



Certificate of Insurance - Contractors

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	EFFECTIVE DATE yr mo day	EXPIRY DATE yr mo day	LIABILITY LIMITS (Bodily Injury & Property Damage-Inclusive)	DEDUCTIBLE
Commercial General Liability					\$	\$
Umbrella/Excess <input type="checkbox"/> Follow Form Auto <input type="checkbox"/> Follow Form Liability					\$	\$
Commercial General Liability	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"/> CCDC Compliance	<input type="checkbox"/> Total Pollution Exclusion	<input type="checkbox"/> Standard Pollution Exclusion	<input type="checkbox"/> Limited Pollution Coverage (120 Hour)			
<input type="checkbox"/> Hot Process Roofing Exclusion / Restriction	<input type="checkbox"/> Off-Premise Welding Exclusion		<input type="checkbox"/> Off-Premise Welding Limit \$			
CHECK WHICH OF THE FOLLOWING ARE INCLUDED IN THE COMMERCIAL GENERAL LIABILITY POLICY: (When NOT Performed By Sub-Contractors)						
<input type="checkbox"/> Underpinning Coverage	<input type="checkbox"/> Pile Driving Coverage	<input type="checkbox"/> Demolition Coverage	<input type="checkbox"/> Blasting Coverage	<input type="checkbox"/> Collapse		
The CITY OF GREATER SUDBURY has 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	EXPIRY DATE yr mo day	EXPIRY DATE yr mo day	LIMITS OF COVERAGE
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 500, 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)