

Certificate of Insurance – Contractor’s 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’ written notice of cancellation or material change of any of the policies listed below, with 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: _____

Insured	Name: _____		
	Address: _____		
Broker	Name: _____		Agent’s Name: _____
	Address: _____		Phone: _____

Location, Project No. and nature of contract, permit, lease, license or operation to which this Certificate applies:

--

Type of Insurance	Insurer Name and Policy Number	Policy Term dd/mm/yy	Limits of Liability/Amounts
Section 1 Commercial General Liability <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims Made Form		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
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.

- | | | |
|---|--|---|
| <input type="checkbox"/> _____
its officials, officers, employees,
servants and agents added as
Additional Insured | <input type="checkbox"/> Coverage is Primary and not
contributory
<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Attached Machinery
<input type="checkbox"/> Occurrence Property Damage
<input type="checkbox"/> Broad Form Loss of Use
<input type="checkbox"/> Incidental Medical Malpractice
<input type="checkbox"/> 12 months Completed
Operations-Wrap-Up Liability
<input type="checkbox"/> 24 months Completed
Operations-Wrap-Up Liability
<input type="checkbox"/> Injury to Participants (sporting
events) | <input type="checkbox"/> Watercraft liability
<input type="checkbox"/> Non-owned watercraft liability
<input type="checkbox"/> Abuse/Molestation Coverage
<input type="checkbox"/> Use of explosives for blasting
<input type="checkbox"/> Host Liquor Liability
<input type="checkbox"/> Vibration from pile driving or
caisson work
<input type="checkbox"/> Work below ground level over 3
meters (XCU Endorsement)
<input type="checkbox"/> Removal or weakening of
support of property, building or
land whether support is natural
or otherwise |
| <input type="checkbox"/> Premises & Operations
<input type="checkbox"/> Broad Form Products &
Completed Operations
<input type="checkbox"/> Owners & Contractors
Protective
<input type="checkbox"/> Blanket Contractual
<input type="checkbox"/> Cross Liability/ Severability
Interests
<input type="checkbox"/> Employees as Additional
Insureds
<input type="checkbox"/> Non-Owned Automobile
<input type="checkbox"/> Contingent Employer’s Liability | | |

These policies comply with the insurance requirements of the governing contract, permit, lease, license or other requirements of the _____. It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

 (Authorized to Sign on Behalf of Insurers – Broker’s Stamp) Title

 Date Signed