



CERTIFICATE OF INSURANCE
(To be completed only by the Insurer or its representative)

1. Name of Insured	2. Address & Telephone # of Insured

3. Operations of Named Insured for which certificate is issued:
Insured locations/programs:

4. Comprehensive General Liability

Insuring Company	Policy Number	Policy Limit(s)	Effective Date	Expiry Date
		\$2,000,000.00		

5. Policy Provisions/Amendments/Endorsements

- A. Comprehensive General Liability.
- B. The CITY OF TORONTO has been named as an Additional Insured but only with respect to liability arising out of the operations of the Insured for which a Contract is issued or permission granted by the City of Toronto.
- C. The Comprehensive General Liability 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 nothing shall operate to 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.
- D. The Comprehensive General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insured as set out in Item 5B.
- E. If cancelled or changed to reduce the coverage outlined on this Certificate during the period of coverage as stated herein, thirty (30) days, (fifteen (15) 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 CITY OF TORONTO at the address provided for notice and communication in the Contract or permission between the Insured and the CITY OF TORONTO.

CERTIFICATION

I certify that the insurance is in effect as stated in this Certificate and that I have authorization to issue this Certificate for and on behalf of the Insurer(s). This Certificate is valid until the expiration date(s) shown in Item 4 unless notice is given in writing in accordance with Item 5E.

Date	Brokers Name and Address	Signature & Stamp of Certifying Official