

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 (mm/dd/yyyy)	Expiry Policy Date (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 Town of Lincoln 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 Town of Lincoln
Procurement Agent
4800 South Service Road
Beamsville, ON L3J 1L3**

SECTION 5 – INSURANCE COMPANY/BROKER DETAILS		
Name of Insurance Company or Broker (completing form)		
Address		
Telephone Number	Ext. Number	Email Address
Name of Authorized Representative or Official		Date (mm/dd/yyyy)
<p>This Certificate is executed, issued and delivered on the date written above and sent by electronic transmission to The Corporation of the Town of Lincoln. 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.</p> <p>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.</p>		