

CERTIFICATE OF INSURANCE



This form must be completed and signed by your Insurer & returned to engineering@saanich.ca

OR:

Administrative Assistant
Engineering Dept, the Corporation of the District of Saanich
3500 Blanshard Street, Victoria, BC, V8X 1W3
Phone: (250) 475-5575

Proof of Insurance Coverage is required before the Corporation of Saanich can approve works or activities on municipal property, road allowances and/or rights-of-way.

NAME OF BUSINESS OR GROUP INSURED:		
NAME OF PERSON APPLYING:	PHONE No:	
ADDRESS:	FAX No:	
POLICY No.:	EFFECTIVE DATE:	EXPIRY DATE:

The undersigned agent/broker confirms that the following coverage has been effected through the policy noted above:

- **Commercial General Liability** insuring against liability arising, from the above-named insured activities, within the Municipality of Saanich or within areas for which the Corporation of Saanich is responsible or on behalf of the Corporation of Saanich. **Coverage not to exclude Host liquor Legal Liability or claims arising out of injury to participants.**
- **Minimum Liability Coverage of \$5,000,000.**
- Coverage effective for the duration of the activity or until policy expiry date, whichever occurs first.
- **The Corporation of Saanich, its officers, officials, employees and volunteers are added as Additional Insureds.**
- A Cross Liability endorsement is included.
- Any Deductible or Reimbursement Clause contained in the policy shall not apply to the Corporation of Saanich and shall be the sole responsibility of the party named above.
- **Thirty days (30) prior written notice of cancellation or reduction in coverage shall be provided to the Corporation of the District of Saanich.**
- This policy shall provide coverage as respects the Corporation of Saanich, its officers, officials, employees and volunteers, but only in respect to the legal liability of the named insured arising out of the work or activity performed.

This certificate is executed and issued to the aforesaid Corporation of Saanich, the day and date herein written below.

Name of Insurance Co., Agent or Broker _____
Address: _____ Agent/Broker Name (Print) _____
Phone No.: _____ Date: _____ Signature: _____

Note: In lieu of this Certificate, a certified copy of the policy will be required.