

## CERTIFICATE OF INSURANCE COVERAGE

Name of Insured: \_\_\_\_\_  
 Address of Insured: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### GENERAL LIABILITY INSURANCE COVERAGE

Name of Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Effective From: \_\_\_\_\_ Expiry: \_\_\_\_\_

### FACILITY RENTAL INFORMATION

Description of Use: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This is to certify the above insured holds coverage on the above policy as follows.  
 (please check boxes confirming and/or complete where indicated)

Yes  No  **\$ 2,000,000** Commercial General Liability

**Coverage Above Includes:**

Per Occurrence Deductible \_\_\_\_\_

Aggregate Annual Limit \_\_\_\_\_

Bodily Injury to Participants Yes  No

Employees &/or Volunteers added  
 as additional Insureds Yes  No

**Additional Insured is as stated below:**

**The Corporation of the City of Brampton, it's employees, it's managers, and authorized agents are added as an additional insured with respect to the liability arising out of the operations of the named insured.**

**\* NOTE \* Any answer on this certificate that results in a "No" will not be accepted as it does not meet the City of Brampton's Insurance standards, and you will be required to purchase the appropriate insurance. Proof of coverage MUST be submitted on this certificate, or proof of coverage will be deemed unacceptable.**

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 Manager, 2 Wellington Street West, Brampton, Ontario Canada L6Y 4R2**

Dated this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, \_\_\_\_\_, Canada

By Authorized Agent: \_\_\_\_\_  
 (Signature of Broker, Agent, or Authorized Representative)

Name of Broker: \_\_\_\_\_

Address of Broker: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_