The Corporation of the City of Windsor

STANDARD CERTIFICATE OF INSURANCE

This form must be completed and signed by your insurer or insurance broker.
Proof of insurance will be accepted on this form only, with no amendments.

| Named Insured: | Telephone no. ( ) |
| | Fax no. ( ) |

Named Insured's mailing address:

COVERAGES

This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) listed below, to the Named Insured above, for the policy period indicated.

Type of Insurance	Insurance Company	Policy Number	Effective Date (yy/mm/dd)	Expiry Date (yy/mm/dd)	Limits of Liability
General Liability Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, contingent employer's liability, and must include a cross liability clause.					
☐ Umbrella					
☐ Excess					
☐ Liquor Liability					
☐ Tenant's Legal Liability					
Automobile Liability Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

ADDITIONAL INSURED	EVENT DESCRIPTION, LOCATION, AUTOMOBILES, SPECIAL ITEMS
☐ THE CORPORATION OF THE CITY OF WINDSOR ☐ THE WINDSOR POLICE SERVICES BOARD has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.	

CANCELLATION

Should any of the above described policies be cancelled or changed before the expiration date thereof, the insurer will provide thirty (30) days written notice to:

The Corporation of the City of Windsor
Attention: Risk Management
403 - 400 City Hall Square East
Windsor, ON N9A 7K6
Fax: (519) 255-9891
email: dstraus@city.windsor.on.ca

CERTIFICATE AUTHORIZATION

This certificate is executed and issued to The Corporation of the City of Windsor on the date written below.

| Name of insurance company or broker completing form: | Telephone no: ( ) |
| Address: | Fax no: ( ) |

| Authorized Representative (please print): | Signature of authorized representative: | Date (yy,mm,dd): |