

## CERTIFICATE OF INSURANCE Wrap-up Liability Insurance

To be completed and executed by the Insurer or its Authorized Representative

1. **THIS CERTIFICATE IS ISSUED TO:** City of Vancouver, 453 W 12<sup>th</sup> 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.*
2. **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 PROJECT/CONTRACT:**

3. **WRAP UP LIABILITY INSURANCE** (Occurrence Form) in the Joint Named Insureds of the Owner, Architects, Engineers, Consultants, Sub-consultants, Contractors, and Subcontractors, including their officials, officers, employees, agents, and all participants engaged in or connected with the above Project/Contract, including the following extensions:

- Personal Injury
- Cross Liability or Severability of Interest
- Employees as Additional Insureds
- Blanket Contractual Liability
- Broad Form Products and Completed Operations
- Broad Form Property Damage including Loss of Use
- Non-Owned Auto Liability

**Check Additional Extensions where applicable and included:**

- Work below ground level over 3 metres
- Excavation, shoring, underpinning, pile driving or caisson
- Demolition, removal or weakening of support of property
- Blasting
- Operation of hoist or attached machinery
- 24 months Completed Operations
- 36 months Completed Operations

INSURER: \_\_\_\_\_ POLICYNUMBER: \_\_\_\_\_

POLICY PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

**LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive):**

Per Occurrence: \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

4. **POLICY PROVISIONS:**

*It is understood and agreed that:*

- a) *The required insurance shall not be cancelled or endorsed to reduce Limits of Liability without thirty (30) days prior written notice to the City; the exception is cancellation for non-payment of premiums in which case the applicable statutory conditions will apply;*
- b) *The City of Vancouver and its officials, officers, employees, servants and agents have been added as Additional Insureds with respect to liability arising out of the operation of the Named Insured.*
- c) *The insurance policy (policies) listed herein shall be primary with respect to the above described project/contract. 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: \_\_\_\_\_