

# CITY OF CHARLOTTETOWN



## CERTIFICATE OF INSURANCE

PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY (WITH NO AMENDMENTS) NOTE: IF INSURANCE IS PLACED IN PRIMARY AND EXCESS LAYERS, FILE SEPARATE CERTIFICATES FOR EACH.

This is to certify that the insured set forth, is insured with the Insurance Company, which insurance is described below:

Name of Insurance Company	
Name of Insured	Address of Insured

Type of Insurance	Policy Number	Effective Date	Expiry Date	Limits of Liability Bodily Injury & Property Damage - Inclusive
Comprehensive General Liability				

Comprehensive General Liability including Personal Injury  
Non-Owned Automotive Liability  
Products - Completed Operations  
Gross Liability Clause

Contracted Liability  
Owner's and Contractor's Protective Coverage  
Contingent Employers Liability  
Operations of Att'd Machinery

Motor Vehicle Liability				
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Motor vehicle Liability - must cover all vehicles owned by the insured

This is to certify that:

1. The City of Charlottetown had been added as an additional insured on the Comprehensive General Liability Insurance Policy but only with respect to its interest in the operations of the named insured.
2. The Policies of Insurance as described above has been issued by the undersigned to the insured named above and are in force at this time.
3. If cancelled or changed in any manner that would affect the City of Charlottetown as outlined in 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: Public Works Manager, P.O. Box 98, Charlottetown PEI C1A 7K2.

*This certificate is executed and issued to the aforesaid City of Charlottetown as represented by the Department of Public Works.*

Date	Name of Insurance Company (not broker)
Name of Insurance Broker	Authorized Representative or Official