



Development Services Department
Realty Services Division
 2nd Floor, Victoriaville Civic Centre
 111 Syndicate Avenue S., P.O. Box 800
 THUNDER BAY, ON P7C 5K4
 Tel: (807) 625-3199 Fax: (807) 625-2977
 Email: realty@thunderbay.ca
 Web Site: www.thunderbay.ca/realty

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY

CERTIFICATE OF INSURANCE

RESIDENTIAL

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 \$2,000,000.00
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; and
- (3) Broad Form Property Damage.

DATE _____ **20** _____

 NAME OF INSURANCE COMPANY (NOT BROKER)

 ADDRESS OF INSURANCE COMPANY OR NAME & ADDRESS OF BROKER

BY: _____
 AUTHORIZED REPRESENTATIVE OR OFFICIAL OF BROKER