



SECTION 00630
CERTIFICATE OF INSURANCE

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY

Contract for provision of: (include contract number if applicable) _____

NAME OF INSURED(S) AND FULL MAILING ADDRESS(ES): (include all subcontractors, employed directly or indirectly in the work performed with their full mailing address) _____

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 Inclusive per occurrence
AUTO LIABILITY (must cover all vehicles owned by or operated by or on behalf of Insured(s)) BODILY INJURY, PROPERTY DAMAGE				Minimum Requirement \$5,000,000 Inclusive per occurrence
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) and (2) below, and includes coverage under (3) as follows:

GENERAL LIABILITY COVERAGE INCLUDES:

- 1) Cross Liability Clause
- 2) (i) Completed operations, which cover shall be maintained continuously in force for the period of not less than twenty-four months from the date of the Certificate of Total Performance of the Work
 - (ii) Blanket Contractual Liability
 - (iii) Contingent Employers Liability
 - (iv) Non-Owned Automobile Liability
 - (v) Broad Form Property Damage
- 3) Where applicable, includes coverage for:
 - (i) Underpinning, Shoring
 - (ii) Demolition
 - (iii) Building, Raising or Moving
 - (iv) Blasting or the use of explosives
 - (v) Tunnelling
 - (vi) Excavation
 - (vii) Pile driving, caisson work
 - (viii) Use of aircraft or watercraft owned or non-owned

 Date

 Name of Insurance Company (Not Brokers)

 Address of Insurance Company

By _____
 Authorized Representative OR Official (Sign)

 Authorized Representative OR Official (Print)