

**City of Coquitlam**  
**Certificate of Insurance Form**  
**Sidewalk and Curbside Use**  
(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.

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

<b>Insured</b>	<b>Name:</b>	<b>Email:</b>
	<b>Address:</b>	<b>Phone:</b>

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

<b>Broker</b>	<b>Name:</b>		<b>Agent's Name:</b>	
	<b>Address:</b>		<b>Email:</b>	<b>Phone:</b>

**Address and Project to which this Certificate applies:**

<b>Address:</b>	<b>Project Description:</b>
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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
<b>Section 1</b> Commercial General Liability		From:	Bodily injury, death & property damage
<input checked="" type="checkbox"/> Occurrence Form		To:	\$ _____ Per Occurrence <input checked="" type="checkbox"/> <b>MINIMUM \$5,000,000</b> \$ _____ Aggregate \$ _____ Deductible
<input type="checkbox"/> Umbrella Liability		From:	\$ _____ Umbrella Limit
<input type="checkbox"/> Excess Liability		To:	
		From:	\$ _____ Excess Limit
		To:	
<b>Section 2</b> Other:		From:	\$ _____ Limit
		To:	\$ _____ Deductible

**Particulars of General Liability Insurance (Sections 1 & 2):  indicates that the coverage is included.**

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

These policies comply with the insurance requirements of the governing contract, permit, lease, license or other requirements of the City of Coquitlam. It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

\_\_\_\_\_  
 Authorized to Sign on Behalf of Insurers  
 (Signature, Print Name & Title and Brokers Stamp)

\_\_\_\_\_  
 Date Signed

<b>INTERNAL USE ONLY</b>			
Certificate	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	

**COMPLETE, SIGN & RETURN TO CITY OF COQUITLAM**  
 Email: [patio@coquitlam.ca](mailto:patio@coquitlam.ca)