The Corporation of the City of Brampton

Certificate of Insurance

Planning & Infrastructure Services

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

SIGN PERMIT

Proof of Liability Insurance will be accepted on this form ONLY.
****IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW****

This is to certify that policies of insurance, subject to their terms, conditions and exclusions, are at present in force for the Insured named below with the Insurer specified in accordance with their specific activity of placing a sign on the road allowance in the City of Brampton.

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

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY BODILY INJURY & PROPERTY DAMAGE - INCLUSIVE
COMMERCIAL GENERAL LIABILITY					
☐ UMBRELLA ☐ EXCESS					

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

THE CORPORATION OF THE CITY OF BRAMPTON has been added as an additional insured under the Commercial General Liability Policy, but only with respect to its interest in the operations of the Named Insured.

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.
If this insurance is cancelled or materially changed so as to effect the coverage stated above, thirty(30) days prior written notice by registered mail will be given by the insurer(s) to :

The Corporation of the City of Brampton
Attention: Sign Unit, Building Division
8850 McLaughlin Road, Unit 1
Brampton, Ontario L6Y 5T1
Phone: 905-874-2401 Fax: 905-874-2499

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)
NAME OF INSURANCE BROKER	AUTHORIZED REPRESENTATIVE OR OFFICIAL BY:

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

Revised March 2015