

STANDARD CERTIFICATE OF INSURANCE



***** This form must be completed and signed by your insurer or insurance broker. *****

- Note:**
1. Proof of insurance will be accepted on this form only (with no amendments).
 2. Insurance company must be licensed to operate in Canada.

This is to certify that the Insured, named below is insured as described below.

Insured: Name & Address:	Telephone Number: ()
	Fax Number: ()
Location and nature of operation or contract to which this Certificate applies:	

Type of Insurance	Company & Policy #	Policy Dates		Limits of Liability / Amounts
		Effective	Expiry	
Section 1 – Primary Comprehensive General Liability (Occurrence Basis)				Bodily Injury & Property Damage \$ _____ Inclusive \$ _____ Aggregate \$ _____ Deductible
Section 2 Automobile Liability				Bodily Injury & Property Damage \$ _____ Inclusive
Section 3 Excess / Umbrella				\$ _____ Inclusive
Section 4 Additional Insureds as required by contract:				
1. The Township of Wellesley				
2. Other: <u>Apple Butter and Cheese Festival</u>				

PROVISIONS / AMENDMENTS / ENDORSEMENTS:

- A. Comprehensive General Liability Insurance (and Excess, if any) is extended to include the following coverage: Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products / Completed Operations, Personal Injury, and Non-Owned Automobile Liability.
- B. With respect to the Comprehensive General Liability Insurance (and Excess, if any), THE TOWNSHIP OF WELLESLEY, its officers and/or officials, employees and volunteers (and "other" entities as outlined in Section 4 above) have been added as Additional Insureds but only with respect to liability arising out of the operations of the Named Insured.
- C. The Comprehensive General Liability Insurance (and Excess, if any) Policy(ies) identified above shall protect each Insured in the same manner and to the same extent as though a separate policy has been issued to each but shall not increase the Limits of Liability as identified about beyond the amount or amounts for which the company would be liable if there had been only one Insured. Any failure to comply with any provision of the insurance policy by the Named Insured shall not affect coverage provided to The Township of Wellesley.
- D. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to THE TOWNSHIP OF WELLESLEY.
- E. If cancelled or changed to reduce the coverage as outlined on this Certificate, during the period of coverage as stated herein, thirty (30) days (ten (10) days if cancellation is due to non-payment of premium) prior written notice by registered mail will be given by the Insurer(s) to:

The Township of Wellesley
4639 Lobsinger Line, RR1
St. Clements, ON N0B2M0
Attn: Recreation Facilities Scheduling Administrator

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

Name of insurance company or broker (completing form):	Telephone number: ()
Address:	Fax number: ()
Name of authorized representative or official (please print):	Signature of authorized representative or official:
Date (year, month, day):	