

IMPORTANT INFORMATION RE: NEW CERTIFICATE OF INSURANCE FORMAT

When submitting a location filming permit application, evidence of insurance must accompany the application. The City will not process a permit without evidence of insurance. The insurance certificate must name the intended permit holder and must be completed, signed and stamped by the insurer or an authorized agent (insurance broker).

A new Insurance Certificate form is now available on-line at www.mississauga.ca/filmoffice in a **fillable** PDF format. This certificate of insurance must be used when submitting an application to the Mississauga Film Office with \$2 million per occurrence minimum coverage (or higher limits as the City reasonably requires depending on the nature of filming).

This is the **only** certificate of insurance form that will be accepted. Valid insurance certificates that have already been submitted prior to this change do not need to be replaced until after their expiry date. Please advise your insurance broker that **ONLY** a City Certificate of Insurance form will be acceptable.

For any questions regarding the new certificate, please contact the City's Risk Management Section at risk.management@mississauga.ca, direct number 905-615-3200 ext. 3922 or the Mississauga Film Office at film.office@mississauga.ca, 905-615-3200 ext. 6150.

Certificate of Insurance

Standard Liability



Finance Division
Risk Management
300 City Centre Drive
Mississauga, ON L5B 3C1

THIS IS TO CERTIFY THAT THE INSURED NAMED BELOW IS INSURED AS DESCRIBED

To be completed and signed by an Authorized Broker or Insurance Company

- Proof of insurance will be accepted on this form only (with no amendments)
- Insurance Company must be licensed to operate in Canada
- Completed Certificates must be signed and forwarded to one of the departments provided in #5 of the Provisions section below
- Any enquiries regarding the completion of this form can be addressed to risk.management@mississauga.ca

Insured Information

Named Insured

The permit holder must be named. Name & address on permit must correspond to name & address on Insurance Certificate.

Name the project title here. If work is ongoing throughout the year at various locations, indicate "All Operations of the Named Insured relating to all works performed in the City of Mississauga for which a permit application has been submitted."

Location & Description of Work/Activity to which this Certificate applies
ALL OPERATIONS OF THE NAMED INSURED WITH RESPECT TO:

	Policy No.	Effective Date	Expiry Date	Limit of Liability "Per Occurrence"	Deductible
Commercial General Liability yes <input type="checkbox"/> no <input type="checkbox"/> Non-Owned Automobile yes <input type="checkbox"/> no <input type="checkbox"/> Tenant's Legal Liability yes <input type="checkbox"/> no <input type="checkbox"/>		YYYY MM DD	YYYY MM DD		
Motor Vehicle Liability For all owned, operated or leased vehicles		YYYY MM DD	YYYY MM DD		
Umbrella or Excess Liability		YYYY MM DD	YYYY MM DD		
Other		YYYY MM DD	YYYY MM DD		

Provisions of amendments or endorsements of listed Policy(ies)

We've filled out this section for our clients as all the fields are standard for filming.

Commercial General Liability Policy is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability and Severability of Interest Clause. Insured understands and agreed that THE CORPORATION OF THE CITY OF MISSISSAUGA is added as an Additional Insured to the above listed Commercial Liability Policies with respect to liability arising out of the operations at the above mentioned project. The following are also added as Additional Insureds:

Insured understands and agreed that all claims arising out of the operations of the above mentioned project which fall within the deductible or self insured retention (SIR) limit are the sole responsibility of the Named Insured. If the insurance provided under the said policy(ies) is canceled during the period of coverage stated in this Certificate, the Insuring Company will provide thirty (30) days prior written notice of such a cancellation or change to:

Insuring Address:

Attention Email Address

6. The General Liability 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 nothing shall operate to increase the Limits of Liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.

Certification

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 5 above.

Insurance Broker	Insurance Company
Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>
Authorized Official - Signature and Stamp <input type="text"/>	Date <input type="text"/>

The completed Insurance Certificate must be completed, signed and stamped by the insurer or an authorized agent of the insurer. Please use fillable option. Completed form can be e-mailed to film.office@mississauga.ca