

**\*\*PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY\*\***

<b>LICENCE TYPE</b>	<b>Taxi Cab Brokerage</b>		<b>Limousine</b>		<b>PLATE NO. :</b>
	<b>Taxi Cab Operator</b>		<b>Personal Transportation Company</b>		
<b>Vehicle(s) Make</b>	<b>Year</b>	<b>Model</b>	<b>Serial Number</b>		<b>Owner</b>

**This is to certify that the policies of insurance as described below have been issued by the undersigned to the insured named below and are in force at this time.**

<b>NAME OF INSURED(LESSOR, if applicable)</b>			<b>TELEPHONE NUMBER</b>	<b>AREA CODE</b>	
			( )	( )	-
<b>ADDRESS</b>			<b>CITY</b>	<b>POSTAL CODE</b>	
<b>NAME OF INSURED(LESSEE, if applicable)</b>			<b>TELEPHONE NUMBER</b>	<b>AREA CODE</b>	
			( )	( )	-
<b>ADDRESS</b>			<b>CITY</b>	<b>POSTAL CODE</b>	
<b>TYPE OF INSURANCE</b>	<b>INSURER'S NAME</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE (YR./MO./DAY)</b>	<b>EXPIRY DATE (YR./MO./DAY)</b>	<b>LIMITS OF LIABILITY</b>
COMMERCIAL GENERAL LIABILITY					
AUTO LIABILITY					
UMBRELLA					

This will confirm the above vehicle insurance, with an OPCF 6A Endorsement (*Taxi & Limousine Licence ONLY*) or an IPCF 6TN Endorsement (*Personal Transportation Company ONLY*) is in full force and effect as of this date and issued in compliance with The Corporation of the City of Brampton, Licensing By-Laws.

If any of the above insurance policies are cancelled or changed so as to reduce the coverage during the coverage period as stated above, so as to affect this certificate, 10 days' notice of cancellation for non-payment or 30 days' notice for cancellation of the policy will be given by the insurer to:

**The Corporation of the City of Brampton - Licensing**  
**Flower City Community Campus, 8850 McLaughlin Rd. S., Unit # 2**  
**Brampton, Ontario L6Y 5T1**  
**Phone: 905-458-3424 ext. 63225 Fax: 905-458-3903**  
[enforcementclerks@brampton.ca](mailto:enforcementclerks@brampton.ca)

**NOTE: In the event of a change in vehicles, a Substitution Endorsement is to be filed with the Licensing Section.**

This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:

<b>DATE</b>	<b>YR.</b>	<b>MO.</b>	<b>DAY</b>	<b>NAME OF INSURANCE COMPANY (not broker)</b>
<b>NAME OF INSURANCE BROKER</b>				<b>AUTHORIZED REPRESENTATIVE OR OFFICIAL</b>
				<b>BY:</b>

**\*\*\* THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURANCE BROKER \*\*\***