

THIS IS TO CERTIFY THAT THE INSURED NAMED BELOW IS INSURED AS DESCRIBED

To be completed and signed by an Authorized Broker or Insurance Company

- Proof of insurance will be accepted on this form only (with no amendments)
- Insurance Company must be licensed to operate in Canada
- Send completed Certificate and any enquiries to addressee provided in #5 of the Provisions section below or email:
lorraine.mcvicar@oakville.ca

Insured Information
Named Insured
Address of Insured
Location & Description of Work/Activity to which this Certificate applies ALL OPERATIONS OF THE NAMED INSURED WITH RESPECT TO:

Type of Insurance	Policy No.	Effective Date	Expiry Date	Limit of Liability * "Per Occurrence"	Deductible
Commercial General Liability Property Damage yes no Bodily Injury yes no Non-Owned Automobile yes no Tenant's Legal Liability yes no					
Motor Vehicle Liability For all owned, operated or leased vehicles					
Umbrella or Excess Liability <input type="checkbox"/> Follow form Auto <input type="checkbox"/> Follow form Liability					
Other					

Provisions of amendments or endorsements of listed Policy(ies)

- Commercial General Liability** Policy is extended to include Personal Injury, Contractual Liability, Owner's Protective Coverage, Contingent Employers Liability, Cross Liability & Severability of Interest, and Employee's as additional insured's. * minimum of \$2 million liability
- It is understood and agreed that **THE CORPORATION OF THE TOWN OF OAKVILLE** is added as an **Additional Insured** to the above listed **General Liability Policies** with respect to liability arising out of the operations at the above mentioned project.
- The following are also added as **Additional Insureds**:
- It is agreed and understood that all claims arising out of the operations of the above mentioned project which fall within the deductible or self insured retention (SIR) limit are the sole responsibility of the Named Insured.
- If the insurance provided under the said policy(ies) is canceled during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days prior written notice of such a cancellation or change to:
Mailing Address: Oakville Centre for the Performing Arts, 130 Navy Street, Oakville, L6J 2Z4 Attention: Lorraine McVicar
- The 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.

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 unless notice is given in writing in accordance with item 5 above.

Insurance Broker Brokerage Broker Contact Address Email Phone	Insurance Company Insurer Insurer Contact Address Email Phone
Date	Authorized Official - Signature and Stamp