



The Corporation of the City of Brampton  
**Certificate of Insurance**

City Clerk  
 Licensing - Administration

(LICENSING – ADULT ENTERTAINMENT LICENSING)

*Proof of Insurance will be accepted on this form only (with no amendments)*

**\*\*IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW\*\***

<b>LICENCE TYPE</b> (check box)	<b>Adult Entertainment Business (\$2M CGL required)</b> <b>Body Rub Business (\$2M CGL required)</b> <b>Adult Merchandise Business (\$2M CGL required)</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:**

NAME OF INSURED	TELEPHONE NUMBER	AREA CODE	-
	( )		
ADDRESS OF INSURED	CITY	POSTAL CODE	
ADDRESS OF EVENT	CITY	POSTAL CODE	

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

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:

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

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