



Certificate of Insurance – Work Permit

This form must be completed and signed by your insurer or insurance broker.

Note: 1. Proof of insurance will be accepted on this form only (with no amendments).

2. Insurance company must be licensed to operate in Canada.

This is to certify that the Insured, named below is insured as described below.

Insured Name:

Insured Address:

Telephone:

Fax:

Email:

Location and Nature of Operation or Contract to which this Certificate applies:

Section 1 – Primary: Comprehensive or Commercial General Liability (Occurrence Basis)

Insurance Company:

Policy #:

Effective Date:

Expiry Date:

Limits of Liability / Amounts: Bodily Injury & Property Damage

Inclusive \$

Aggregate \$

Deductible \$

Section 2 – Automobile Liability

Insurance Company:

Policy #:

Effective Date:

Expiry Date:

Limits of Liability/Amounts: Bodily Injury & Property Damage Inclusive \$



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Section 3 – Excess / Umbrella

Insurance Company :

Policy #:

Effective Date:

Expiry Date:

Limits of Liability / Amounts: Inclusive \$

Section 4 – Additional Insureds as required by contract:

1. The Regional Municipality of Waterloo
2. Other:

Provisions / Amendments / Endorsements:

- a) Comprehensive or Commercial General Liability Insurance (and Excess, if any) is extended to include the following coverage: Cross Liability and Severability of Interest Clause, Blanket Contractual Liability, and Non-Owned Automobile Liability.
- b) With respect to the Comprehensive or Commercial General Liability Insurance (and Excess, if any), The Regional Municipality of Waterloo, its officers and/or officials, employees and volunteers (and “other” entities as outlined in Section 4 above) have been added as Additional Insureds but only with respect to liability arising out of the operations of the Named Insured.
- c) The Comprehensive or Commercial General Liability Insurance (and Excess, if any) Policy(ies) identified above 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 above 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 Regional Municipality of Waterloo.
- d) The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to **The Regional Municipality of Waterloo.**
- e) 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 by registered mail will be given by the Insurer(s) to:



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The Regional Municipality of Waterloo
Attention: Traffic Engineering
150 Frederick St., 7th Floor,
Kitchener, ON N2G 4J3

This Certificate is executed and issued to the aforesaid Regional Municipality of Waterloo, the day and date herein written below.

Name and address of Insurance Company or Broker (completing form):

Telephone:

Fax:

Email:

Name of Authorized representative or Official:

Signature: _____ Date: _____