



**Standard Certificate of Insurance**

**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.**

Named Insured:	Telephone no. ( )
	Fax no. ( )

Named Insured's mailing address:

**Coverages**

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 (yy/mm/dd)	Expiry Date (yy/mm/dd)	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, contingent employer's liability, and must include a cross liability clause.					
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Liquor Liability					
<input type="checkbox"/> Tenant's Legal Liability					
<b>Automobile Liability</b> Must cover all vehicles owned, or operated by, or					

Additional Insured	Event Description, Location, Automobiles, Special Items
<input type="checkbox"/> THE CORPORATION OF THE TOWN OF ESSEX <input type="checkbox"/> OTHER: has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.	

**Cancellation**

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:

**The Corporation of the Town of Essex**  
**Attention: Recreation Services**  
**242 Talbot St N**  
**Essex, ON N8M 2E1**  
**Fax: (519) 776-9528**  
**email: ccakebread@essex.ca**

**Certificate Authorization**

This certificate is executed and issued to The Corporation of the Town of Essex on the date written below.

Name of insurance company or broker completing form:	Telephone no: ( )
Address:	Fax no: ( )

Authorized Representative (please print):	Signature of authorized representative:	Date (yy,mm,dd):
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