

Certificate of Insurance

POLICY(IES) OF INSURANCE AS HEREIN DESCRIBED HAVE BEEN ISSUED TO THE INSURED NAMED BELOW AND ARE IN FORCE ON THE INDICATED DATES.						
Certificate Type:	☐ Blanket ☐ Project / Contract / Tender / Agreement / Lease / Permit	Covering the Named Insured for all work or activities performed for The Corporation of the Town of Whitchurch-Stouffville (the "Town") and/or for agreements with the Town and/or for operations conducted within the Town.				
		Town File No. and/or Description:				
Insured:		Address:		Phone:	E-mail:	
#	Type of Insurance	Policy No.	Effective dd/mm/yyyy	Expiry dd/mm/yyyy	Limit (if other than CDN\$, indicate)	Deductible
1	Commercial General Liability				\$ Per occurrence	\$
					\$ General aggregate	
					\$ Completed Operations	
	Non-Owned Automobile				\$	
	Employer's Liability				\$	\$
	Sudden & Accidental Pollution				\$	\$
2	Automobile Liability				\$	\$
3	Umbrella Liability				\$ Per occurrence	\$
					\$ General aggregate	
4	Garage Liability				\$ Per occurrence	\$
					\$ Comprehensive	
					\$ Collision	
5	All Risk Property				\$	\$
6	Boiler and Machinery				\$	\$
7	Crime Loss of Money Inside/Outside Premises				\$ Employee Dishonesty	\$
					\$	
8	Contractor's Equipment				\$	\$
9	Professional Liability (Errors & Omissions)				\$ Per Claim	\$
					\$ General Aggregate	
10	Environmental Impairment				\$ Per Claim / Occurrence	\$
					\$ Aggregate	
11	Builder's Risk / Installation Floater				\$	\$
12	Wrap-Up Liability				\$ Per Occurrence	\$
					\$ General Aggregate	
13	Director's & Officer's Liability				\$ Per Claim	\$
					\$ General Aggregate	
14	Aviation Liability				\$ Per Claim	\$
					\$ General Aggregate	
15	Cyber Liability					
	Network Information Security (3 rd Party) Liability				\$ Per Claim	\$
					\$ General Aggregate	
	Privacy Liability				\$ Per Claim	\$

					\$	General Aggregate	
	Technology Professional Services				\$	Per Claim	\$
					\$	General Aggregate	
16	Personal Liability				\$	Per Claim	\$
					\$	General Aggregate	
17	Excess Personal Liability				\$	Per Claim / Occurrence	\$
					\$	Aggregate	

REQUIRED PROVISIONS

1. Commercial General Liability Policy is written on an occurrence basis and is extended to include Personal Injury Liability, Blanket Contractual Liability, Property Damage, Non-owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products – Completed Operations, Contingent Employer's Liability, and includes a Cross Liability and Severability of Interest clause.
2. It is agreed and understood that the deductible or self-insured retention (SIR) arranged between the Named Insured and the Insurers must be declared herein and is subject to approval by The Corporation of the Town of Whitchurch-Stouffville. 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.
3. If the insurance provided under the said Policy(ies) is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) days written notice in advance by registered mail of such a cancellation to The Corporation of the Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, ON L4A 0Z8 Attention: Finance.
4. The Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured as set out below.

Required Additional Insured(s) with respect to General Liability: It is understood and agreed that The Corporation of the Town of Whitchurch-Stouffville, its officers and/or elected officials, its employees and volunteers are added as Additional Insureds to the Commercial General Liability and Umbrella Liability Policies with respect to liability arising out of the operations of the Named Insured performed / supplied / conducted for/to The Corporation of the Town of Whitchurch-Stouffville.

☒ The Corporation of the Town of Whitchurch-Stouffville	
	☐ Other:
	☐ Other:
	☐ Other:

Date:	Name and Address of Insurance Company(ies) (Indicate line numbers if multiple insurers.)	# Name:	Address:
		# Name:	Address:
		# Name:	Address:
		# Name:	Address:
		# Name:	Address:

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 3.

Broker Name:		Signature and Stamp of the Certifying Official
Address:		
Tel. No.:		
Email Contact Address:		

The Town reserves the right to contact your broker or insurer directly to obtain a renewal certificate on your behalf should your insurance coverage expire during the term of your contract with the Town.

THIS FORM MUST BE COMPLETED BY AN AUTHORIZED INSURANCE BROKER OR INSURANCE PROVIDER.