



**THE REGIONAL  
MUNICIPALITY  
OF DURHAM**

**APPENDIX "A" CERTIFICATE OF INSURANCE**

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY  
FORM MUST BE COMPLETED BY AGENT, BROKER OR INSURER

Name of Insured	Address of Insured
Location and Operations of Insured for which Certificate is issued <b>ALL OPERATIONS PERFORMED FOR THE REGION OF DURHAM</b>	

Automobile Liability Insurance

INSURING COMPANY	POLICY NUMBERS	AMOUNT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE
	Public Liability and Property Damage		D/M/Y	D/M/Y
	Excess Liability (if applicable)		D/M/Y	D/M/Y

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

Liability

INSURING COMPANY	POLICY NUMBERS	AMOUNT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE
	CGL	Deductible, if any	D/M/Y	D/M/Y
	Excess Liability (if applicable)		D/M/Y	D/M/Y
	Professional Liability (if applicable)		D/M/Y	D/M/Y
Provisions of Amendments or Endorsements of Listed Policy(ies)				

Comprehensive General Liability is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to the Comprehensive General Liability, THE REGIONAL MUNICIPALITY OF DURHAM has been added as an Additional Insured but only with respect to its interest in the operations of the named insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Regional Municipality of Durham.

If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to:

The Regional Municipality of Durham  
Attention: Risk Management Department  
Finance Department, 605 Rossland Road East  
Whitby, Ontario L1N 6A3

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).

Date	Name, Address, Fax and Telephone Number of Insurance Broker	Signature of Authorized Representative or Official
		Print Name of above Authorized Representative or Official