



Certificate of Insurance Standard Form

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' notice of cancellation of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

NOTE: PROOF OF INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY, OR BY CERTIFIED COPIES OF INSURANCE POLICIES.
INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN CANADA AND HAVE A MINIMUM AM BEST RATING OF A- OR HIGHER.

This Certificate is issued to: **The City of Burnaby, 4949 Canada Way Burnaby, B.C. V5G 1M2**

Insured	Name:		
	Address:		
Broker	Name:	Agent's Name:	
	Address:	Phone:	

Location, Purchase Order, or Contract No. and operations to which this Certificate applies:

Nature of Operations:			
Project Specific		Insurance applies to services provided on as/when required basis	
Type of Insurance	Insurer Name and Policy Number	Policy Term Day/Month/Year	Limits of Liability/Amounts
Section 1 Comprehensive/Commercial General Liability		From: To:	Bodily Injury, Death & Property Damage \$ _____ Per Occurrence \$ _____ Aggregate \$ _____ Deductible
Section 2 Automobile Liability (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From: To:	Personal Injury & Property Damage \$ _____ Limit/Accident
Section 3 <input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Excess Liability		From: To:	\$ _____ Excess Gen. Liability \$ _____ Excess Auto Liability
Section 4 Other		From: To:	\$ _____ Limit \$ _____ Deductible

Particulars of General Liability Insurance (Sections 1 & 3): indicates that the coverage is included.

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| <input checked="" type="checkbox"/> City of Burnaby as Additional Insured
<input checked="" type="checkbox"/> Premises & Operations
<input checked="" type="checkbox"/> Broad Form Products & Completed Operations
<input checked="" type="checkbox"/> Owners & Contractors Protective
<input checked="" type="checkbox"/> Blanket Contractual
<input checked="" type="checkbox"/> Cross Liability/Severability of Interests
<input checked="" type="checkbox"/> Employees as Additional Insureds
<input checked="" type="checkbox"/> Non-Owned Automobile
<input checked="" type="checkbox"/> Attached Machinery
<input checked="" type="checkbox"/> Occurrence Property Damage
<input checked="" type="checkbox"/> Contingent Employer's
<input checked="" type="checkbox"/> Broad Form Loss of Use
<input checked="" type="checkbox"/> Personal Injury | <input type="checkbox"/> Use of explosives for blasting
<input type="checkbox"/> Vibration from pile driving or caisson work
<input type="checkbox"/> Removal or weakening of support of property, building or land whether the support is natural or otherwise
<input type="checkbox"/> Work below ground level over 3 meters (XCU extension)
<input type="checkbox"/> Pollution Liability – Sudden & Accidental
<input type="checkbox"/> Not less than IBC Form 2336 (Aug, 2007)
<input type="checkbox"/> Incidental Medical Malpractice
<input type="checkbox"/> 12 months Completed Operations
<input type="checkbox"/> 24 months Completed Operations
<input type="checkbox"/> Water Ingress Coverage | <input type="checkbox"/> Blanket Broad Form Tenants Legal Liability
<input type="checkbox"/> Advertising Liability
<input type="checkbox"/> Intentional Injury
<input type="checkbox"/> Volunteers as Additional Insureds
<input type="checkbox"/> Members as Additional Insureds
<input type="checkbox"/> Aircraft/Aviation Liability
<input type="checkbox"/> Non-owned aircraft liability
<input type="checkbox"/> Watercraft liability
<input type="checkbox"/> Non-owned watercraft liability
<input type="checkbox"/> Airport Premises liability
<input type="checkbox"/> Abuse/Molestation Coverage
<input checked="" type="checkbox"/> Waiver of Subrogation |
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These policies comply with the insurance requirements of the governing contract, permit, lease, license or other requirement of the City of Burnaby. It is understood and agreed any deductible or reimbursement clause shall be the sole responsibility of the Named Insured.

(Authorized to Sign on Behalf of Insurers)

Date Signed

INSURER OR BROKER TO STAMP HERE

INTERNAL USE ONLY		
Certificate	Approved	Not Approved
Deficiencies:		