



## Certificate of Insurance Standard Event Form

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' notice of cancellation or material change of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

**NOTE:** INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN CANADA

This Certificate is issued to: The City of Port Coquitlam, 2580 Shaughnessy Street, Port Coquitlam, BC V3C 2A8

<b>Insured</b>	<b>Name:</b>		
	<b>Address:</b>		
<b>Broker</b>	<b>Name:</b>	<b>Agent's Name:</b>	
	<b>Address:</b>	<b>Phone:</b>	

**Location, Project No. and nature of contract, permit, lease, license or operation to which this Certificate applies:**

Type of Insurance	Company and Policy Number	Policy Term dd/mm/yy	Limits of Liability/Amounts
<b>Section 1</b> Commercial General Liability <hr/> <input type="checkbox"/> Umbrella Liability <hr/> <input type="checkbox"/> Excess Liability		From: <hr/> To: <hr/> From: <hr/> To: <hr/> From: <hr/> To: <hr/>	Bodily Injury, Death & Property Damage \$ Per Occurrence \$ General Aggregate \$ Products & completed Operations Aggregate \$ Umbrella Limit \$ Excess Limit \$ Deductible \$ <p style="text-align: center;"><b>MINIMUM \$5,000,000</b> <b>MAXIMUM DEDUCTIBLE \$5,000</b></p>
<b>Section 2</b> Automobile Liability (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From: <hr/> To: <hr/>	Third Party Liability \$ Limit <p style="text-align: center;"><b>MINIMUM \$5,000,000</b></p>
<b>Section 3</b> Other:		From: <hr/> To: <hr/>	\$ Limit \$ Deductible

**Particulars of General Liability Insurance (Sections 1):**  indicates that the coverage is included.

<input checked="" type="checkbox"/> City of Port Coquitlam, its officials, officers, employees, servants and agents added as Additional Insured <input checked="" type="checkbox"/> Premises & Operations <input checked="" type="checkbox"/> Broad Form Products & Completed Operations <input checked="" type="checkbox"/> Owners & Contractors Protective <input checked="" type="checkbox"/> Blanket Contractual <input checked="" type="checkbox"/> Cross Liability/Severability of Interests <input checked="" type="checkbox"/> Employees as Additional Insureds <input checked="" type="checkbox"/> Non-Owned Automobile <input checked="" type="checkbox"/> Broad Form Tenants Legal Liability	<input checked="" type="checkbox"/> Advertising Liability <input checked="" type="checkbox"/> Broad Form /All Risks property damage on an occurrence basis <input checked="" type="checkbox"/> Contingent Employer's Liability <input checked="" type="checkbox"/> Coverage is Primary and not contributory <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Attached Machinery <input checked="" type="checkbox"/> Broad Form Loss of Use <input checked="" type="checkbox"/> Volunteers as Additional Insureds <input checked="" type="checkbox"/> Members as Additional Insureds	<input type="checkbox"/> Intentional Injury <input type="checkbox"/> Injury to Participants (sporting events) <input type="checkbox"/> Incidental Medical Malpractice <input type="checkbox"/> Aviation Liability <input type="checkbox"/> Non-owned aircraft liability <input type="checkbox"/> Watercraft liability <input type="checkbox"/> Non-owned watercraft liability <input type="checkbox"/> Abuse/Molestation Coverage <input type="checkbox"/> Host Liquor Liability
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured

\_\_\_\_\_  
(Authorized to Sign on Behalf of Insurer) Printed Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
(Authorized to Sign on Behalf of Insurer) and Brokers Stamp

\_\_\_\_\_  
Date Signed