



Certificate of Insurance

This is to certify that the insured, named below is insured as described below.

Name of Insured		Telephone Number (Area Code)	
Insured's Address		City	Postal Code
Contract Title and Number To Which This Certificate Applies			
Full Description of Work			

LIABILITY	INSURER'S NAME	POLICY NUMBER	POLICY PERIOD				LIABILITY LIMITS (Bodily Injury & Property Damage-Inclusive)	DEDUCTIBLE		
			From 12:01 am			To 12:01 am				
			yr	mo	day	yr	mo	day		
Commercial General Liability									\$	\$
Umbrella/Excess <input type="checkbox"/> Follow Form Auto <input type="checkbox"/> Follow Form Liability									\$	\$
Commercial General Liability	The Commercial General Liability policy exclusion regarding work done by the Insured at an airport property or premises is waived and liability coverage applies for all operations or work completed by the named insured at airport property or premises. Includes: Occurrence Basis, including Personal Injury, Property Damage, Broad Form Property Damage (including Completed Operations), Contractual Liability, Non-Owned Auto Liability, Operations Performed by Sub-Contractors, Employees As Additional Insureds, Products-Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.									

CHECK WHICH OF THE FOLLOWING ARE INCLUDED IN THE COMMERCIAL GENERAL LIABILITY POLICY:

<input type="checkbox"/> Tenants Legal Liability	<input type="checkbox"/> Total Pollution Exclusion	<input type="checkbox"/> Standard Pollution Exclusion	<input type="checkbox"/> Limited Pollution Coverage (120 Hour)
<input type="checkbox"/> Coverage for your Volunteers	<input type="checkbox"/> Elevators / Hoists	<input type="checkbox"/> Product Recall \$	
<input type="checkbox"/> Failure to Perform	<input type="checkbox"/> Advertising Liability	<input type="checkbox"/> Demolition Coverage	<input type="checkbox"/> Blasting Coverage <input type="checkbox"/> Collapse

The SUDBURY AIRPORT COMMUNITY DEVELOPMENT CORPORATION and the CITY OF GREATER SUDBURY have both been added as an additional insured to the above policies but only with respect to their interest in the operations of the Named Insured.

OTHER POLICIES	INSURER'S NAME	POLICY NUMBER	POLICY PERIOD				LIMITS OF COVERAGE		
			From 12:01 am			To 12:01 am			
			yr	mo	day	yr	mo	day	
Motor Vehicle Liability "All vehicles owned or operated by the insured"									\$
Builder's Risk									\$
Environmental Impairment Liability									\$
Asbestos Abatement									\$
Mold Remediation									\$
Professional Liability									\$
Watercraft									\$
Other									\$

This certifies that the policies of insurance described above have been issued by the undersigned to the Insured named above and are in force at this time. If cancelled or materially changed in any manner that would affect the CITY OF GREATER SUDBURY as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice with the exception of motor vehicle liability being fifteen (15) days prior written notice, by registered mail or facsimile transmission will be given by the insurer(s) to:

**CITY OF GREATER SUDBURY, ATTENTION: RISK MANAGEMENT / INSURANCE OFFICER
200 BRADY STREET, P.O. BOX 5000, STATION A, SUDBURY, ON, P3A 5P3 FAX: (705) 673-0344**

This certificate is executed and issued to the aforesaid City of Greater Sudbury, the day and date herein written below.

Name and Address of Insurance Company or Broker (completing form)		Telephone Number with Area Code	Fax Number with area code
Name of Authorized Representative or Official (Please Print)		Signature of Authorized Representative or Official	Date (Year, Month, Day)