



# Certificate of Insurance

This is to certify that the Insured named below is insured as described below.

\*\*\*This form must be completed and signed by your insurer or insurance broker.\*\*\*

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

Name of Insured		
Insured's Contact Name	Contact's Email Address	Telephone No.
Insured's Mailing Address		

Type of Insurance	Insurance Company (full Legal Name)	Policy Number	Effective Date	Expiry Date	Limits of Liability (Bodily Injury & Property Damage – inclusive)
Commercial General Liability					\$
Excess					\$
Other (Explain)					\$

Commercial General Liability: Occurrence basis including bodily injury, personal injury, and broad form property damage; blanket contractual liability; non-owned automobile liability; owner's and contractor's protective liability; Products – completed operations; contingent employers liability, cross liability Clause and severability of interest clause.

THE CORPORATION OF THE TOWN OF HALTON HILLS (the "Town") has been added as an additional insured but only with respect to its interest in the operations of the Named Insured. Town of Halton Hills File Reference:

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

The undersigned shall provide thirty (30) days prior written notice to the Town of any cancellation or change to the policy(s), that would affect the Town as outlined in the coverage specified herein. Such notice shall be by registered mail or facsimile transmission to the Town at:

The Corporation of the Town of Halton Hills  
Attention: Commissioner of Corporate Services  
1 Halton Hills Drive  
Halton Hills (Georgetown), Ontario L7G 5G2  
Fax: 905-873-2347

This certificate is executed and issued to the Town on the day and date herein written below.

Name of Insurance Company or Broker (completing form)		Telephone No.
Address		Email Address
Name of Authorized Representative or Official. (Please Print)	Signature of Authorized Representative or Official	Date