



# STANDARD CERTIFICATE OF 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

## PROVISIONS/AMENDMENTS/ENDORSEMENTS

### PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM BELOW:

1. Commercial General Liability Insurance (and Excess, if any) is extended to include the following coverage: Property Damage, Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products/Completed Operations, Personal Injury, Death, and Non-Owned Automobile Liability (SPF 6).
2. With respect to the Commercial General Liability Insurance (and Excess, if any), The Corporation of the Town of Lincoln, its officers and/or officials, employees, and volunteers (and "other" entities as outlined in Section 7(2) below) have been added as Additional Insured(s) except for the Auto policy but only with respect to liability arising out of the operations of the Named Insured.
3. The Commercial General Liability Insurance (and Excess, if any) Policy(ies) identified below 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 below 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 Town of Lincoln.
4. The Policy(ies) identified below shall apply as primary insurance and not excess to any other insurance available to the Corporation of the Town of Lincoln.
5. 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 (fifteen (15) days for auto liability) 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, Ontario L3J 1L3**

## 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**

**RFQ Number**

**RFP Number**

**RFT Number**

**SECTION 3 – PRIMARY – COMMERCIAL GENERAL LIABILITY (OCCURRENCE BASIS)**

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)
<b>Limits of Liability/Amounts:</b> Bodily Injury & Property Damage			
Inclusive \$	Aggregate, if applicable \$	Deductible \$	
If applicable, list inclusions and limits in the CGL Policy not shown in paragraph 1 in the Provisions/Amendments/Endorsements.			
<b>If inclusive amount does not meet Town standard required coverage, complete Section 5 below.</b>			

**SECTION 4 – AUTOMOBILE LIABILITY**

Is automobile liability to be included for this Contract/Project?	No	Yes		
Does this company own any vehicles	No	Yes		
<b>Limits of Liability/Amounts:</b> Bodily Injury & Property Damage				
Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Inclusive \$
<b>If inclusive amount does not meet Town standard required coverage, complete Section 5 below.</b>				

**SECTION 5 – EXCESS/UMBRELLA**

<b>If the inclusive coverages shown above in Sections 3 and 4 do not comply with Town standard required coverage amounts, complete this section</b>				
Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Inclusive \$

**SECTION 6 – ADDITIONAL POLICIES**

Name of Policy	Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Limits of Coverage
Builder's Risk Policy					\$
Wrap Up Liability					\$
Contractor's Pollution Liability					\$
Professional (Errors & Omissions) Liability					\$
Identify Other Coverage					\$

**SECTION 7 – ADDITIONAL INSURED – Not Applicable to Automobile Liability**

1. The Corporation of the Town of Lincoln

2. Other Additional Insureds

**SECTION 8 – 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)

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.

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.