

for the Road Occupancy Permit #

NAME OF INSURED

ADDRESS OF INSURED

## The Corporation of the City of Brampton CERTIFICATE of INSURANCE

Public Works & Engineering Department

**NOTE**: Insurance Company MUST have a minimum rating of: 'B+' (A.M.Best); 'Baa' (Moody's); or 'BBB' (Standard and Poor's)

Proof of Liability Insurance will be accepted on this form only.

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

This is to certify that the policy(s) of insurance, described below for a limit of not less than \$3,000,000.00, exclusive of interest or costs, have been issued to the Insured for the servicing, installation of works, and all other requirements of the site plan agreement with

TELEPHONE

NUMBER

AREA CODE

POSTAL CODE

 $\triangleright$ 

| TYPE OF<br>INSURANCE               | INSURANCE<br>COMPANY | POLICY<br>NUMBER | EFFECTIVE<br>(YR./MO./DAY) | EXPIRY DATE (YR./MO./DAY) | LIMITS OF LIABILITY BODILY INJURY & PROPER' DAMAGE - INCLUSIVE |
|------------------------------------|----------------------|------------------|----------------------------|---------------------------|--|
| COMMERCIAL<br>GENERAL<br>LIABILITY |                      |                  |                            |                           |  |
| UMBRELLA<br>EXCESS                 |                      |                  |                            |                           |  |

Commercial general liability insurance - occurrence basis applying to all operations of the insured, which shall include bodily injury liability and property damage liability, completed operations liability, contractor's protective liability and contractual liability. This policy contains no exclusions for damage or loss from vibration (excluding pile driving), the removal or weakening of support, shoring and underpinning, or from any other activity or work that may be done on land owned by the City or the Region or both in connection with the development referred to in the site plan agreement. Such policy shall be written with a limit of not less than THREE MILLION Dollars(\$3,000,000.00) per occurrence exclusive of interest or costs.

THE CORPORATION OF THE CITY OF BRAMPTON and THE REGIONAL MUNICIPALITY OF PEEL have been added as additional insureds under the Commercial General Liability Policy, but only with respect to the liability arising out of the operations of the Named Insured.

| MOTOR VEHICLE<br>LIABILITY |  |  |  |  |  |
|----------------------------|--|--|--|--|--|
|----------------------------|--|--|--|--|--|

Motor Vehicle Liability Insurance with an inclusive <u>limit of liability of not less than ONE MILLION Dollars (\$1,000,000.00)</u> exclusive of interest or costs, per occurrence for loss or damage resulting from bodily injury to or death of one or more persons or for loss or damage to property of others as a result of owning, using or operating an automobile. This policy must cover all vehicles owned, or operated by or on behalf of the insured.

Should any of the above described policies be cancelled or materially changed so as to effect the coverage stated above, thirty (30) days prior written notice by registered mail(OR notification in compliance with the Statutory Conditions of OAP 1, Sept 1, 2010 ed.) will be given by the insurer(s) to:

The Corporation of the City of Brampton,

**Attn: Supervisor of Permits** 

Williams Parkway Operations Centre, 1975 Williams Parkway

Brampton, Ontario, L6S 6E5

Phone: 905-874-2500 Fax: 905-874-2599

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the insured named above and are in force at this time. The certificate is executed and issued to the aforesaid The Corporation of the City of Brampton and The Regional Municipality of Peel, the day and date herein written below:

| DATE    | YR.       | MO.      | DAY | NAME OF INSURANCE COMPANY (not broker) |
|---------|-----------|----------|-----|--|
|         |           |          |     |  |
| NAME OF | INSURANCE | E BROKER |     | AUTHORIZED REPRESENTATIVE OR OFFICIAL  |
|         |           |          |     | BY:                                    |
|         |           |          |     |  |