



CERTIFICATE OF INSURANCE
 PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON
THIS FORM ONLY

**THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR
 AGENT, BROKER OR INSURER**

**ALL INSURERS SHOWN MUST BE LICENSED TO
 OPERATE IN CANADA**

This is to certify that the Named Insured hereon is insured as described below

Named Insured	Address of Named Insured
Location and Operations of the Named Insured for which Certificate is issued	

AUTOMOBILE LIABILITY INSURANCE

INSURING COMPANY	POLICY NUMBERS	LIMIT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE
	Automobile Liability		D/M/Y	D/M/Y
		Deductible, if any:		
	Excess Auto Liability (if applicable)		D/M/Y	D/M/Y

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

COMMERCIAL GENERAL LIABILITY

INSURING COMPANY	POLICY NUMBERS	LIMIT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE
	COMMERCIAL GENERAL LIABILITY	Per Claim / Annual Aggregate	D/M/Y	D/M/Y
		Deductible, if any		
	Excess Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y
	Professional Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y
		Deductible, if any		
Provisions of Amendments or Endorsements of Listed Policy(ies)				

COMMERCIAL GENERAL LIABILITY is issued on an 'occurrence' basis form and is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products/Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to Commercial General Liability Insurance, THE CORPORATION OF THE CITY OF OSHAWA are added as an Additional Insured but only with respect to its liability arising out of the operations of the Named Insured.

The Commercial General Liability insurance policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the City of Oshawa.

If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to:

**Attention: The Corporation of the City of Oshawa
 City of Oshawa
 50 Centre Street South
 Oshawa, ON L1H 3Z7**

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).

Date	Name, Address, Fax and Telephone Number of Certifying Party	Signature of Authorized Representative or Official
		Print Name of above Authorized Representative or Official