

Corporation of the City Of Oshawa

Proof of Insurance Coverage will be accepted on this form only (with no amendments).

This Certificate of Insurance is issued in reference to: _____
 (City of Oshawa: RFP/T/Q or Contract#)

Certificate of Insurance

Named Insured	Address of Insured

This certificate of insurance is issued to certify to the City of Oshawa that the named insured shown above is insured as described below:

Coverage	Policy Information	Policy Information	Limit of Coverage
CGL - Commercial General Liability Policy No:	Insurer: Address:	Effective Date: Expiry Date:	Per Occurrence \$ Aggregate: \$ If no Aggregate check here: <input type="checkbox"/> Deductible: \$

Commercial General Liability Policy – is written on an occurrence basis and coverage includes Bodily Injury (including death), Property Damage Liability, Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products and Completed Operations, Contingent Employers Liability, Cross Liability and Severability of Interest Clauses.

Coverage	Policy Information	Policy Information	Limit of Coverage
Automobile Liability Policy No:	Insurer: Address:	Effective Date: Expiry Date:	Per Accident: \$ Deductible: \$

Automobile Policy - must cover all vehicles and commercial trailers owned and/or leased by the Named Insured.

Coverage	Policy Information	Policy Information	Limit of Coverage
Umbrella or Excess Layers Policy No: <small>Applicable to CGL <input type="checkbox"/> Applicable to Auto <input type="checkbox"/> Please place 'X' in box provided.</small>	Insurer: Address:	Effective Date: Expiry Date:	Limit: \$ Aggregate: \$ If no Aggregate check here: <input type="checkbox"/> Deductible: \$

Umbrella or Excess Policy - must be follow form.

Coverage	Policy Information	Policy Information	Limit of Coverage
Professional Liability Policy No:	Insurer: Address:	Effective Date: Expiry Date:	Per Claim: \$ Aggregate: \$ If no Aggregate check here: <input type="checkbox"/> Deductible: \$

Professional Liability - please indicate Occurrence or Claims Made Basis:

This Certificate verifies that the **City of Oshawa** has been added as an **Additional Insured** to the **CGL Policy** as described above, but only with respect to its interest in the operations of the Named Insured shown on this document. This Certificate verifies that the Policy(ies) of Insurance as described above has/have been issued to the Named Insured shown on this document by the Insurer identified above and is/are in force at this time and the Insurer is licensed to operate in **Ontario, Canada**. The Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance that may be available to the **City of Oshawa**.

If canceled or changed in any manner, for any reason, during the period of coverage stated herein so as to affect this certificate, thirty (30) days prior written notice by registered mail will be given by the insurer(s) to the:

Corporation of the City of Oshawa
 50 Centre Street South,
 Oshawa, Ontario L1H 3Z7
 Attn.: Manager, Purchasing Services

This Certificate is executed and issued to the **City of Oshawa**, the day and date herein indicated below.
 The Authorized Representative shown below has the authority to bind the Insurer(s) as described above.

Insurer / Broker / Agent	Authorized Representative	Date of Signature
Name:	X _____ (signature)	_____
Address:		