

## The Corporation of the City of Brampton Certificate of Insurance

NOTE: Insurance Company MUST have a minimum rating of: 'B+' (A.M.Best); 'Baa' (Moody's); or 'BBB' (Standard and Poor's)

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

NAME OF INSURED				TELEPHONE ( ) -		
ADDRESS OF INSURED				CITY		POSTAL CODE
TYPE OF INSURANCE	INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)		EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY BODILY INJURY & PROPERTY DAMAGE - INCLUSIVE
COMMERCIAL GENERAL LIABILITY						PER OCCURRENCE
UMBRELLA EXCESS ALL-RISK PROPERTY						
Commercial General Liability - Occurrence Basis, Including Personal Injury, Property Damage, 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.  Tenant's Legal Liability Yes No Limit						
MOTOR VEHICLE LIABILITY						
Motor Vehicle Liability - must cover all vehicles owned, or operated by, or on behalf of the insured.  THE CORPORATION OF THE CITY OF BRAMPTON has been added as an additional insured under the Commercial General Liability, but only with respect to the liability arising out of the operations of the Named Insured.  Should any of the above described policies be cancelled or materially changed so as to effect the coverage stated above, thirty (30) day, prior written notice by registered mail (OR notification in compliance with the Statutory Conditions of OAP 1 Sept. 1, 2010 ed.) will be given by the insurer(s) to:  The Corporation of the City of Brampton Attention: Real Estate Assistant, Realty Services 2 Wellington Street West, Brampton, Ontario L6Y 4R2 Phone: 905-874-2865 Fax: 905-874-3370						
This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:  DATE YR. MO. DAY NAME OF INSURANCE COMPANY (not broker)						rein written below:
NAME OF INSURANCE BROKER			AUTHOR	AUTHORIZED REPRESENTATIVE OR OFFICIAL BY:		