

**THIS FORM IS TO BE COMPLETED BY THE INSURANCE BROKER**

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** or reduction in applicable limit of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

NOTE: **INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN BRITISH COLUMBIA.**

This Certificate is issued to: **City of Coquitlam**, 3000 Guildford Way, Coquitlam, BC V3B 7N2

<b>Insured</b>	<b>Name:</b>		
	<b>Address:</b>	<b>Email:</b>	<b>Phone:</b>

<b>Broker</b>	<b>Name:</b>		<b>Agent's Name:</b>
	<b>Address:</b>	<b>Email:</b>	<b>Phone:</b>

**Project to which this Certificate applies:**

<b>Contract No.:</b>	<b>Project Name &amp; Description:</b>
----------------------	--

**COMMERCIAL GENERAL LIABILITY** coverage is required to insure against liability from the activities arising out of operations or work in connection with the above-described project, including liability arising out of the use of City property.

Type of Insurance	Insurer Name and Policy Number	Policy Term (dd/mm/yy)	Limits of Liability/Amounts
<b>Section 1:</b> <b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims Made Form		From:	Bodily Injury, Death & Property Damage
		To:	\$ _____ Per Occurrence <input checked="" type="checkbox"/> <b>MINIMUM \$5,000,000</b>
<input type="checkbox"/> Umbrella Liability		From:	\$ _____ Aggregate
		To:	\$ _____ Deductible
<input type="checkbox"/> Excess Liability		From:	\$ _____ Umbrella Limit
		To:	\$ _____ Excess Limit
<b>Section 2</b> Other:		From:	\$ _____ Limit
		To:	\$ _____ Deductible

**Particulars of General Liability Insurance (Sections 1 & 2):  indicates that the coverage is included.**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> City of Coquitlam as Additional Insured<br><input checked="" type="checkbox"/> Premises & Operations<br><input checked="" type="checkbox"/> Broad Form Products & Completed Operations<br><input checked="" type="checkbox"/> Owners & Contractors Protective<br><input checked="" type="checkbox"/> Blanket Contractual<br><input checked="" type="checkbox"/> Unlicensed Automobile Liability<br><input checked="" type="checkbox"/> Cross Liability/Severability of Interests<br><input checked="" type="checkbox"/> Employees As Additional Insureds<br><input checked="" type="checkbox"/> Non-Owned Automobile<br><input checked="" type="checkbox"/> Attached Machinery<br><input checked="" type="checkbox"/> Occurrence Property Damage<br><input checked="" type="checkbox"/> Contingent Employer's Liability<br><input checked="" type="checkbox"/> Broad Form Loss of Use | <input checked="" type="checkbox"/> Coverage is Primary and not contributory<br><input checked="" type="checkbox"/> Personal Injury<br><input type="checkbox"/> Use of explosives for blasting<br><input type="checkbox"/> Vibration from pile driving or caisson work<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Shoring and Underpinning Hazard<br><br><input type="checkbox"/> Water Ingress Coverage<br><input type="checkbox"/> Work below ground level over 3 meters (XCU extension) | <input type="checkbox"/> 12 months Completed Operations<br><input type="checkbox"/> 24 months Completed Operations<br><br><input type="checkbox"/> Aircraft/Aviation Liability<br><input type="checkbox"/> Non-owned aircraft liability<br><br><input type="checkbox"/> Watercraft liability<br><input type="checkbox"/> Non-owned watercraft liability<br><br><input type="checkbox"/> Pollution Liability<br><input type="checkbox"/> Asbestos |
|---|--|--|

<b>Section 3:</b> <b>Automobile Liability</b> (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From:	Personal Injury & Property Damage
		To:	\$ _____ Limit <input checked="" type="checkbox"/> <b>MINIMUM \$2,000,000</b>

It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

\_\_\_\_\_  
**Broker Authorization (Signature & Stamp)**

\_\_\_\_\_  
 Date

<b>INTERNAL USE ONLY</b>	
Certificate <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

**COMPLETE & SUBMIT TO: CITY OF COQUITLAM**  
 Email: [bid@coquitlam.ca](mailto:bid@coquitlam.ca)