

## CITY OF KAMLOOPS CERTIFICATE OF INSURANCE Agreements/Lease/Permit/Contractors/Engineers/Consultants

INSURED				
NAME:				
ADDRESS:				
BROKER				
NAME:			BROKER CONTACT:	
ADDRESS:			•	
EMAIL:			PHONE # ( )	- FAX # ( ) -
This	document certifies the issued to the insured	at the policies of inst d(s) named above at	urance described b nd are in full force a	pelow have been and effect.
TYPE OF INSURANCE	COMPANY AND POLICY NUMBER	POLICY DATES  LIMITS OF		
		EFFECTIVE YEAR/MM/DD	EXPIRY YEAR/MM/DD	LIABILITY/AMOUNTS
Commercial General Liability including:  • premises and operations liability  • products or completed				Bodily Injury & Property Damage \$ Inclusive \$ Aggregate \$ Deductible
<ul> <li>blanket contractual liability</li> <li>cross liability</li> <li>occurrence property damage</li> <li>hoist liability</li> <li>contingent employers' liability</li> <li>personal injury</li> <li>liability with extension to non-owned licensed vehicles</li> </ul>	the declaration page a			be required to provide a copy of
Tenants Legal Liability				\$ Limit
Umbrella/Excess Liability				\$ Limits excess of \$ General Liability excess of \$ Automobile
Professional Liability/ Errors and Omissions				\$ Each Claim & \$ Aggregate Each \$ Deductible
These policies shall not to:	be cancelled or ame	nded in any way wit	hout thirty (30) day	rs written notice by registered m
Att	y of Kamloops ention: Risk Manag /ictoria Street West,			
Authorized to Sign on Behali	f of Insurers			Print or Type Name