



London
CANADA

Certificate of Insurance - Contractors

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

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***** This is to certify that the Insured, named below is insured as described below. *****

Note: Proof of liability insurance will be accepted on this form only (with no amendments).

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

Type of Insurance	Insurer's Name	Policy Number	Policy Period	Limits of Liability (bodily injury & property damage inclusive)
<input type="radio"/> Commercial General Liability <input type="radio"/> Wrap-up Liability			From 12:01AM	Occurrence
			To 12:01AM	Aggregate
				Deduction
Umbrella/Excess <input type="checkbox"/> Follow Form Auto <input type="checkbox"/> Follow Form Liability			From 12:01AM	Occurrence
			To 12:01AM	Aggregate
				Deduction

Commercial / General / Liability includes:

Occurrence basis, including Personal Injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-owned Auto Liability, Owners & Contractors Protective Coverage, Products-Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.

Check which of the following are included in the Commercial General Liability Policy:

- ☐ CCDC compliance
 ☐ Total pollution exclusion
 ☐ Full form pollution
 ☐ Limited pollution coverage (120 Hr.)
☐ Standard pollution exclusion
 ☐ Off-Premises welding limit: \$
☐ Hot process roofing exclusion/restriction
 ☐ Off-Premises welding exclusion
☐ Demolition coverage
 ☐ Blasting coverage/ Collapse / Underpinning coverage / Pile driving coverage

THE CORPORATION OF THE CITY OF LONDON, the London Convention Centre o/a RBC Place, Covent Garden Market Corporation, Museum London o/b London Regional Art & Historical Museums, London Public Library Board, London Police Service, Housing Development Corporation, London and London & Middlesex Community Housing have been added as an additional Insured but only with respect to their interest in the operations of the Named Insured.

This certifies that the policies of insurance described above have been issued by the undersigned to the Insured named above and are in force at this time. If cancelled or materially 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 registered mail or facsimile transmission will be given by the Insurer(s) to:

The Corporation of the City of London
 Attention: Risk Management Division
 300 Dufferin Ave.
 PO Box 5035
 London, ON N6A 4L9

Office location:
 Mailing Address:

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



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for

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Type of Insurance	Insurer's Name	Policy Number	Policy Period	Limits of Coverage
Motor Vehicle Liability <i>"All vehicles owned or operated by the Insured"</i>			From 12:01AM	Amount
			To 12:01AM	Deductible
<input type="radio"/> Builder's Risk <input type="radio"/> Installation floater			From 12:01AM	Amount
			To 12:01AM	Deductible
Environmental Impairment Liability			From 12:01AM	Amount
			To 12:01AM	Deductible
Asbestos Abatement			From 12:01AM	Amount
			To 12:01AM	Deductible
Mold Remediation			From 12:01AM	Amount
			To 12:01AM	Deductible
Professional Liability			From 12:01AM	Amount
			To 12:01AM	Deductible
Watercraft			From 12:01AM	Amount
			To 12:01AM	Deductible
Other - specify type below:			From 12:01AM	Amount
			To 12:01AM	Deductible

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

☐ Yes ☐ No

I confirm that the coverage shown above conforms with the minimum requirements of the London Construction Insurance Program and with the requirements in:

Tender No.: _____

Project Name: _____

Name of insurance company or broker completing form certifies that the coverage meets the requirements of the contract			
Address			
E-mail address		Telephone number	Fax number
Name of authorized representative or official	Date signed	Signature of authorized representative or official	