

# The Corporation of the City of Brampton

## *Certificate of Insurance*

(MOBILE 18B)

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

LICENCE TYPE	Driving School (DS) Tow Truck		Driving School Vehicle Refreshment Vehicle	PLATE NO. :
Vehicle(s) Make	Year	Model	Serial Number	Owner

**This is to certify that the policies of insurance as described below have been issued by the undersigned to the insured named below and are in force at this time.**

NAME OF INSURED(LESSOR, if applicable)	TELEPHONE NUMBER > ( ) -
ADDRESS	CITY POSTAL CODE
NAME OF INSURED(LESSEE, if applicable)	TELEPHONE NUMBER > ( ) -
ADDRESS	CITY POSTAL CODE

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY
COMMERCIAL GENERAL LIABILITY					
AUTO LIABILITY					
UMBRELLA					
FOR TOW TRUCK OPERATORS ONLY: LIABILITY FOR DAMAGE TO TOWED VEHICLE					<b>\$100,000</b>
DAMAGE TO CARGO IN TOWED VEHICLE					<b>\$ 50,000</b>

This will confirm the above vehicle insurance, with an OPCF 6D (**Driving School Vehicle**) is in full force and effect as of this date and issued in compliance with The Corporation of the City of Brampton, Licensing By-Laws.

If any of the above insurance policies are cancelled or changed 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**  
**Flower City Community Campus, 8850 McLaughlin Rd., S., Unit # 2**  
**Brampton, Ontario L6Y 5T1**  
**Phone: 905-458-3424 ext. 63225 Fax: 905-458-3903**  
[enforcementclerks@brampton.ca](mailto:enforcementclerks@brampton.ca)

**NOTE: In the event of a change in vehicles, a Substitution Endorsement is to be filed with the Licensing Section.**

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

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

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