



CERTIFICATE OF INSURANCE - Sediment & Erosion Control

Proof of liability insurance will be accepted on this form only (no amendments). This form must be completed and signed by your agent, broker or insurer

All insurers shown must be licensed to operate in Canada

This is to certify that the Named Insured hereon is insured as described below

Named Insured:	Address of Named Insured:
Location and Description of Work/Activity for which this Certificate is issued:	

COVERAGES

Type of Insurance	Insurance Company	Policy Number	Effective Date dd/mmm/yyyy	Expiry Date dd/mmm/yyyy	Limits of Liability
Commercial General Liability (Minimum limit to be evidenced - \$5,000,000 unless otherwise specified) <small>Is issued on an occurrence basis and is extended to include, contractual liability, non-owned auto liability, owners and contractor's protective coverage, products/completed operations, contingent employer's liability, cross liability clause and severability of interest clause.</small>					
Excess/Umbrella Liability Umbrella Form Other than Umbrella Form					
Environmental Liability (Minimum limit to be evidenced - \$5,000,000 per occurrence, unless otherwise specified)					

With respect to Commercial General Liability Insurance, **THE CORPORATION OF THE TOWN OF AJAX** is added as an Additional Insured but only with respect to liability arising out of the operations of the Named Insured.

The Commercial General Liability insurance policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of the Town of Ajax. If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to the **Corporation of the Town of Ajax, Finance Department, 65 Harwood Avenue South, Ajax, Ontario L1S 2H9.**

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).

Date: dd/mmm/yyyy	Broker/Insurer's Name, Address, Telephone, FAX and Email:	Signature of Authorized Representative or Official:
		Print Name of above Authorized Representative or Official: