



**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:	<input checked="" type="checkbox"/> 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
	<input type="checkbox"/> Project / Service Specific	

Insured:	Address:
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#	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 Occ \$ Gen Agg \$ Comp Ops	\$
					\$	\$
					\$	\$
					\$	\$
2	AUTOMOBILE LIABILITY				\$	\$
3	UMBRELLA LIABILITY				\$ Per occ. \$ Gen. Agg	\$
4	GARAGE LIABILITY				\$ Per occ. \$ Comp. \$ Collision	\$
					\$	\$
					\$	\$
5	ALL RISK PROPERTY				\$	\$
6	BOILER & MACHINERY				\$	\$
7	CRIME				\$ Emp. Dish.	\$
8	CONTRACTOR'S EQUIPMENT				\$	\$
9	PROFESSIONAL LIABILITY (Errors & Omissions)				\$ Per claim \$ Gen. Agg	\$
10	ENVIRONMENTAL IMPAIRMENT				\$ Per claim/occ \$ Agg	\$
11	BUILDER'S RISK /INSTALLATION FLOATER				\$	\$
12	WRAP-UP LIABILITY				\$ Per Occ \$ Gen Agg	\$
13	DIRECTOR'S & OFFICER'S LIABILITY				\$ Per claim \$ Gen Agg	\$
14	AVIATION LIABILITY				\$ Per Occ \$ Gen Agg	\$
15	TENANT'S LIABILITY				\$ Per Occ \$ Gen Agg	\$
16	CYBER LIABILITY Network & Information Security (3 <sup>rd</sup> Party Liability)				\$ Per claim \$ Gen Agg	\$
					\$ Per claim \$ Gen Agg	\$
					\$ Per claim \$ Gen Agg	\$
16	PERSONAL LIABILITY				\$ Per claim \$ Gen Agg	\$
					\$ Per claim \$ Gen Agg	\$
17	EXCESS PERSONAL LIABILITY				\$ Per claim \$ Gen Agg	\$

**Required Provisions:**

- The 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 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.**

<input checked="" type="checkbox"/> The Regional Municipality of York	<input type="checkbox"/> Metrolinx	<input type="checkbox"/> HCCSS**	<input type="checkbox"/> Housing York Inc
<input checked="" type="checkbox"/> The Regional Municipality of York Police Services Board	<input type="checkbox"/> Other _____		
<input type="checkbox"/> York Region Rapid Transit Corporation	<input type="checkbox"/> Other _____		
<input type="checkbox"/> York Telecon Network Inc.	<input type="checkbox"/> Other _____		

\*\*Home and Community Care Support Services (HCCSS) and its officers, employees, directors, independent contractors, subcontractors, agents, successors, and assigns; Her Majesty the Queen in the Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns, and any person participating on behalf of the HCCSS in a Review

DATE	NAME & ADDRESS OF INSURANCE COMPANY(IES)	#	#	#
	(Indicate line #'s of 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:	SIGNATURE AND STAMP OF CERTIFYING OFFICIAL
Tel. No.:	
E-Mail Address:	

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.