

APPENDIX A

STANDARD CERTIFICATE OF INSURANCE

This form must be completed and signed by your insurer or insurance broker.

Note:

1. Proof of insurance will be accepted on this form only (with no amendments).
2. Insurance company must be licensed to operate in Canada.

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

Insured: Name & Address:	Telephone Number: ()
	Fax Number: ()
Location and nature of operation or contract to which this Certificate applies:	

Type of Insurance	Company & Policy #	Policy Dates		Limits of Liability/Amounts
		Effective	Expiry	
Section 1 – Primary Commercial General Liability (Occurrence Basis)				Bodily Injury & Property Damage \$ _____ Inclusive \$ _____ Aggregate \$ _____ Deductible
Section 2 Automobile Liability				Bodily Injury & Property Damage \$ _____ Inclusive
Section 3 Excess/Umbrella				\$ _____ Inclusive
Section 4 Additional Insureds as required by contract: 1. The Corporation of the City of Niagara Falls 2. Other: _____				

PROVISIONS/AMENDMENTS/ENDORSEMENTS:

- A. Commercial General Liability Insurance (and Excess, if any) is extended to include the following coverage: Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products/Completed Operations, Personal Injury, and Non-Owned Automobile Liability.
- B. With respect to the Commercial General Liability Insurance (and Excess, if any), THE CORPORATION OF THE CITY OF NIAGARA FALLS, its officers and/or officials, employees and volunteers (and "other") entities as outlined in Section 4 above) have been added as Additional Insureds but only with respect to liability arising out of the operations of the Named Insured.
- C. The Commercial General Liability Insurance (and Excess, if any) Policy(ies) identified above shall protect each Insured in the same manner and to the same extent as though a separate Policy has been issued to each, but shall not increase the Limits of Liability as identified above beyond the amount or amounts for which the company would be liable if there had been only one Insured. Any failure to comply with any provision of the insurance Policy by the Named Insured shall not affect coverage provided to The Corporation of the City of Niagara Falls.
- D. The Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to THE CORPORATION OF THE CITY OF NIAGARA FALLS.
- E. If cancelled or changed to reduce the coverage as outlined on this Certificate, during the period of coverage as stated herein, thirty (30) days (ten (10) days if cancellation is due to non-payment of premium) prior written notice by registered mail will be given by the Insurer(s) to:

**THE CORPORATION OF THE CITY OF NIAGARA FALLS
LEGAL SERVICES
4310 QUEEN STREET, P.O. BOX 1023
NIAGARA FALLS, ONTARIO L2E 6X5**

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

Name of insurance company or broker (completing form):	Telephone Number: ()
Address:	Fax Number: ()
Name of authorized representative or official (print please):	Signature of authorized representative or official: Date (year,month,day):

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY (WITH NO AMENDMENTS)