



Procurement Services Department

Town of Newmarket
 395 Mulock Drive
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 Newmarket ON L3Y 4X7

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Proof of insurance should be accepted on this form only & completed by Agent, Broker or Insurer Rev. Date: May 18, 2018

Owner's Certificate of Insurance

Name of Insured	Address of Insured
Location & Operations for which certificate is issued	Bid Number & Description

Automobile Liability Insurance

Insuring Company	Policy Type	Policy Number	Amount of Coverage	Effective Date (YY/MM/DD)	Expiry Date (YY/MM/DD)
	Public Liability & Property Damage				
	Excess Liability (if applicable)				

The above policy(ies) shall cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased in excess of 30 days for which the insured is required by contract to provide bodily injury and property damage insurance.

Comprehensive General Liability

Insuring Company	Policy Type	Policy Number	Amount of Coverage	Effective Date (YY/MM/DD)	Expiry Date (YY/MM/DD)
	Public Liability & Property Damage				
	Excess Liability (if applicable)				

Comprehensive General Liability written on an occurrence basis is including but not limited to Bodily Injury including death, Personal Injury Liability, Blanket Contractual Liability, Non- Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause. With respect to the Commercial General Liability or Excess Liability (Umbrella) Policy, the **CORPORATION OF THE TOWN OF NEWMARKET** and any other parties required as stated in the insurance section of the Bid Document, shall be named as an additional insured but only with respect to their interest in the operations of the Named Insured.

Other Liability

Insuring Company	Policy Type	Policy Number	Amount of Coverage	Effective Date (YY/MM/DD)	Expiry Date (YY/MM/DD)

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Corporation of The Town of Newmarket. It is further understood and agreed that the Insured is solely responsible for any deductible or SIR (Self-insured Retention). If cancelled for whatever reason outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice shall be delivered by the Insurer(s) either electronically, by fax or registered mail to the: Corporation of the Town of Newmarket, Corporate Services Commission, Clerk's Dept., 395 Mulock Dr., Newmarket, ON L3Y 4X7 Attention: Town Clerk. The Contractor shall provide evidence of the continuance of this insurance at each policy renewal date for the duration of the contract. I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Insurer's Information

Date	Signature of Authorized Representative	Stamp of Insurance Broker/Company
Print Name		
Name, address, phone of insurer		