



THE CORPORATION OF THE CITY OF STRATFORD

The Corporation of the City of Stratford has been added as an additional insured, but only in respect to their interest in the operation of the named insured.

CERTIFICATE OF INSURANCE

This form must be completed and signed by your insurer or insurance broker.
 Proof of liability insurance will be accepted on this form only (no alterations or amendments)

CERTIFICATE HOLDER'S FULL NAME AND MAILING ADDRESS	INSURED'S FULL NAME AND MAILING ADDRESS
The Corporation of the City of Stratford P.O. Box 818, 1 Wellington Street Stratford, ON, N5A 6W1	

COVERAGES

Commercial General Liability Occurrence Basis – CLAIMS MADE POLICIES ARE NOT ACCEPTABLE
 Including Personal injury , Property Damage , Broad Form Property Damage , Contractual Liability , Non -Owned Automobile Liability , Owners and Contractor 's Protective Coverage . Products - Completed Operations , Contingent Employers Liability , Cross Liability Clause and Severability of Interest Clause . The Policies of Insurance as described below have been issued by the undersigned, an Insurer licensed in the Province of Ontario, Canada, to the insured named above and are in full force at this time.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE MM - DD - YYYY	EXPIRY DATE MM - DD - YYYY	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY				BODILY INJURY & PROPERTY DAMAGE EACH OCCURRENCE	
PRODUCTS AND/OR COMPLETED OPERATIONS				GENERAL AGGREGATE	
EMPLOYERS LIABILITY				PRODUCTS-COMPLETED/OPERATIONS AGG	
PERSONAL INJURY				PERSONAL INJURY	
TENANTS LEGAL LIABILITY				MEDICAL PAYMENTS (Any One Person)	
NON-OWNED AUTO HIRED AUTOMOBILES				TENANTS LEGAL LIABILITY	
LIQUOR LIABILITY				NON-OWNED AUTO	
CROSS LIABILITY BLANKET CONTRACTUAL				LIQUOR LIABILITY LIMIT	
XCU EXCAVATION AND UNDERGROUND WORK				LIMIT	
AUTOMOBILE LIABILITY DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
				BODILY INJURY (Per Person)	
				BODILY INJURY (Per Accident)	
				PROPERTY DAMAGE	
OTHER CLAIMS MADE or OCCURRENCE				LIMIT	AGGREGATE
				LIMIT	DEDUCTIBLE
				OCCURRENCE	AGGREGATE
PROPERTY PROPERTY "ALL RISKS"				LIMITS AND DEDUCTIBLES	

ADDITIONAL INSURED NAME	Supplementary Schedule	DESCRIPTION OF OPERATIONS / EVENT / CONTRACT NUMBER
The Corporation of the City of Stratford P.O. Box 818, 1 Wellington Street Stratford, ON, N5A 6W1	Interest to Insured "With respect to Liability Only"	

AUTHORIZED REPRESENTATIVE - FULL NAME AND MAILING ADDRESS	
<p>CANCELLATION</p> <p>Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail <u>30</u> days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.</p>	
Signature:	
Name (Print):	Date (MM-DD-YYYY)