



Development Services Department  
**Realty Services Division**  
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 Web Site: [www.thunderbay.ca/realty](http://www.thunderbay.ca/realty)

**PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY**

# CERTIFICATE OF INSURANCE

## COMMERCIAL

Building Permit No.: \_\_\_\_\_ Municipal Address: \_\_\_\_\_  
 (if applicable)

Legal Description: \_\_\_\_\_

**NAME OF INSURED:** \_\_\_\_\_  
 (Purchaser , Lessee or Owner)

**and**

**THE CORPORATION OF THE CITY OF THUNDER BAY**

POLICY	COMPANY & POLICY NO.	DATE		LIMITS OF LIABILITY
		EFFECTIVE	EXPIRATION	
GENERAL LIABILITY BODILY INJURY PROPERTY DAMAGE				Minimum Requirement \$5,000,000.00
BUILDER'S RISK				
OTHER (Describe)				

**IMPORTANT:** This Certificate confirms that the Policies listed above are in full force and effect and that these Policies will not be amended to restrict coverage or cancelled without **thirty (30) days** prior written notice being given to The Corporation of the City of Thunder Bay, and further that the General Liability Policy listed above includes **all** coverages outlined under (1), (2), (3) and (4) below.

**GENERAL LIABILITY COVERAGE INCLUDES:**

- (1) Completed Operations;
- (2) Non-owned Automobile Liability;
- (3) Broad Form Property Damage; and
- (4) Cross Liability.

**DATE** \_\_\_\_\_ **20** \_\_\_\_\_ **NAME OF INSURANCE COMPANY (NOT BROKER)** \_\_\_\_\_

\_\_\_\_\_  
**ADDRESS OF INSURANCE COMPANY OR NAME & ADDRESS OF BROKER**

**BY:** \_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE OR OFFICIAL OF BROKER**