City Clerk
Licensing - Administration

The Corporation of the City of Brampton

Certificate of Insurance

(STATIONARY BUSINESS LICENSING - VARIOUS)

Proof of Insurance will be accepted on this form only (with no amendments)
****IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW****

LICENCE TYPE(check box)	☐ **All Businesses including Contractors ($2M CGL required)** ☐ **Fireworks Sales* ($5M CGL required)** ☐ **Carnival ($5M CGL required)**

This is to certify that the policies of Insurance as described above have been issued by the undersigned to the insured named below and are in force at this time:

NAME OF INSURED	**TELEPHONE NUMBER** AREA CODE ( ) -
ADDRESS OF INSURED	**CITY** **POSTAL CODE**
ADDRESS OF EVENT	**CITY** **POSTAL CODE**

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER (NOT binder)	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
COMMERCIAL GENERAL LIABILITY					**per occurence**
UMBRELLA / EXCESS					

Commercial General Liability - Occurrence Basis, Including Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause

If any of the above insurance policies are cancelled so as to reduce the coverage during the coverage period as stated above, so as to affect this certificate, 10 days' notice of cancellation for non-payment or 30 days' notice for cancellation of the policy will be given by the insurer to:

*For the ***Fireworks Licence*** **THE CORPORATION OF THE CITY OF BRAMPTON** and **THE REGIONAL MUNICIPALITY OF PEEL** have been added as **additional insureds**, but only with respect to the liability arising out of the operations of the named Insured.

The Corporation of the City of Brampton
Licensing Administration, 1st Floor
2 Wellington Street West, Brampton, Ontario L6Y 4R2
Tel: 905-874-2580 Fax: 905-874-2119 E-mail: licensing@brampton.ca

This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:

NAME OF INSURANCE COMPANY OR BROKER(completing form)		Telephone Number ( ) -
ADDRESS		Fax Number ( ) -
NAME OF AUTHORIZED REPRESENTATIVE or OFFICIAL(please print)	SIGNATURE:	Date: (Year / Month / Day)

*****THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURER OR INSURANCE BROKER*****

Revised May 2017