

Name of Insured: _____
 Address of Insured: _____ Postal Code: _____
 Telephone Number: (____) _____ ext _____ Email Address: _____

GENERAL LIABILITY INSURANCE COVERAGE

(Coverage only accepted by Insurers who are licensed in Canada and the Province in which the event is being held)

Name of Insurance Company: _____
 Policy Number: _____ Effective from (MM/DD/YYYY): ___/___/___ Expiry (MM/DD/YYYY): ___/___/___
 Description of Activity/Event/Use: _____
 Location(s) and/or Name of Facility: _____
 Start Date (including set-up if any): _____ End Date (include tear down if any): _____

This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):

Commercial General Liability Limit per Occurrence; \$2,000,000 \$5,000,000 \$10,000,000
 (Indicate Limit as required by the Municipality) **Aggregate Limit:** \$ _____

Coverage Above Includes:

Third Party Bodily Injury and Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products & Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cross Liability/Severability of Interests Clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees &/or Volunteers added as Additional Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Waiver of Subrogation in favor of the Municipality has been agreed to by underwriters of the Insurer including defense, award, and/or settlement of a claim. Yes No

Answer all below, ONLY if applicable (N/A) if NOT applicable:

If Event includes Sport Activity - Bodily Injury to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- Participant to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes Vendors - Independent Blanket Vendor coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes the serving of Alcohol - Liquor Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the City of Brampton including its employees, Elected Officials, and authorized agents. 2) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

***NOTE* Additional insurance coverage may be required if any of the above boxes indicate "No".**

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. **If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: City of Brampton, Risk Mgmt. 2 Wellington Street West, Brampton, Ontario, Canada L6Y 4R2.**

Dated this ___ Day of _____, 20__ at _____, _____, Canada

Authorized Representative: _____

(Completing your name acts as a binding Signature as the Authorized Broker or Agent)

Name of Broker: _____

Address of Broker: _____, _____ Prov. _____:Postal Code _____