

(This is a MANDATORY FORM that must be completed in order to book any Municipal facility, no other form will be accepted)

Name of Insured:	_____	
Address of Insured:	_____	Postal Code: _____
Telephone Number:	(____) _____	Email Address: _____

General Liability Insurance Coverage
(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSRA)

Name of Insurance Company: _____

Policy Number: _____ Effective from (MM/DD/YY): ___/___/___ Expiry (MM/DD/YY): ___/___/___

Rental Contract # _____ Description of Activity/Event: _____

Location(s) and/or Name of Facility: _____

Start Date (including set-up if any): ___/___/___ End Date (include tear down if any): ___/___/___

This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):

Commercial General Liability Limit per Occurrence; \$ 2,000,000 (all other activities) \$ 5,000,000 (Festivals, High Risk Sports, or as indicated under contract)

Aggregate Limit: \$ _____

Coverage Above Includes:

Third Party Bodily Injury and Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products & Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cross Liability/Severability of Interests Clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees &/or Volunteers added as Additional Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Answer below, ONLY if applicable:

If Event includes Sport Activity - Bodily Injury to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- Participant to Participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes Vendors - Independent Blanket Vendor coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If Event includes the serving of Alcohol - Liquor Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of The Municipality of Clarington, its employees, Elected Officials, and authorized agents 2) Other Additional Insureds (_____). Furthermore, the policy contains a waiver of subrogation in the favor of The Corporation of The Municipality of Clarington; and It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

***NOTE* Additional insurance coverage may be required if any of the above boxes indicate "No".**

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. **If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: (The Corporation of The Municipality of Clarington, 40, Temperance Street, Bowmanville, ON L1C 3A1)**

Dated this ____ Day of _____, 20__ at _____, _____, Canada

Authorized Representative: _____

(Signature & Stamp of Insurer or Authorized Broker)

Name of Broker: _____

Address of Broker: _____ Prov.: _____ Postal Code: _____