This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' written notice of any cancellation or reduction in applicable limit of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

**note: proof of insurance will be accepted on this form only, or by certified copies of insurance policies.**

 **if a facsimile has been transmitted, the original signed certificate must follow.**

**insurance companies must be licensed to operate in canada.**

This Certificate is issued to: The City of Surrey, 13450 104 Avenue, Surrey, B.C. V3T 1V8

|  |  |
| --- | --- |
| **Insured:** | **Name:** Click here to enter text. |
|  | **Address:** Click here to enter text. |
|  |  |
| **Broker:** | **Name:** Click here to enter text. |  **Agent’s Name:** Click here to enter text. |
|  | **Address:** Click here to enter text. |  **Phone:** Click here to enter text. |

**Location, Project No. and nature of contract, permit, lease, license or operation to which this Certificate applies:**

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Insurance** | **Company and Policy Number** | **Policy Term yyyy/mm/dd** | **Limits of Liability/Amount** |
| **Section 1**Commercial General Liability (CGL) orWrap up Liability\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ [ ]  Umbrella Liability\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ [ ]  Excess Liability |      Click here to enter text.Click here to enter text.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Click here to enter text.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Click here to enter text. | From: Click here to enter a date.To: Click here to enter a date.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_From: Click here to enter a date.To: Click here to enter a date.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ From: Click here to enter a date.To: Click here to enter a date. | Bodily Injury, Death & Property Damage$Click here to enter text. Per Occurrence$Click here to enter text. General Aggregate$Click here to enter text. Products & Completed Operations Aggregate$Click here to enter text. Deductible$Click here to enter text. Umbrella Limit$Click here to enter text. Excess Limit$ Click here to enter text.**MINIMUM $5,000,000** |
| **Section 2**Automobile Liability (owned or leased vehicles) | Click here to enter text. | From: Click here to enter a date.To: Click here to enter a date. | Bodily Injury & Property Damage$Click here to enter text. Limit **MINIMUM $3,000,000** |
| **Section 3**[ ]  Sudden and Accidental Pollution Liability      | Click here to enter text. | From: Click here to enter a date.To: Click here to enter a date. | $Click here to enter text. Limit$Click here to enter text. Deductible**MINIMUM $5,000,000** |

|  |
| --- |
| **Particulars of General Liability Insurance (Sections 1): X indicates that the coverage is included.** |
| * City of Surrey as Additional Insured
* Premises & Operations
* Broad Form Products & Completed Operations
* Owners & Contractors Protective
* Blanket Contractual
* Cross Liability/Severability of Interests
* Employees Additional Insureds
* Non-Owned Automobile
* Attached Machinery
 | * Broad Form Property Damage
* Occurrence Property Damage
* Contingent Employer’s

[ ]  Incidental Medical Malpractice[ ]  Personal Injury[ ]  Use of explosives for blasting[ ]  Vibration from pile driving or caisson work[ ]  Work below ground level over 3 meters (XCU extension) | [ ]  Intentional Injury [ ]  Aviation Liability[ ]  Non-owned aircraft liability[ ]  Watercraft liability[ ]  Non-owned watercraft liability[ ]  Removal or weakening of support of property, building or land whether the support is natural or otherwise[ ]  Tenants Legal Liability |

 It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

|  |  |  |
| --- | --- | --- |
| (Authorized to Sign on Behalf of Insured) |  | Date Signed |
|  |  |  |
| (Authorized to Sign on Behalf of Insurers) **and Broker Stamp** |  | Date Signed |