



**THE CORPORATION OF THE CITY OF WINDSOR  
STANDARD CERTIFICATE OF INSURANCE**

<b>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.</b>					
Named Insured (Legal Name):		Telephone no.	Fax no.		
Named Insured's mailing address:					
City of Windsor Contract/File/Tender/Permit No.		Location & Description of Work / Activity to which this Certificate applies:			
<b>COVERAGES</b>					
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 (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
<b>General Liability</b> Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.					
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input type="checkbox"/> Liquor Liability					
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
<b>Automobile Liability</b> Must cover all vehicles owned, or operated by, or on behalf of the Insured.					
<b>ADDITIONAL INSURED</b>		<b>Legal Name of Other Additional Insured</b>			
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY BOARD					
has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.					
<b>CANCELLATION</b>					
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:					
<b>The Corporation of the City of Windsor</b> <b>Attention: Risk Management</b> <b>403-400 City Hall Square East</b> <b>Windsor, ON N9A 7K6</b> Fax: (519) 255-9891 email: coi@citywindsor.ca					
<b>CERTIFICATE AUTHORIZATION</b>					
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:			Email Address		Telephone no:
Address:					Fax no:
Authorized Representative (please print):		Signature of authorized representative:			Date (mm,dd,yyyy):



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STANDARD CERTIFICATE OF INSURANCE**

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Proof of insurance will be accepted on this form only, with no amendments.**

Named Insured (Legal Name): 123456 Ontario Limited o/a ABC Company	Telephone no. 519-555-1234	Fax no. 519-555-5678
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Named Insured's mailing address:  
123 Main Street, Windsor, ON A1A 1A1

City of Windsor Contract/File/Tender/Permit No. <input type="checkbox"/>	Location & Description of Work / Activity to which this Certificate applies:
Sidewalk Café	Located at 12 Main Street, Windsor ON Coverage included use of portable heater(s) at the Sidewalk Café

**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 (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
<b>General Liability</b> Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	\$2,000,000.00
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input checked="" type="checkbox"/> Liquor Liability	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	\$2,000,000.00
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
<b>Automobile Liability</b> Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

ADDITIONAL INSURED	Legal Name of Other Additional Insured
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY 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: coi@citywindsor.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: John Doe Insurance Company	Email Address jdoe@insurance.ca	Telephone no. 519-555-9876
Address: 567 Oak Street, Windsor, ON Z9Z 9Z9		Fax no: 519-555-5432
Authorized Representative (please print): Tom Smith	Signature of authorized representative:	Date (mm,dd,yyyy): 01/01/20xx