

Permit No.

This is to certify that the following policies of insurance, subject to their terms, conditions, and exclusions, have been issued and are at present in force for the insured named below, with the specified insurer.

Name and Address of Insured
Description of Operations
Location of Operations (attach separate sheet if necessary)

Type of Insurance	Policy Number	Effective Date			Expiry Date			Limits of Liability
		Y	M	D	Y	M	D	
Motor Vehicle Liability							\$	
							Deductible \$	
Name and Address of Insurance Company								

The Commercial General Liability Policy includes personal injury liability, occurrence property damage, contractual liability, non-owned automobile liability, owner's and contractor's protective coverage, products-completed operations, contingent employer's liability, and cross liability and severability of interests clauses.

The Policy contains no exclusions or limitations with respect to the blasting, shoring underpinning, raising or demolition of any building or structure or subsidence of any property, or land from any cause.

Note: Shaded Area Refers Only to Construction Contracts.

Type of Insurance	Policy Number	Effective Date			Expiry Date			Limits of Liability Bodily Injury and Property Damage-Incl.
		Y	M	D	Y	M	D	
Commercial General Liability							\$	
							Deductible \$	
Name and Address of Insurance Company								
Other							\$	
							Deductible \$	
Name and Address of Insurance Company								

Umbrella or excess insurance is excess of both the Commercial General Liability and Motor Vehicle Liability policies. The Regional Municipality of Peel and/or City of Brampton and/or City of Mississauga and/or Town of Caledon have been added as additional insureds, but only with respect to their interest in the operations of the named insured.

If any Policy is cancelled or materially changed in any manner for any reason during the period of coverage as stated above, so as to effect this certificate, thirty (30) days prior written notice, by registered mail, will be given by the Insurer to:

The Regional Municipality of Peel, 10 Peel Centre Drive, Suite B, 4th Floor, Brampton, ON L6T 4B9

This certificate is executed and issued to the Regional Municipality of Peel on the date stated below.

Name and Address of Insurance Broker										
Signature of Authorized Representative of Broker or Insurance Company					Executed and Issued			Y	M	D

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