



THIS CERTIFICATE OF INSURANCE IS TO CERTIFY TO:
 THE REGIONAL MUNICIPALITY OF YORK
 17250 YONGE STREET, NEWMARKET, ONTARIO L3Y 6Z1

That Policy(ies) of Insurance as herein described have been issued to the insured named below and are in force on the indicated dates

CERTIFICATE TYPE:	Blanket	Covering the Named Insured for all work or activities performed for the Region and/or for agreements with the Region and/or for operations conducted within the Region					
	Project / Service Specific Agreement	Region File No. and/or Description:					
Insured:					Address:		
#	TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT (if other than CDN \$ indicate)	Deductible	
1	COMMERCIAL GENERAL LIABILITY (occurrence form)				\$ per occurrence		
					\$ general aggregate	\$	
					\$ completed operations		
	Non-Owned Auto				\$	\$	
	Employer's Liability				\$	\$	
	Sudden & Accidental Pollution				\$	\$	
2	AUTOMOBILE LIABILITY				\$	\$	
3	UMBRELLA LIABILITY				\$ per occurrence	\$	
					\$ general aggregate		
4	GARAGE LIABILITY				\$ per occurrence	\$	
					\$ comprehensive		
					\$ collision		
5	ALL RISK PROPERTY				\$	\$	
6	BOILER AND MACHINERY				\$	\$	
7	CRIME				\$ employee dishonesty	\$	
8	CONTRACTOR'S EQUIPMENT				\$	\$	
9	PROFESSIONAL LIABILITY (Errors & Omissions)				\$ per claim	\$	
					\$ general aggregate		
10	ENVIRONMENTAL IMPAIRMENT				\$ per claim / occurrence	\$	
					\$ aggregate		
11	BUILDER'S RISK / INSTALLATION FLOATER				\$	\$	
12	WRAP UP LIABILITY				\$ per occurrence	\$	
					\$ general aggregate		
13	DIRECTOR'S & OFFICER'S LIABILITY				\$ per claim	\$	
					\$ general aggregate		
14	AVIATION LIABILITY				\$ per claim	\$	
					\$ general aggregate		

15	CYBER LIABILITY					
	Network & Information Security (3rd party) Liability				\$ per claim	\$
					\$ general aggregate	\$
	Privacy Liability				\$ per claim	\$
					\$ general aggregate	\$
	Technology Professional Services				\$ per claim	\$
					\$ general aggregate	\$
16	PERSONAL LIABILITY				\$ per claim	\$
					\$ general aggregate	\$
17	EXCESS PERSONAL LIABILITY				\$ per claim	\$
					\$ general aggregate	\$

REQUIRED PROVISIONS:

- Commercial General Liability policy is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employer's Liability, Cross Liability and Severability of Interest.
- It is agreed and understood that the deductible or self insured retention (SIR) arranged between the Named Insured and the Insurers must be declared herein and is subject to approval by The Regional Municipality of York, Commissioner of Finance. It is further understood and agreed that claims arising out of the operations of the above mentioned project, which fall within the deductible or SIR limit, are the sole responsibility of the Named Insured.
- If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) days written notice in advance by registered mail of such a cancellation to the address above.
- The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured as set out below.

Required Additional Insured(s) with respect to General Liability. It is understood and agreed that entity(ies) identified below is/are added as an Additional Insured(s) to the Commercial General Liability and Umbrella Liability Policies with respect to liability arising out of the operations of the Named Insured performed / supplied / conducted for/to the Region.

The Regional Municipality of York	Metrolinx	LHIN**	Housing York Inc.
The Regional Municipality of York Police Services Board	Other	_____	
York Region Rapid Transit Corporation	Other	_____	
YTN Telecom Network Inc	Other	_____	

**The Local Health Integration Network (LHIN) and its officers, employees, directors, independent contractors, subcontractors, agents, successors, and assigns; Her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns, and any person participating on behalf of the LHIN in a Review

DATE:	NAME & ADDRESS	#
	OF INSURANCE	#
	COMPANY(IES)	#
	(Indicate line #'s if	#
	multiple insurers)	#

CERTIFICATION I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 3.

Broker Name & Address Tel. No.: E-mail Contact Address:	SIGNATURE AND STAMP OF CERTIFYING OFFICIAL
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The Region reserves the right to contact your broker or insurer directly to obtain a renewal certificate on your behalf should your insurance coverage expire during the term of your contract with the Region

THIS FORM MUST BE COMPLETED BY AND AUTHORIZED INSURANCE BROKER OR INSURANCE PROVIDER.