



## CERTIFICATE OF INSURANCE

**This Certificate is issued to:**    **City of Delta, 4500 Clarence Taylor Crescent, Delta, B.C. V4K 3E2**

**Insured**

Name:	
Address:	

**Broker**

Name:	
Address:	

**Location and nature of operation or contract to which this Certificate applies:**

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Type of Insurance	Company & Policy Number	Policy Dates		Limits of Liability/Amounts
		Effective	Expiry	
<b>Section 1</b> Comprehensive General Liability &/or Umbrella Liability Including: <ul style="list-style-type: none"> <li>▪ Broad Form Products/Completed Operations;</li> <li>▪ Sudden &amp; Accidental Pollution</li> <li>▪ Blanket contractual;</li> <li>▪ Contractor's Protective;</li> <li>▪ Personal Injury;</li> <li>▪ Contingent Employer's Liability;</li> <li>▪ Broad Form Property Damage;</li> <li>▪ Non-Owned Automobile;</li> <li>▪ Cross Liability Clause.</li> </ul>				Bodily Injury, Property Damage and additional coverages as required; \$ _____ Primary \$ _____ Excess \$ _____ Umbrella \$ _____ Aggregate \$ _____ Deductible  Minimum Liability required; <b>\$5,000,000</b>
<b>Section 2</b> Automobile Liability	If vehicles are insured by ICBC provide the ICBC form APV-47			Bodily Injury and Property Damage  \$ _____ Limit  Minimum Liability required <b>\$2,000,000</b> Inclusive

It is understood and agreed that the policy/policies noted above shall contain amendments to reflect the following:

1. Any Deductible or Reimbursement Clause contained in the policy shall not apply to City of Delta and shall be the sole responsibility of the Insured named above.
2. City of Delta is named as an Additional Insured.
3. 30 days prior written notice of material change and/or cancellation will be given to City of Delta.
4. Contractor's Equipment Insurance shall be endorsed waiving all rights of subrogation against City of Delta.
5. Section 1 shall be endorsed to include insurance for demolition; blasting; pile driving; caisson work; removal or weakening of support for building land or property; and any other work below ground level, if such work is required in the contract.

**I hereby certify that the Insured's Insurance Program meets or exceeds all of the requirements above.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Authorized Signatory & Broker Stamp

\_\_\_\_\_  
Date