Certificate of Insurance
Professional/Cyber Liability

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

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/RFP No.

Type of Insurance	Policy No.	Effective Date	Expiry Date	Limits of Liability	Deductible
Professional Liability				Each Claim: Each Project: Aggregate:	
☐ Technology E&O Endorsement ☐ Cyber Liability				Each Claim:	

Provisions of amendments or endorsements of listed Policy

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