

# Certificate of Insurance

Homeowners/Residential Liability

City of Mississauga  
Legal Services, Risk Management  
300 City Centre Drive  
Mississauga, Ontario, 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](mailto:risk.management@mississauga.ca)

Insured Information	
Named Insured	
Mailing Address of Insured	
Location & Description to which this Certificate applies <b>ALL OPERATIONS OF THE NAMED INSURED WITH RESPECT TO:</b>	City of Mississauga Contract/File/Tender/Permit No.
Insured Address	

Type of Insurance	Policy No.	Effective Date	Expiry Date	Limit of Liability "Per Occurrence"	Deductible
<b>General Liability</b> Bodily Injury      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"/>					
<b>Property Damage</b> All Risks      yes <input type="checkbox"/> no <input type="checkbox"/> Full Replacement Value    yes <input type="checkbox"/> no <input type="checkbox"/>					
<b>Umbrella or Excess Liability</b>					
<b>Other</b>					

### Provisions of amendments or endorsements of listed Policy(ies)

1. It is understood and agreed that **THE CORPORATION OF THE CITY OF MISSISSAUGA** is added as an **Additional Insured** to the above listed **General Liability Policies** with respect to liability arising out of the insured address.
2. The following are also added as **Additional Insureds**:
3. It is agreed and understood that all claims arising out of and relating to the insured address and 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

5. 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.

<b>Insurance Broker</b> Brokerage Broker Name Address  Email Phone	<b>Insurance Company</b> Insurer Insurer Contact Address  Email Phone
Date	Authorized Official - Signature and Stamp