



Form must be completed and signed off by your insurer or broker. Proof of liability insurance accepted on this form only with no alteration.

### INSURED DETAILS

|                      |        |
|----------------------|--------|
| Project Description: |        |
| Named Insured:       |        |
| Address:             |        |
| Phone:               | Email: |

### INSURANCE

#### COMMERCIAL GENERAL LIABILITY ("CGL")

| Insurance Company | Policy # | Effective Date | Expiry Date |
|-------------------|----------|----------------|-------------|
|-------------------|----------|----------------|-------------|

Each Occurrence Limit (\$):                      Aggregate (\$):                      Deductible/SIR (\$):

**CGL policy on a per occurrence basis including:** (i) Property Damage; (ii) Bodily Injury; (iii) Death; (iv) Personal and Advertising Injury; (v) Cross Liability and Severability of Interest Clause; (vi) Waiver of Subrogation; (vii) Premises and Operations Liability; (viii) Blanket Contractual Liability; (ix) Products and Completed Operations; and (x) Non-Owned Automobile Liability.

Inclusions not shown: ☐ Tenant                      ☐ Employer                      ☐ Other:

#### AUTOMOBILE LIABILITY ("Auto")

☐ All Owned                      ☐ All Leased                      ☐ No Vehicles Used

| Insurance Company | Policy # | Effective Date | Expiry Date |
|-------------------|----------|----------------|-------------|
|-------------------|----------|----------------|-------------|

Liability (\$):                      Deductible/SIR (\$):

#### EXCESS/UMBRELLA LIABILITY

| Insurance Company | Policy # | Effective Date | Expiry Date |
|-------------------|----------|----------------|-------------|
|-------------------|----------|----------------|-------------|

Each Occurrence (\$):                      Deductible/SIR (\$):

Applies to:                      ☐ CGL                      ☐ Auto                      ☐ Other:

#### ADDITIONAL POLICIES

| Name of Policy                                        | Insurance Company | Policy Number | Effective Date | Expiry Date | Limit of Coverage |
|-------------------------------------------------------|-------------------|---------------|----------------|-------------|-------------------|
| Professional Liability/Errors and Omissions Liability |                   |               |                |             |                   |

| Name of Policy | Insurance Company | Policy Number | Effective Date | Expiry Date | Limit of Coverage |
|----------------|-------------------|---------------|----------------|-------------|-------------------|
| Other          |                   |               |                |             |                   |

### ADDITIONAL INSURED

1. The Corporation of the City of St. Catharines
2. Other Additional Insureds:

### PROVISIONS/AMENDMENTS/ENDORSEMENTS

1. The CGL policy shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each, but shall not increase the limits of liability as identified in the policy beyond the amount or amounts for which the Insurer would be liable had there been only one insured.
2. The insurance coverage outlined herein shall apply as primary insurance and not as excess to any other insurance or self-insurance available to The Corporation of the City of St. Catharines.
3. Any failure to comply with any terms and conditions of the insurance policy(ies) by the Named Insured shall not affect coverage provided to The Corporation of the City of St. Catharines as an additional insured.
4. In the event of material change to, or cancellation of, any of the foregoing policy(ies) before their stated expiration dates, thirty (30) days prior written notice shall be provided by registered mail to:

**The Corporation of the City of St. Catharines**  
**Legal and Clerks Services**  
**50 Church Street**  
**P.O. Box 3012**  
**St. Catharines, ON L2R 7C2**

### INSURER/BROKER DETAILS

Name of Insurer or Broker:

Address:

Phone:

Email:

Fax:

Name of authorized representative:

Signature:

Date:

This Certificate is executed, issued and delivered on the date written above and sent by electronic transmission to The Corporation of the City of St. Catharines. The authorized representative or official agrees that by inserting his or her name in the field above constitutes an electronic signature and the parties may rely upon such electronic signature as though it was an original signature.

In addition, you are certifying that the policies of insurance as described above have been issued by the authorized representative or official to the Name Insured; are in force at this time; and the information submitted is correct.