



Certificate of Insurance Standard 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**

Insured	Name:
	Address:

Broker	Name:	Agent's Name:
	Address:	Phone:

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
Section 1 Commercial General Liability <input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Excess Liability		From: _____ To: _____ From: _____ To: _____ From: _____ To: _____	Bodily Injury, Death & Property Damage \$ _____ Per Occurrence \$ _____ General Aggregate \$ _____ Products & completed Operations Aggregate \$ _____ Umbrella Limit \$ _____ Excess Limit \$ _____ Deductible \$ _____ <b style="color: red;">MINIMUM \$5,000,000
Section 2 Automobile Liability (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From: _____ To: _____	Bodily Injury & Property Damage \$ _____ Limit <b style="color: red;">MINIMUM \$3,000,000
Section 3 Other:		From: _____ To: _____	\$ _____ 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"/> Intentional Injury	<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"/> Occurrence Property Damage <input checked="" type="checkbox"/> Broad Form Loss of Use <input checked="" type="checkbox"/> Incidental Medical Malpractice <input type="checkbox"/> Volunteers as Additional Insureds <input type="checkbox"/> Members as Additional Insureds <input type="checkbox"/> 12 months Completed Operations-Wrap-Up Liability <input type="checkbox"/> 24 months Completed Operations-Wrap-Up Liability <input type="checkbox"/> Injury to Participants (sporting events)	<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"/> Use of explosives for blasting <input type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Vibration from pile driving or caisson work <input type="checkbox"/> Work below ground level over 3 meters (XCU Endorsement) <input type="checkbox"/> Removal or weakening of support of property, building or land whether support is natural or otherwise
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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 Insured) Printed Signature

Date Signed

(Authorized to Sign on Behalf of Insured) and Brokers Stamp

Date Signed