability yes no	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Vehicle Liability For all owned, operated or leased vehicles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Umbrella or Excess Liability <input type="checkbox"/> Follow form Auto <input type="checkbox"/> Follow form Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provisions of amendments or endorsements of listed Policy(ies)

1. **Commercial General Liability** Policy is extended to include Personal Injury, Contractual Liability, Owner's & Contractor's Protective Coverage, Products & Completed Operations, Contingent Employers Liability, Cross Liability & Severability of Interest, and Employee's as additional insured's.
2. It is understood and agreed that **THE CORPORATION OF THE TOWN OF OAKVILLE** is added as an **Additional Insured** to the above listed **General Liability Policies** with respect to liability arising out of the operations at the above mentioned project.
3. The following are also added as **Additional Insureds**:
4. It is agreed and understood that all claims arising out of the operations of the above mentioned project which fall within the deductible or self insured retention (SIR) limit are the sole responsibility of the Named Insured.
5. If the insurance provided under the said policy(ies) is canceled during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days prior written notice of such a cancellation or change to:

Mailing Address: **The Town of Oakville** 1225 Trafalgar road, Oakville, ON L6H 0H3

Attention **Email Address**

6. The General Liability 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 Company would be liable if there had been only one Insured.

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 5 above.

Insurance Broker Brokerage Broker <input type="text"/> Contact <input type="text"/> Address <input type="text"/> Email <input type="text"/> Phone <input type="text"/>	Insurance Company Insurer <input type="text"/> Insurer Contact <input type="text"/> Address <input type="text"/> Email <input type="text"/> Phone <input type="text"/>
Date <input type="text"/>	Authorized Official - Signature and Stamp <input type="text"/>