

(This is a MANDATORY FORM that must be completed in order to book any Municipal facility; NO OTHER FORM will be accepted)

 Name of Insured: _____
 Address of Insured: _____ Postal Code: _____
 Telephone Number: (____) _____ Email Address: _____

GENERAL LIABILITY INSURANCE COVERAGE
 (Coverage only accepted by Insurers who are licensed in Ontario and governed by FSRA)

 Name of Insurance Company: _____
 Policy Number: _____ Effective from (MM/DD/YY): _____ Expiry (MM/DD/YY): _____
 Description of Activity/Event/Use: _____
 Location(s) and/or Name of Facility: _____
 Start Date (including set-up if any): _____ End Date (include tear down if any): _____

 This is to certify the above Named Insured holds insurance coverage for the above activity as follows (**check applicable boxes**):

Commercial General Liability Limit (per occurrence);

\$2,000,000	\$5,000,000
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Coverage Above Includes:

Third Party Bodily Injury and Property Damage	Yes	No	
Products & Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cross Liability/Severability of Interests Clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employees &/or Volunteers as Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Answer below, ONLY if applicable:

If Event includes Sport Activity - Bodily Injury to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- Participant to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes Vendors - Independent Blanket Vendor coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes the serving of Alcohol - Liquor Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the City of Brampton, its employees, Elected Officials, and authorized agents; 2) The policy contains a waiver of subrogation in the favor of the City of Brampton; 3) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

***NOTE* Additional insurance coverage may be required if any of the above boxes indicate "No".**

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. **If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to:** City of Brampton, Risk Management – Proof of Insurance, 2 Wellington Street West, Brampton, Ontario Canada L6Y 4R2

Dated this _____ Day of _____, 20____ at _____, _____, Canada

Authorized Representative: _____

(Signature & Stamp of Insurer or Authorized Broker)

Name of Broker: _____

Address of Broker: _____ Prov.: _____ Postal Code: _____