

# The Corporation of the City of Brampton

## *Certificate of Insurance*

(LICENSING - VARIOUS)

**\*\*PROOF OF INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY\*\***

<b>LICENCE TYPE</b> (check box)	<b>Short Term Rentals (\$2M CGL )</b> <b>All Businesses including Contractors(\$2M CGL required)</b>	<b>Stationary – Carnival (\$5 CGL)</b>
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This is to certify that the policies of Insurance as described above have been issued by the undersigned to the insured named below and are in force at this time:

<b>NAME OF INSURED</b>	<b>TELEPHONE NUMBER</b>	<b>AREA CODE</b>
		(   )   -
<b>ADDRESS OF INSURED</b>	<b>CITY</b>	<b>POSTAL CODE</b>
<b>ADDRESS OF EVENT</b>	<b>CITY</b>	<b>POSTAL CODE</b>

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER (NOT binder)	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
<b>COMMERCIAL GENERAL LIABILITY</b>					<b>per occurrence</b>
<b>UMBRELLA / EXCESS</b>					

Commercial General Liability - Occurrence Basis, Including Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause

If any of the above insurance policies are cancelled so as to reduce the coverage during the coverage period as stated above, so as to affect this certificate, 10 days' notice of cancellation for non-payment or 30 days' notice for cancellation of the policy will be given by the insurer to:

**The Corporation of the City of Brampton**  
**Licensing Administration, 1<sup>st</sup> Floor**  
**2 Wellington Street West, Brampton, Ontario L6Y 4R2**  
**Tel: 905-874-2580 Fax: 905-874-2119 E-mail: [licensing@brampton.ca](mailto:licensing@brampton.ca)**

This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:

<b>NAME OF INSURANCE COMPANY OR BROKER</b> (completing form)	<b>Telephone Number</b>
	(   )   -
<b>ADDRESS</b>	<b>Fax Number</b>
	(   )   -
<b>NAME OF AUTHORIZED REPRESENTATIVE or OFFICIAL</b> (please print)	<b>SIGNATURE:</b> _____ <b>Date: (Year / Month / Day)</b>

**\*\*\*THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURER OR INSURANCE BROKER\*\*\***