Certificate of Insurance

Homeowners/Residential Liability

City of Mississauga
Legal Services, Risk Management
300 City Centre Drive
Mississauga, Ontario, L5B 3C1

MISSISSAUGA

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

Mailing Address of Insured

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

Insured Address

City of Mississauga Contract/File/Tender/Permit No.

Type of Insurance	Policy No.	Effective Date	Expiry Date	Limit of Liability "Per Occurrence"	Deductible
General Liability Bodily Injury yes ☐ no ☐ Non-Owned Automobile yes ☐ no ☐ Tenant's Legal Liability yes ☐ no ☐		YYYY MM DD	YYYY MM DD		
Property Damage All Risks yes ☐ no ☐ Full Replacement Value yes ☐ no ☐		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)

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** <Mailing Address>
   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.

Insurance Broker	**Insurance Company**
Brokerage	Insurer
Broker Name	Insurer Contact
Address	Address
Email Phone	Email Phone
Date YYYY MM DD	Authorized Official - Signature and Stamp

Find COI forms online at www.mississauga.ca/certificateofinsurance