CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

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.

Name Insured:	Telephone Number: ( )
	Fax Number: ( )
Insured's Address (Street Name, City, Province and Postal Code):	
Location and nature of operation or contract to which this Certificate applies:	

Insurance Company	Policy Number	Effective Date Year Month Day	Expiry Date Year Month Day	Limits of Liability
				$ _____ Per Claim $ _____ Aggregate

Deductible? ☐ No ☐ Yes Amount $ _____

Self-Insured Retention? ☐ No ☐ Yes Amount $ _____

Have there been any claims made in this policy term that may effect the limit of coverage available? ☐ No ☐ Yes

If cancelled or changed in any manner that would affect the City of Niagara Falls as outlined in the coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by the registered mail or facsimile transmission 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):