

RE: LOCATION AND NATURE OF OPERATION TO WHICH THIS CERTIFICATE OF INSURANCE APPLIES (“THE CONTRACT”): Region's #: **1**

NAMED INSURED: _____ **INSURERS AFFORDING COVERAGE (EXACT F.S.C.O. LICENSED NAME)**

Address: _____ INSURER(S) LICENSED TO CONDUCT BUSINESS IN ONTARIO AND/OR CANADA

City: _____ Province: _____ Postal Code: _____ **INSURER A**

Telephone #: _____ Fax #: _____ **INSURER B**

ADDITIONAL INSURED(S) AS REQUIRED BY THE CONTRACT: _____ **INSURER C**

The Regional Municipality of Niagara Niagara Regional Police Services Board **INSURER D**

Niagara Economic Development Corporation **OTHER ADDITIONAL INSURED(S) AS REQUIRED BY THE CONTRACT:** _____

Niagara Regional Housing _____

COMMERCIAL GENERAL LIABILITY (“CGL”) POLICY POLICY # _____ EFFECTIVE DATE _____ EXPIRY DATE _____ GENERAL AGGREGATE _____ EACH OCCURRENCE _____

INSURER A B C D \$ _____ \$ _____

OCCURRENCE BASIS PERSONAL INJURY & ADVERTISING INJURY \$ _____ MEDICAL PAYMENTS (ANY ONE PERSON) \$ _____

BODILY INJURY, DEATH & PROPERTY DAMAGE BROAD FORM PROPERTY DAMAGE \$ _____ TENANT'S LEGAL LIABILITY \$ _____

CROSS LIABILITY & SEVERABILITY OF INTEREST DEDUCTIBLE \$ _____ SELF-INSURED RETENTION \$ _____

BLANKET CONTRACTUAL LIABILITY PRODUCTS & COMPLETED OPERATIONS \$ _____ LIQUOR LIABILITY \$ _____

PREMISES & OPERATIONS EMPLOYER'S LIABILITY OWNER'S & CONTRACTORS PROTECTIVE

ADDITIONAL INSURED ENDORSEMENT: ATTACHED TO FOLLOW XCU (EXPLOSION, COLLAPSE, UNDERPINNING IF NOT PERFORMED BY SUBCONTRACTOR) NON-OWNED AUTOMOBILE \$ _____ SEF 94

NO SEXUAL ABUSE AND MOLESTATION EXCLUSION OTHER _____ OTHER _____

AUTOMOBILE LIABILITY (“Auto”) POLICY POLICY # _____ EFFECTIVE DATE _____ EXPIRY DATE _____ BODILY INJURY _____ PROPERTY DAMAGE _____

INSURER A B C D \$ _____ \$ _____

ALL OWNED AUTOMOBILES ALL LEASED AUTOMOBILES STANDARD EXCESS AUTOMOBILE

EXCESS/UMBRELLA LIABILITY POLICY POLICY # _____ EFFECTIVE DATE _____ EXPIRY DATE _____ GENERAL AGGREGATE _____ EACH OCCURRENCE _____

INSURER A B C D \$ _____ \$ _____

EXCESS POLICY UMBRELLA POLICY OCCURRENCE BASIS SELF-INSURED RETENTION \$ _____ DEDUCTIBLE \$ _____

FOLLOWS FORM TO: CGL POLICY # _____ AUTO POLICY # _____ ADDITIONAL INSURED ENDORSEMENT ATTACHED TO FOLLOW

PROFESSIONAL LIABILITY POLICY POLICY # _____ EFFECTIVE DATE _____ EXPIRY DATE _____ AGGREGATE _____ PER CLAIM _____

INSURER A B C D \$ _____ \$ _____

DEDUCTIBLE \$ _____ SELF-INSURED RETENTION \$ _____

OTHER _____

ALL INSURANCE COVERAGES INDICATED ABOVE COMPLY WITH THE CONTRACT EXCEPT AS SPECIFIED:

PROVISIONS/AMENDMENTS/ENDORSEMENTS
 A. The above noted Additional Insured(s) has/have been added as Additional Insured ONLY with respect to the CGL Policy, and, if any, Builder's Risk Policy, but only with respect to liability arising out of the operations of the Named Insured.
 B. The Policies identified above shall apply as primary insurance and not excess to any other insurance or self insurance available to the Additional Insured(s).
 C. Any failure to comply with any terms and conditions of the Policies of the Named Insured shall not affect coverage provided to the Additional Insured(s).
 D. In the event that there is a material change in the foregoing Policies or coverage affecting the Additional Insured(s) or cancellation of coverage before the expiration date of any of the foregoing Policies, the undersigned will give thirty (30) days prior written notice (fifteen (15) days for auto liability) by registered mail or facsimile transmission to: The Regional Municipality of Niagara Attention: Corporate Services, Legal Division, 2201 St. David's Road, P.O. Box 1042, Thorold, Ontario L2V 4T7 Fax#: 905-685-7931

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AS DESCRIBED ABOVE HAVE BEEN ISSUED BY THE UNDERSIGNED TO THE NAMED INSURED AND ARE IN FORCE AT THIS TIME. THIS CERTIFICATE OF INSURANCE IS EXECUTED AND ISSUED TO THE ADDITIONAL INSURED(S) ON THE DATE WRITTEN BELOW.

Name of Insurer or broker issuing Certificate _____ Telephone number _____

Address _____ Fax number _____

Email Address _____

Name of authorized representative or official (Please print.) _____ Signature of authorized representative or official _____ Date _____