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|  | **This Certificate of Insurance is to certify to THE REGIONAL MUNICIPALITY OF YORK, 17250 Yonge Street, Newmarket, ON, L3Y 6Z1 insurancecertificates@york.ca that policies of insurance as herein described have been issued to the insured named below and are in force on the policy period indicated.** |

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| **[ ]**  | **Blanket Certificate** | **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 Region property.** |
| **[ ]**  | **Project / Service Specific Certificate**  | **Region File No. and Description:**  |   |

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| **Insured:** |   | **Address:** |   |
| **#** | **TYPE OF INSURANCE** | **POLICY NO.** | **EFFECTIVE dd/mm/yy** | **EXPIRY****dd/mm/yy** | **LIMIT (If other than CDN $, indicate)** |
| **1** | **Commercial General Liability** |   |   |   | $  | **Per occ** |
|  |  |  |  |  | $  | **Gen agg** |
|  | **Non-Owned Auto** |   |   |   | $  |
|  | **Employer’s Liability** |   |   |   | $  |
|  | **Sudden & Accidental Pollution** |   |   |   | $  |
| **2** | **Automobile Liability** |   |   |   | $  |
| **3** | **Umbrella Liability** |   |   |   | $  |
| **4** | **Professional Liability** |   |   |   | $  |
| **5** | **Directors & Officer’s Liability** |   |   |   | $  |
| **6** | **Pollution: choose an item** |   |   |   | $  |
| **7** | **Other: choose from drop-down** |   |   |   | $  |
| **8** | **Other: choose from drop-down** |   |   |   | $  |
| **9** | **Other: choose from drop-down** |   |   |   | $  |
| **10** | **Cyber** | **Network & Information Security** |   |   |   | $  |
|  |  | **Privacy Liability** |  |  |  | $  |
|  |  | **Technology Professional Services** |  |  |  | $  |
| **11** | **Garage Liability** |   |   |   | $  | **Per occ** |
|  |  |  |  |  | $  | **Comp** |
|  |  |  |  |  | $  | **Collision** |

**Required Provisions:**

1. The Commercial General Liability policy is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employer's Liability, Cross Liability and Severability of Interest.
2. Any deductible or self-insured retention relating to the above noted insurance polices is the sole responsibility of the Named Insured(s).
3. If the insurance provided by the above policies is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) days written notice by registered mail in advance of such a cancellation to The Regional Municipality of York at its address as shown above.
4. The policies identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured as set out below.

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| **Required Additional Insured(s). It is understood and agreed that entities identified below are added as Additional Insureds to the Commercial General Liability and Umbrella Liability Policies but only with respect to their liability arising from the operations of the Named Insured(s).**  |
| **[x]  The Regional Municipality of York** | **[ ]  HCCSS\*\*** |  | **[ ]  Housing York Inc** | **[ ]  Metrolinx** | **[ ]  YRRTC** |
| **[ ]  The Regional Municipality of York Police Services Board** | **[ ]  Other** |   |
| **[ ]  York Telecom Network Inc.** | **[ ]  Other** |   |

\*\*Home and Community Care Support Services (HCCSS) and its officers, employees, directors, independent contractors, subcontractors, agents, successors, and assigns; His Majesty the King in the Right of Ontario and His Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns, and any person participating on behalf of the HCCSS in a Review

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| **DATE:**  |   | INSURANCE COMPANIES(Indicate line #’s of multiple insurers) | **#** |   |   |
| **#** |   |   |
| **#** |   |   |
| **#** |   |   |
| **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 3 in Required Provisions above. |
| Broker Name & Address: |   |  |  |
| Tel. No.: |   |
| E-Mail 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***.