

THIS FORM IS TO BE COMPLETED BY THE INSURANCE BROKER

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that **thirty (30) days' notice of cancellation** or reduction in applicable limit of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

NOTE: **INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN BRITISH COLUMBIA.**

This Certificate is issued to: **City of Coquitlam**, 3000 Guildford Way, Coquitlam, BC V3B 7N2

Insured	Name:		
	Address:	Email:	Phone:

Broker	Name:		Agent's Name:
	Address:	Email:	Phone:

Project to which this Certificate applies:

Contract No.:	Project Name & Description:
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COMMERCIAL GENERAL LIABILITY coverage is required to insure against liability from the activities arising out of operations or work in connection with the above-described project, including liability arising out of the use of City property.

Type of Insurance	Insurer Name and Policy Number	Policy Term (dd/mm/yy)	Limits of Liability/Amounts
Section 1: Commercial General Liability <input checked="" type="checkbox"/> Occurrence Form		From:	Bodily Injury, Death & Property Damage
		To:	\$ _____ Per Occurrence
<input type="checkbox"/> Umbrella Liability		From:	\$ _____ Aggregate
		To:	\$ _____ Deductible
<input type="checkbox"/> Excess Liability		From:	\$ _____ Umbrella Limit
		To:	\$ _____ Excess Limit <input checked="" type="checkbox"/> MINIMUM \$2,000,000
Section 2: Automobile Liability (owned or leased vehicles)		From:	Bodily Injury & Property Damage
		To:	\$ _____ Limit <input checked="" type="checkbox"/> MINIMUM \$2,000,000
Section 3: Professional Errors & Omissions Liability		From:	Minimum
		To:	\$ _____ Per Claim(\$500,000) \$ _____ Aggregate(\$1,000,000)

Particulars of General Liability Insurance (Section 1): indicates that the coverage is included.

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| <input checked="" type="checkbox"/> City of Coquitlam as Additional Insured | <input checked="" type="checkbox"/> Blanket Contractual | <input checked="" type="checkbox"/> Occurrence Property Damage |
| <input checked="" type="checkbox"/> Premises & Operations | <input checked="" type="checkbox"/> Cross Liability/Severability of Interests | <input checked="" type="checkbox"/> Contingent Employer's Liability |
| <input checked="" type="checkbox"/> Broad Form Products & Completed Operations | <input checked="" type="checkbox"/> Employees as Additional Insureds | <input checked="" type="checkbox"/> Broad Form Loss of Use |
| <input checked="" type="checkbox"/> Personal Injury | <input checked="" type="checkbox"/> Non-Owned Automobile | |
| <input checked="" type="checkbox"/> Owners & Contractors Protective | <input checked="" type="checkbox"/> Coverage is Primary and not contributory | |

It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

Broker Authorization (Signature & Stamp)

Date

INTERNAL USE ONLY

Certificate Approved Not Approved

COMPLETE & SUBMIT TO: CITY OF COQUITLAM
Email: bid@coquitlam.ca