Certificate of Insurance

Note: 1. Proof of Insurance will be accepted on this form only (with no amendments).
      2. The insurance companies listed below must be licensed to operate in Canada.

Name of Insured: _____

Mailing Address: _____

Telephone: _____ Email: _____ Town File Number: _____

Description of the work: _____

Type of Insurance	Insurance Company (Full Legal Name)	Policy Number	Policy Period	Limits of Liability
Commercial General Liability including Products & Completed Operations *if applicable				$5,000,000 Required
Excess/Umbrella				

If required by Town for the work:

Errors & Omissions (Professional Liability)				
Pollution Liability				
Other:				
Automobile				

Commercial General Liability: Occurrence basis including bodily injury, personal injury, broad form property damage including loss of use t hereof, contractual liability, non-owned automobile liability and contains a cross liability/severability of insured clause. The Certificate Holder is to be named as an additional insured but only with respect to liability arising out of the operations of the Named Insured.

This is to certify that the policies of Insurance as described above have been issued by the undersigned to the Insured name above and are in force at this time.

The insurance shall be non-contributing with and apply as primary and not excess of any insurance available to the Certificate Holder.

Town of
HALTON HILLS
Working Together Working for You!

1 Halton Hills Drive, Halton Hills, L7G 5G2
905-873-2600 | 1-877-712-2205
haltonhills.ca

Certificate of Insurance

CANELLATION: The undersigned will provide thirty (30) days prior written notice to the Certificate Holder of any cancellation to the policy(s) that would affect the Certificate Holder as outlined in the coverage specified herein. Such notice shall be by registered mail to:

The Corporation of the Town of Halton Hills
Commissioner of Corporate Services
1 Halton Hills Drive
Halton Hills ON L7G 5G2

Name of Insurance Company or Broker (completing form): _____
Address: _____
Telephone: _____ Fax: _____ Date: _____
Name of Authorized Representative or Official (please print): _____
Signature of Authorized Representative or Official: _____