

CERTIFICATE OF INSURANCE - CONTRACTOR

(As it relates to Special Provisions - General G1 and General Condition GC6.0 of the Niagara Peninsula Standard Contract Document)

This form must be completed and signed by your insurer or insurance broker.

Note:

1. Proof of insurance will be accepted on this form only (with no amendments).
2. Insurance company must be licensed to operate in Canada.

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

Insured: Name & Address:	Telephone Number: ()
	Fax Number: ()

Location and nature of operation or contract to which this Certificate applies:

Type of Insurance	Company & Policy #	Policy Dates		Limits of Liability/Amounts
		Effective	Expiry	
Section 1 - Primary Commercial General Liability (Occurrence Basis)				Bodily Injury & Property Damage \$ _____ Inclusive \$ _____ Aggregate \$ _____ Deductable
Section 2 Excess/Umbrella				\$ _____ Inclusive
Section 3 Automobile Liability				Bodily Injury & Property Damage \$ _____ Inclusive

Section 4 - Additional Insureds as required by contract:

1. The Corporation of the City of Niagara Falls
2. Other: _____

Section 5: If Applicable Under the Terms of the Contract:

Other Policy(ies)	Insurer's Name	Policy Number	Policy Period		Limits of Coverage
			Effective	Expiry	
Builder's Risk					\$ _____
Environmental Impairment Liability					\$ _____
Asbestos Abatement					\$ _____
Mold Remediation					\$ _____
Other					\$ _____

PROVISIONS / AMENDMENTS / ENDORSEMENTS:

- A. No exclusions for damage or loss from the removal or weakening of support of any property, building or land whether such support be natural or otherwise or from blasting or vibration from pile driving or caisson work. *(Delete and initial if not applicable.)*
- B. Commercial General Liability Insurance is extended to include the following coverage: Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products / Completed Operations, Personal Injury, Broad Form Property Damage, Owners & Contractors Protective, Contingent Employers Liability and Non-Owned Automobile Liability.
- C. With respect to the Commercial General Liability Insurance, THE CORPORATION OF THE CITY OF NIAGARA FALLS, its officers and/or officials, employees and volunteers (and "other" entities as outlined in Section 3 above) have been added as Additional Insureds but only with respect to liability arising out of the operations of the Named Insured.
- D. The Commercial General Liability Insurance Policy(ies) identified above shall protect each Insured in the same manner and to the same extent as though a separate policy has been issued to each, but shall not increase the Limits of Liability as identified about beyond the amount or amounts for which the company would be liable if there had been only one Insured. Any failure to comply with any provision of the insurance policy by the Named Insured shall not affect coverage provided to The Corporation of the City of Niagara Falls.
- E. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to THE CORPORATION OF THE CITY OF NIAGARA FALLS.
- F. If cancelled or changed to reduce the coverage as outlined on this Certificate, during the period of coverage as stated herein, thirty (30) days (ten (10) days if cancellation is due to non-payment of premium) prior written notice by registered mail will be given by the Insurer(s) to:

**THE CORPORATION OF THE CITY OF NIAGARA FALLS
LEGAL SERVICES
4310 QUEEN STREET, P.O. BOX 1023
NIAGARA FALLS, ONTARIO L2E 6X5**

This certificate is executed and issued to the aforesaid Corporation of the City of Niagara Falls, the day and date herein written below.

Name of insurance company or broker (completing form):	Telephone number: ()	
Address:	Fax number: ()	
Name of authorized representative or official (please print):	Signature of authorized representative or official:	Date (year, month, day)

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY (WITH NO AMENDMENTS)