



Certificate of Insurance – Professional Liability

This is to certify that the Insured named below is insured as described:

***** This form must be completed and signed by your insurer or insurance broker. *****
Note: Proof of insurance will be accepted on this form only (with no amendments).

Named Insured		
E-mail address	Telephone number	Fax number
Insured's address (street name, city, province and postal code)		

Insurance Company (full legal name)	Policy Number	Effective Date (YYYYMMDD)	Expiry Date (YYYYMMDD)	Limits of Liability (bodily injury & property damage - inclusive)
				<input type="checkbox"/> Annual - \$
				<input type="checkbox"/> Budget - \$

- Claims made? No Yes
- Limit is inclusive of damages and claims expenses? No Yes
- Deductible? No Yes... (Amount) \$ _____
- Self-Insured Retention? No Yes... (Amount) \$ _____
- Is the full limit of coverage available on today's date? No Yes

If cancelled or changed in any manner, that would affect the City of London or other scheduled additional Insured for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the insurer(s) to:

The Corporation of the City of London
Attention: Risk Management Division
520 Wellington Street, Unit 1
P O Box 5035
London, ON N6A 4L9

Office location:
Mailing address:

Fax: **519 661-4631**
E-mail: **certificates@london.ca**

This certificate is executed and issued to the aforesaid Corporation of the City of London, the day and date herein written.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.

Name of insurance company or broker (completing form)		
Address		
E-mail address	Telephone number	Fax number
Name of authorized representative or official	Signature of authorized representative or official	Date (YYYY-MM-DD)