



Town of Halton Hills
 1 Halton Hills Drive
 Halton Hills ON L7G 5G2
 www.haltonhills.ca

CERTIFICATE OF INSURANCE FOR PORTABLE SIGN PERMIT

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. This form must be submitted with the Portable Sign Permit Application

- 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 Business Displayed on Sign:

Name of Insured:	Tel: ()	Fax:
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Insured's Mailing Address:

Type of Insurance	Insurance Company (Full Legal Name)	Policy Number	Effective Date	Expiry Date	Limits of Liability (Bodily Injury & Property Damage – inclusive)
Commercial General Liability (Minimum \$2,000,000.00 required per occurrence)					\$

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.

THE CORPORATION OF THE TOWN OF HALTON HILLS (the "Town") has been added as an additional insured but only with respect to its interest in the operations of the Named Insured.

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

The undersigned shall provide thirty (30) days prior written notice to the Town of any cancellation or change to the policy, that would affect the Town as outlined in the coverage specified herein. The policy identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the Town of Halton Hills. Such notice shall be by registered mail or facsimile transmission to the Town.

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 No.:	
Address:	Fax No.:	
Name of Authorized Representative or Official (Please Print)	Signature of Authorized Representative or Official	Date

Corporate Services
 Tel: 905-873-2601 Ext. 2277 Fax: 905-873-1431