***THIS CERTIFICATE OF INSURANCE IS TO CERTIFY TO:***

SOLE

**THE REGIONAL MUNICIPALITY OF YORK,**

**17250 YONGE STREET, NEWMARKET, ONTARIO L3Y 6Z1**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | **Region File No. and/or Description:**  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Insured:** |  | **Address:** |  |
| **TYPE OF INSURANCE** | **POLICY NO.** | **EFFECTIVE dd/mm/yyyy** | **EXPIRY dd/mm/yyyy** | **LIMIT (If other than CDN $, indicate)** | **DEDUCTIBLE** |
| **PERSONAL LIABILITY (occurrence form)** |  |  |  | **$** | **Per occ.****Home Based Business Extension** | **$** |
| **AUTOMOBILE LIABILITY** |  |  |  | **$** | **$** |
| **EXCESS PERSONAL LIABILITY** |  |  |  | **$****$** | **Per occ.****Gen. Agg** | **$** |
| **PROFESSIONAL LIABILITY (Errors & Omissions)** |  |  |  | **$****$** | **Per claim Gen. Agg** | **$** |

 **Required Provisions:**

1. If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) dayswritten notice in advance by registered mail of such a cancellation to: **The Regional Municipality of York, 17250 Yonge St, Newmarket, ON, L3Y 6Z1 Attn: Treasury Office, Finance Dept**

2. 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 in Item 2.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:**  |  | NAME & ADDRESS OF INSURANCE COMPANY(IES) |  |
| **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 4. |
| Broker Name & Address:  |  |  |
| Tel. No.: |  |
| E-Mail Contact & Address: |  | **SIGNATURE AND STAMP OF CERTIFYING OFFICIAL** |

***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***.