

Certificate of Insurance – Standard Consultant Certificate 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:

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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 Professional Errors & Omissions Liability		From: _____ To: _____	\$ _____ Per Claim \$ _____ Aggregate \$ _____ Deductible Per Claim

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> _____
its officials, officers, employees, servants and agents added as Additional Insured

<input type="checkbox"/> Premises & Operations
<input type="checkbox"/> Broad Form Products & Completed Operations
<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Owners & Contractors Protective | <input type="checkbox"/> Blanket Contractual
<input type="checkbox"/> Cross Liability / Severability of Interests
<input type="checkbox"/> Employees as Additional Insureds
<input type="checkbox"/> Non-Owned Automobile
<input type="checkbox"/> Coverage is Primary and not contributory | <input type="checkbox"/> Occurrence Property Damage
<input type="checkbox"/> Contingent Employer's Liability
<input type="checkbox"/> Broad Form Loss of Use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Particulars of Professional Errors & Omissions Insurance (Section 4): indicates that the coverage is included.

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|--------------------------------------------|----------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Claims Made Basis | <input type="checkbox"/> Coverage Primary and not Contributory | Retroactive Date: _____ |
|--------------------------------------------|----------------------------------------------------------------|-------------------------|

These policies comply with the insurance requirements of the governing contract 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