



# STANDARD CERTIFICATE OF LIABILITY INSURANCE

This form of Certificate of Insurance is the only form which will be accepted by The Regional Municipality of Niagara, Niagara Regional Police Services Board, Niagara Regional Housing and/or Niagara Economic Development Corporation and must be completed and signed by your authorized insurance representative.

**DATE**  
(yyyy-mm-dd)

**THIS IS TO CERTIFY THAT THE INSURED NAMED BELOW IS INSURED AS DESCRIBED BELOW.**

**NAMED INSURED:**  
 Street name: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Location and nature of operation or contract to which this Certificate of Insurance applies: \_\_\_\_\_  
 Additional insured as required by contract:  
 The Regional Municipality of Niagara     Niagara Regional Police Services Board  
 Niagara Regional Housing     Niagara Economic Development Corporation  
 Other additional insureds required by contract: \_\_\_\_\_

**INSURERS AFFORDING COVERAGE**

LICENSED TO CONDUCT BUSINESS IN ONTARIO AND/OR CANADA

**INSURER A**

**INSURER B**

**INSURER C**

**INSURER D**

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (yyyy/mm/dd)	POLICY EXPIRY DATE (yyyy/mm/dd)	LIMITS	
<b>INSURER</b>	<b>COMMERCIAL GENERAL LIABILITY</b>					
<input type="checkbox"/> OCCURRENCE BASIS	<input type="checkbox"/> PREMISES & OPERATIONS				EACH OCCURRENCE	\$
<input type="checkbox"/> BODILY INJURY, DEATH & PROPERTY DAMAGE	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				GENERAL AGGREGATE	\$
<input type="checkbox"/> PERSONAL INJURY & ADVERTISING INJURY	<input type="checkbox"/> LIQUOR LIABILITY				TENANT'S LEGAL	\$
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="checkbox"/> CROSS LIABILITY & SEVERABILITY OF INTEREST CLAUSE				MED EXP (Any one person)	\$
<input type="checkbox"/> TENANT'S LEGAL LIABILITY	<input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT ATTACHED				PERSONAL & ADV INJURY	\$
<input type="checkbox"/> CONTRACTUAL LIABILITY	<input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT TO FOLLOW				LIQUOR LIABILITY	\$
<input type="checkbox"/> EMPLOYER'S LIABILITY	<input type="checkbox"/> DEDUCTIBLE \$				PRODUCTS – COMP/OP AGG	\$
<input type="checkbox"/> PRODUCTS & COMPLETED OPERATIONS	<input type="checkbox"/> SELF-INSURED RETENTION \$					
<input type="checkbox"/> NON-OWNED AUTOMOBILE						
<input type="checkbox"/> SEF 94						
<b>INSURER</b>	<b>AUTOMOBILE LIABILITY</b>					
<input type="checkbox"/> ALL OWNED AUTOMOBILES	<input type="checkbox"/> LEASED AUTOMOBILES				BODILY INJURY	\$
<input type="checkbox"/> STANDARD EXCESS AUTOMOBILE					PROPERTY DAMAGE	\$
<b>INSURER</b>	<b>EXCESS AND UMBRELLA LIABILITY</b>					
<input type="checkbox"/> EXCESS POLICY	<input type="checkbox"/> DEDUCTIBLE \$				EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA POLICY	<input type="checkbox"/> SELF-INSURED RETENTION \$				AGGREGATE	\$
<input type="checkbox"/> OCCURRENCE BASIS	<input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT ATTACHED					
<input type="checkbox"/> FOLLOW FORM	<input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT TO FOLLOW					

**OTHER**

All insurance coverages check marked above comply with the Contract noted above    Yes     No     if no, provide explanation: \_\_\_\_\_

**PROVISIONS/AMENDMENTS/ENDORSEMENTS**

A. With respect to the Commercial General Liability, Excess and Umbrella policies (if any), The Regional Municipality of Niagara, Niagara Regional Police Services Board, Niagara Regional Housing and/or Niagara Economic Development Corporation have been added as an additional insured but only with respect to liability arising out of the operations of the Named Insured.

B. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance or self insurance available to The Regional Municipality of Niagara, Niagara Regional Police Services Board, Niagara Regional Housing and/or Niagara Economic Development Corporation.

C. Any failure to comply with any terms and conditions of policy(ies) of the Named Insured shall not affect coverage provided to The Regional Municipality of Niagara, Niagara Regional Police Services Board, Niagara Regional Housing and/or Niagara Economic Development Corporation.

D. Should any of the above described policies be cancelled or materially changed before the expiration date thereof that would affect coverage for The Regional Municipality of Niagara, Niagara Regional Police Services Board, Niagara Regional Housing and/or Niagara Economic Development Corporation thirty (30) days' prior written notice by registered mail or facsimile transmission (905-685-7931) will be given by the insurer(s) to: The Regional Municipality of Niagara Attention: Corporate Services, Legal Division, 2201 St. David's Road, P.O. Box 1042, Thorold, Ontario L2V 4T7.

**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. THIS CERTIFICATE OF INSURANCE IS EXECUTED AND ISSUED TO THE REGIONAL MUNICIPALITY OF NIAGARA, NIAGARA POLICE SERVICES BOARD, NIAGARA REGIONAL HOUSING AND/OR NIAGARA ECONOMIC DEVELOPMENT CORPORATION THE DAY AND DATE HEREIN WRITTEN BELOW.**

Name of insurance company or broker (completing form)	Telephone number with area code
Address	Fax number with area code
Name of authorized representative or official (Please print.)	Signature of authorized representative or official.
	Date (yyyy-mm-dd)