

Certificate of Insurance

Proof of liability insurance will be accepted on this form only (no amendments) This form must be completed and signed by your insurer or insurance broker Insurance company must be licensed to operate in Canada

This is to certify that	the Named Insured, hereon	is insured as describ	ed below	
Named Insured		Address of the Named Insured		
Operations of the insu	red for which this certificate is	s issued:		
Automobile Liability	Insurance (minimum limit to	be evidenced - \$2,00	0,000 unless otherwise	required)
Insuring Company	Policy Numbers	Amount of Coverage	Effective Date DD/M/YR	Expiry Date DD/M/YR
	Primary	-		
	Excess			
The above policy(ies) r	nust cover all vehicles owned	in whole or in part and	licensed in the name of	the insured including
	a long term basis for which the	e insured is required by	contract to provide bodil	y injury and property
damage insurance.	Liability Insurance (minimu	ım limit to be evidenc	ed - \$2 000 000 unless	otherwise required)
Insuring Company	Policy Numbers	Amount of Coverage		
	CGL	Per Claim/Annual Aggregate		. ,
		Deductible, if any		
	Excess Liability (if applicable)	Per Claim/Annual Aggregate		
Dravisions of Amandm	onto or Endorsoments of Lists	d Daliov(ios)		
Provisions of Amendin	ents or Endorsements of Liste	ed Policy(les)		
	y – Claims Made Basis - Yes			.
Insuring Company	Policy Numbers	Amount of Coverage	Effective Date DD/M/YR	Expiry Date DD/M/YI
	Professional Liability	Per Claim/Annual Aggregate		
	Excess Professional Liability (if applicable)	Per Claim/Annual Aggregate		
	usive of indemnity and claims		-	
	on a claims made basis have			•
	iability Insurance is written on perations, Cross Liability and			
	roperty Damage, Non-Owned			
and Contingent Employ		, , , .		recours servings,
With respect to the Co.	managaial Canagal Liability Inc	anaa ayalyadina naa	owned auto cavarage. Th	a Carnaration of
	mmercial General Liability Ins added as Additional Insured I			
Named Insured.	added as / taditional insured i	but only with respect to	mability arioling out or the	operations of the
Other Additional Insure	eds as per contractual condition	ons are as follows: (No	ote if Applicable)	
The policy(ies) identifie	ed above shall apply as prima	ry incurance and not ex	veges to any other insura	unce available to
The Corporation of the		ry msurance and not ex	cess to any other insura	ince available to
These policies shall no	ot be cancelled or changed so	as to reduce the cover	age as outlined on this c	ertificate without
thirty (30) days, prior w	ritten notice by registered ma	il by the Insurer(s) to th	ne Corporation of the Tov	wn of Whitby,
Corporate Services De	partment, Purchasing Section	n, 575 Rossland Road I	East, Whitby, Ontario L1I	N 2M8.

Date: DD/M/YR

Broker/Insurer's Name, Address, Telephone, Fax and E-Mail:

Signature and Stamp of Certifying Official:

Print Name

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for

Revision Date: October 10, 2019

and on behalf of the insurer(s).