



Taxicab/Limousine Owner's Insurance Certificate

To be completed by Insurance Company or Agent duly authorized to conduct business in the Province of Ontario.

Licence type Taxicab/Limousine Vehicle Owner	City of London Plate Number
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1 Insured information

Name of insured (as on Certificate of Registration)			
Mailing address	City London	Prov/Territory ON	Postal code
Name of Cab Owner Plate Licensee			

2 Insurance Agent information, if applicable

Name of insurance agent	Telephone number		
Address	City	Prov/Territory	Postal code

3 Insurance information

Name of insuring company			
Address	City	Prov/Territory	Postal code
Policy number	Amount of coverage	Effective date	Expiry date

Vehicle covered by this policy (complete a separate certificate for **each** vehicle insured)

Make and Model	Year	Vehicle Identification Number (VIN)

If this policy is changed, in any manner, or cancelled during the period of coverage set out above, 30 days prior written notice will be given by the insurance company to the Licence Manager, Development & Compliance Division, P O Box 5035, London, Ontario N6A 4L9.

Signature of Authorized Representative of Insurer

Date signed