

**RE: LOCATION AND NATURE OF OPERATION TO WHICH THIS CERTIFICATE OF INSURANCE APPLIES (“THE CONTRACT”):** Region’s #:

<b>NAMED INSURED:</b>			<b>INSURERS AFFORDING COVERAGE</b> (EXACT F.S.C.O. LICENSED NAME)		
Address:			<input checked="" type="checkbox"/> INSURER(S) LICENSED TO CONDUCT BUSINESS IN ONTARIO AND/OR CANADA		
City:	Province:	Postal Code:	<b>INSURER A</b>		
Telephone #:	Fax #:		<b>INSURER B</b>		
<b>ADDITIONAL INSURED(S) AS REQUIRED BY THE CONTRACT:</b>			<b>INSURER C</b>		
<input type="checkbox"/> The Regional Municipality of Niagara	<input type="checkbox"/> Niagara Regional Police Services Board		<b>INSURER D</b>		
<input type="checkbox"/> Niagara Economic Development Corporation			<b>OTHER ADDITIONAL INSURED(S) AS REQUIRED BY THE CONTRACT:</b>		
<input type="checkbox"/> Niagara Regional Housing					

COMMERCIAL GENERAL LIABILITY (“CGL”) POLICY		POLICY #	EFFECTIVE DATE	EXPIRY DATE	GENERAL AGGREGATE	EACH OCCURRENCE
INSURER <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$	\$
<input checked="" type="checkbox"/> OCCURRENCE BASIS	<input checked="" type="checkbox"/> PERSONAL INJURY & ADVERTISING INJURY \$		<input type="checkbox"/> MEDICAL PAYMENTS (ANY ONE PERSON) \$			
<input checked="" type="checkbox"/> BODILY INJURY, DEATH & PROPERTY DAMAGE	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE \$		<input type="checkbox"/> TENANT'S LEGAL LIABILITY \$			
<input checked="" type="checkbox"/> CROSS LIABILITY & SEVERABILITY OF INTEREST	<input type="checkbox"/> DEDUCTIBLE \$		<input type="checkbox"/> SELF-INSURED RETENTION \$			
<input checked="" type="checkbox"/> BLANKET CONTRACTUAL LIABILITY	<input checked="" type="checkbox"/> PRODUCTS & COMPLETED OPERATIONS \$		<input type="checkbox"/> LIQUOR LIABILITY \$			
<input checked="" type="checkbox"/> PREMISES & OPERATIONS	<input type="checkbox"/> EMPLOYER'S LIABILITY		<input checked="" type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE			
ADDITIONAL INSURED ENDORSEMENT: <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW		<input type="checkbox"/> XCU (EXPLOSION, COLLAPSE, UNDERPINNING IF NOT PERFORMED BY SUBCONTRACTOR)		<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE \$		<input type="checkbox"/> SEF 94
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		

AUTOMOBILE LIABILITY (“Auto”) POLICY		POLICY #	EFFECTIVE DATE	EXPIRY DATE	BODILY INJURY	PROPERTY DAMAGE
INSURER <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$	\$
<input type="checkbox"/> ALL OWNED AUTOMOBILES		<input type="checkbox"/> ALL LEASED AUTOMOBILES		<input type="checkbox"/> STANDARD EXCESS AUTOMOBILE		

EXCESS/UMBRELLA LIABILITY POLICY		POLICY #	EFFECTIVE DATE	EXPIRY DATE	GENERAL AGGREGATE	EACH OCCURRENCE
INSURER <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$	\$
<input type="checkbox"/> EXCESS POLICY <input type="checkbox"/> UMBRELLA POLICY		<input type="checkbox"/> OCCURRENCE BASIS		<input type="checkbox"/> SELF-INSURED RETENTION \$		<input type="checkbox"/> DEDUCTIBLE \$
<input type="checkbox"/> FOLLOWS FORM TO: <input type="checkbox"/> CGL POLICY #		<input type="checkbox"/> AUTO POLICY #		ADDITIONAL INSURED ENDORSEMENT <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO FOLLOW		

PROFESSIONAL LIABILITY POLICY		POLICY #	EFFECTIVE DATE	EXPIRY DATE	AGGREGATE	PER CLAIM
INSURER <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$	\$
<input type="checkbox"/> DEDUCTIBLE \$		<input type="checkbox"/> SELF-INSURED RETENTION \$				

**OTHER**

ALL INSURANCE COVERAGES INDICATED ABOVE COMPLY WITH THE CONTRACT: Yes  No  If No, provide explanation:

**PROVISIONS/AMENDMENTS/ENDORSEMENTS**

A. The above noted Additional Insured(s) has/have been added as Additional Insured ONLY with respect to the CGL Policy, and, if any, Builder’s Risk Policy, but only with respect to liability arising out of the operations of the Named Insured.

B. The Policies identified above shall apply as primary insurance and not excess to any other insurance or self insurance available to the Additional Insured(s).

C. Any failure to comply with any terms and conditions of the Policies of the Named Insured shall not affect coverage provided to the Additional Insured(s).

D. In the event that there is a material change in risk or cancellation of coverage before the expiration date of any of the above described Policies, the undersigned will give thirty (30) days prior written notice by registered mail or facsimile transmission to:

The Regional Municipality of Niagara Attention: Corporate Services, Legal Division, 2201 St. David’s Road, P.O. Box 1042, Thorold, Ontario L2V 4T7 Fax#: 905-685-7931

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AS DESCRIBED ABOVE HAVE BEEN ISSUED BY THE UNDERSIGNED TO THE NAMED INSURED AND ARE IN FORCE AT THIS TIME. THIS CERTIFICATE OF INSURANCE IS EXECUTED AND ISSUED TO THE ADDITIONAL INSURED(S) ON THE DATE WRITTEN BELOW.**

Name of Insurer or broker issuing Certificate		Telephone number
Address		Fax number
Email Address		
Name of authorized representative or official (Please print.)	Signature of authorized representative or official	Date