



**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.					
Umbrella					
Excess					
Builder's Risk      Installation Floater					
Wrap-up Insurance					
Environmental					
Contractors Equipment Insurance					
Boiler & Machinery					
Professional Errors and Omissions					
Liquor Liability					
Property/Homeowner					
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>			
THE CORPORATION OF THE CITY OF WINDSOR YOUR QUICK GATEWAY (WINDSOR) INC. WINDSOR POLICE SERVICES BOARD ROSELAND GOLF & CURLING CLUB LIMITED 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):