## Certificate of Insurance Business Licence



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

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

Note: 1. Proof of liability insurance will be accepted on this form only (with no amendments).
2. If a facsimile has been transmitted, the original certificate must follow.
3. Insurance company must be licensed to operate in Canada

Name of Insured	Telephone No. (including area code)	Email Address
Insured's Mailing Address		
Type of Business Licence		
Municipal Address of Insured Premises		

Type of Insurance	Insurance Company (full Legal Name)	Policy Number	Effective Date	Expiry Date	Limits of Liability (Bodily Injury & Property Damage – inclusive)
Commercial					(min. \$2,000,000)
General					<b>•</b>
Liability					\$

Commercial General Liability: Occurrence basis including bodily injury, personal injury, and broad form property damage; blanket contractual liability; non-owned automobile liability; owner's and contractor's protective liability; Products – completed operations; contingent employers liability, cross liability Clause and severability of interest clause.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.

The undersigned will endeavor to provide ten (10) days prior written notice to the Town of any cancellation or change to the policy(s). Such notice shall be sent by mail or facsimile transmission to the Town at:

The Corporation of the Town of Halton Hills Attention: Business Licensing 1 Halton Hills Drive Halton Hills (Georgetown), Ontario L7G 5G2 businesslicensing@haltonhills.ca

This certificate is executed and issued to the Town on the day and date herein written below.

Name of Insurance Company or Broker (completing form)		Telephone	e No.
Address		Email Add	ress
Name of Authorized Representative or Official. (Please Print)	Signature of Authorized Representative or Offi	cial	Date