

CERTIFICATE OF INSURANCE

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY

Description of Work: _____

Location where work is to be performed: _____

NAME OF INSURED: _____

and THE CORPORATION OF THE CITY OF THUNDER BAY as an Additional Insured but only with respect to liability arising out of the activities of the Named Insured.

POLICY	COMPANY & POLICY NO.	DATE		LIMITS OF LIABILITY
		EFFECTIVE	EXPIRATION	
COMMERCIAL GENERAL LIABILITY				Minimum Requirement: \$5,000,000.00 <i>Per Occurrence</i> <input type="checkbox"/> General Aggregate: _____ Indicate Aggregate Amount
AUTO LIABILITY Must cover all vehicles owned by or operated by or on behalf of the Insured				Minimum Requirement: \$5,000,000.00
OTHER: <input type="checkbox"/> _____				

IMPORTANT: This Certificate confirms that the Policies listed above are in full force and effect and that these Policies will not be amended to materially 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 below.

GENERAL LIABILITY COVERAGE INCLUDES:

- (1) Bodily Injury and Property Damage Liability
- (2) Products & Completed Operations
- (3) Non-owned Automobile Liability
- (4) Excavation
- (5) Blanket Contractual Liability
- (6) Contingent Employer's Liability
- (7) Cross Liability

 NAME & ADDRESS OF INSURANCE COMPANY OR BROKER

 SIGNATURE OF AUTHORIZED REPRESENTATIVE
 OF INSURANCE COMPANY OR BROKER

DATE _____ **20** _____