



**THE REGIONAL MUNICIPALITY OF YORK  
CERTIFICATE OF INSURANCE**  
(to be completed only by the Insurer or its authorized representative)

THIS 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 at this date.

Insured:		Address:			
TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT	DEDUCTIBLE
Commercial General Liability					
Motor Vehicle Liability					
Umbrella Liability					
Non-Owned Auto Liability					
All Risk and/or Professional Liability					

York Region Contract or Approval No.:

Our File:

Site Location and Description of Work to which this certificate applies:

**Provisions of amendments or endorsements of listed Commercial General Liability Policy(ies):**

- Commercial General Liability Policy is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products -Completed Operations, Contingent Employers Liability, Cross Liability and Severability of Interest.
- It is understood and agreed that The Regional Municipality of York is added as an Additional Insured to the above listed policies with respect to liability arising out of the operations at the above mentioned project
- It is agreed and understood that the deductible or self insured retention (SIR) arranged between the Named Insured and the Insurer, 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 canceled or changed to reduce the coverage in a manner as to affect this Memorandum of Insurance, the Insuring Company will give thirty (30) days written notice in advance, by registered mail of such a cancellation or change to:  
The Regional Municipality of York  
17250 Yonge Street, Newmarket Ontario, L3Y 6Z1  
Attention: Risk Management, Policy, Risk and Treasury Branch
- The policy(ies) identified above shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each, but nothing shall operate to increase the Limits of Liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.
- 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 AND TELEPHONE NO. OF <b>INSURANCE COMPANY</b>
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**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.

NAME, ADDRESS AND TELEPHONE NO. OF <b>INSURANCE BROKER</b>	<b>SIGNATURE AND STAMP OF CERTIFYING OFFICIAL</b>
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