



# CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

## INSTRUCTIONS

1. This form must be completed and signed by your insurer or insurance broker
2. Proof of Insurance will be accepted on this form only (**with no amendments**)
3. Insurance company must be licensed to operate in Canada
4. Information below must reflect insurance requirements as set out in applicable contract/project
5. All dollar amounts shown are deemed to be in Canadian currency

## SECTION 1 – INSURED DETAILS

Insured Name

Address

Telephone Number

Email Address

## SECTION 2 – LOCATION & NATURE OF OPERATION OR CONTRACT/PROJECT

### IF APPLICABLE, PLEASE INSERT NUMBERS BELOW

|           |            |
|-----------|------------|
| PO Number | RFP Number |
|-----------|------------|

|            |            |
|------------|------------|
| RFQ Number | RFT Number |
|------------|------------|

## SECTION 3 – PROFESSIONAL LIABILITY

| Insurance Company   | Policy Number | Effective Policy Date<br>(mm/dd/yyyy) | Expiry Policy Date<br>(mm/dd/yyyy) |
|---------------------|---------------|---------------------------------------|------------------------------------|
| Limits of Liability | Per Claim: \$ |                                       |                                    |
|                     | Aggregate: \$ |                                       |                                    |

## SECTION 4 – COVERAGE/DEDUCTIBLE INFORMATION

|  |                          |                           |                           |
|--|--------------------------|---------------------------|---------------------------|
| Deductible   | <input type="radio"/> No | <input type="radio"/> Yes | Amount: \$                |
| Self-Insured Retention   | <input type="radio"/> No | <input type="radio"/> Yes | Amount: \$                |
| Have there been any claims made in this policy term that may effect the limit of coverage available? |                          | <input type="radio"/> No  | <input type="radio"/> Yes |

If cancelled or changed in any manner that would affect The Corporation of the City of Niagara Falls as outlined in the coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail will be given by the insurer(s) to:

The Corporation of the City of Niagara Falls  
Risk Management  
4310 Queen Street, P.O. Box 1023  
Niagara Falls, Ontario L2E 6X5

| <b>SECTION 5 – INSURANCE COMPANY/BROKER DETAILS</b>   |                    |                          |
|---|--------------------|--------------------------|
| <b>Name of Insurance Company or Broker (completing form)</b>  |                    |                          |
| <b>Address</b>  |                    |                          |
| <b>Telephone Number</b>   | <b>Ext. Number</b> | <b>Email Address</b>     |
| <b>Name of Authorized Representative or Official</b>  |                    | <b>Date (mm/dd/yyyy)</b> |
| <p><b>This Certificate is executed, issued and delivered on the date written above and sent by electronic transmission to The Corporation of the City of Niagara Falls. The authorized representative or official agrees that by inserting his or her name in the field above constitutes an electronic signature and the parties may rely upon such electronic signature as though it was an original signature.</b></p> <p><b>In addition, you are certifying that the policies of insurance as described above have been issued by the authorized representative or official to the Name Insured; are in force at this time; and the information submitted is correct.</b></p> |                    |                          |