

### CERTIFICATE OF INSURANCE (Storage)

The personal information on this form is collected pursuant to Section 286 (c) of the Municipal Act 2001, c25, SO2001 and City Policy 04-05-02 and will be used for the purpose of administering City of Mississauga Transportation and Works Fees and Charges By-law, available at [www.mississauga.ca/portal/cityhall/bylaws](http://www.mississauga.ca/portal/cityhall/bylaws). Questions about collecting this information should be directed to the Customer Service Counter at 3185 Mavis Road, Mississauga, ON L5C 1T7, 905-615-3200 ext. 4950, e-mail: [tw.counter@mississauga.ca](mailto:tw.counter@mississauga.ca)

***EVIDENCE OF INSURANCE COVERAGE WILL BE ACCEPTED ON THIS FORM ONLY.***

This is to certify that policies of insurance, subject to their terms conditions and exclusions, are at present in force for the Insured named below with the Insurer specified for a limit for any of no less than **\$2,000,000.00** for any one accident or occurrence.

<b>INSURED</b>	Name:	Phone:
	Address:	Fax:

  

A. COMPREHENSIVE GENERAL LIABILITY	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRATION DATE (YYYY/MM/DD)	LIMITS OF LIABILITY
<b>INSURER:</b>				Inclusive Limit \$  Bodily Injury & Property Damage Deductions \$

<b>The Corporation of the City of Mississauga and The Regional Municipality of Peel have been added as an Additional Insured to the Policies listed herein, but only with respect to the liability arising out of the operations of the named Insured.</b>	Completed Operations Products Liability Contractor's Protective Contractual Liability Shoring & Underpinning Use of Explosives Environmental Pollution	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Inc.</th> <th style="text-align: left;">Excl.</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Inc.	Excl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. AUTOMOBILE	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRATION DATE (YYYY/MM/DD)	LIMITS OF LIABILITY
<b>INSURER:</b>				Limit: \$ Deductible: \$

C. OTHER INSURANCE	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRATION DATE (YYYY/MM/DD)	LIMITS OF LIABILITY
<input type="checkbox"/> Umbrella <input type="checkbox"/> Other				
<b>INSURER:</b>				Limit: \$ Deductible: \$ Aggregate: \$

It is understood and agreed that the policy/policies noted above shall contain amendments to reflect the following:

1. Any Deductible or Reimbursement Clause contained in the policy shall not apply to the Corporation of the City of Mississauga and shall be the sole responsibility of the Insured named above.
2. If this insurance is cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, thirty (30) days prior written notice by Registered Mail or Courier will be given by the Insurer(s) to the Corporation of the City of Mississauga, 3185 Mavis Road, Mississauga, Ontario L5C 1T7, attention: Customer Service Counter, 1<sup>st</sup> floor.

Broker Name and Address:  Telephone:  Fax:  e-mail:	Date:  Authorized by (Signature)  Authorized by (Print Name):
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