

Certificate of Insurance

Property

City of Mississauga
Legal Services, 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 #4 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 | |
| Address of Insured | |
| Location & Description of Work/Activity to which this Certificate applies ALL OPERATIONS OF THE NAMED INSURED WITH RESPECT TO: | City of Mississauga Contract/File/Tender No. |

| Type of Insurance | Policy No. | Effective Date | Expiry Date | Limit of Liability "Per Occurrence" | Deductible |
|------------------------|------------|----------------|-------------|--|------------|
| All Risks Property | | | | | |
| Builder's Risk | | | | | |
| Installation Floater | | | | | |
| Contractor's Equipment | | | | | |
| Boiler and Machinery | | | | | |
| Other | | | | | |

Provisions of amendments or endorsements of listed Policy(ies)

1. It is understood and agreed that **THE CORPORATION OF THE CITY OF MISSISSAUGA** and **THE REGIONAL MUNICIPALITY OF PEEL** are added as Additional Insured or Loss Payee to the above listed Policies.
2. The following are also added as **Additional Insureds**:

3. It is agreed and understood 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.
4. If the insurance provided under the said policy(ies) is canceled during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days prior written notice of such a cancellation or change to:
Mailing Address: The City of Mississauga

Attention

Email Address

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 Brokerage Broker Contact Address Email | Insurance Company Insurer Insurer Contact Address Email |
| Phone | Phone |
| Date | Authorized Official - Signature and Stamp |