

Section 2 through 4 – to be completed and executed by the Insurer or its Authorized Representative

1. **THIS CERTIFICATE IS ISSUED TO:** City of Vancouver, 453 W 12th Avenue, Vancouver, BC, V5Y 1V4
and certifies that the insurance policies as listed herein have been issued to the Named Insured(s) and are in full force and effect as of the effective date of the agreement described below.

NAMED INSURED: *[must be the same name as the Permittee/Licensee or Party(ies) to Contract and is/are either an individual(s) or a legally incorporated company(ies)]*

LEGAL NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

DESCRIPTION OF OPERATION, CONTRACT, AGREEMENT, LEASE, PERMIT OR LICENSE: _____

2. COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form)

<p>Including the following extensions:</p> <ul style="list-style-type: none"> √ Personal Injury √ Products and Completed Operations √ Cross Liability or Severability of Interest √ Employees as Additional Insureds √ Blanket Contractual Liability √ Non-Owned Auto Liability <p>INSURER: _____</p> <p>POLICY NUMBER: _____</p> <p>POLICY PERIOD: From _____ to _____</p>	<p>LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive)</p> <p>Per Occurrence: \$ _____</p> <p>Aggregate: \$ _____</p> <p>All Risk Tenants' Legal Liability: \$ _____</p> <p>Deductible Per Occurrence: \$ _____</p>
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3. **UMBRELLA OR** **EXCESS LIABILITY INSURANCE** **LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive)**

INSURER: _____	Per Occurrence: \$ _____
POLICY NUMBER: _____	Aggregate: \$ _____
POLICY PERIOD: From _____ to _____	Self-Insured Retention: \$ _____

4. POLICY PROVISIONS:

Where it is required by the governing contract, agreement, lease, permit or license, it is understood and agreed that:

- a) *The City of Vancouver and its officers, employees, servants and agents have been added as Additional Insureds with respect to liability arising out of the operation of the Named Insured.*
- b) *The insurance shall not be cancelled or endorsed to reduce Limits of Liability without thirty (30) days notice in writing by Registered Mail to the City of Vancouver; the exception is cancellation for non-payment of premiums in which case the applicable statutory conditions will apply.*
- c) *The insurance policy (policies) listed herein shall be primary with respect to liability arising out of the operation of the Named Insured. Any insurance or self-insurance maintained by the City of Vancouver shall be in excess of this insurance and shall not contribute to it.*

SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE

PRINT NAME OF INSURER OR ITS AUTHORIZED REPRESENTATIVE, ADDRESS AND PHONE NUMBER _____ Dated: _____