



CERTIFICATE OF INSURANCE

(PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY)

Contract/Tender Number: _____

Description of Contract/Tender: _____

INSUREDS (Contractor): _____

AND The Corporation of the City of Thunder Bay as an Additional Insured

POLICY	COMPANY & POLICY NO.	DATE		LIMITS OF LIABILITY
		EFFECTIVE	EXPIRATION	
GENERAL LIABILITY BODILY INJURY PROPERTY DAMAGE				Minimum Requirement \$5,000,000.00 Inclusive Per Occurrence
AUTOMOBILE LIABILITY <small>(Must cover all vehicles owned by or operated by or on behalf of Contractor)</small> BODILY INJURY PROPERTY DAMAGE				Minimum Requirement \$5,000,000.00 Inclusive
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 | (3) Broad Form Property Damage |
| (2) Non-owned Automobile Liability | (4) Cross Liability |

DATE _____, 20__

NAME OF INSURANCE COMPANY (NOT BROKER)

ADDRESS OF INSURANCE COMPANY OR BROKER

BY: _____
(AUTHORIZED REPRESENTATIVE OR OFFICIAL OF BROKER)