



CERTIFICATE OF INSURANCE COVERAGE

(This Form must be completed, if not purchasing insurance through the City, in order to book any City property or facility.)

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

GENERAL LIABILITY INSURANCE COVERAGE

Name of Insurance Company:
Policy Number: Effective from: Expiry:

CITY PROPERTY AND FACILITY RENTAL INFORMATION

Description of Use:
Start Date: End Date:

This is to certify the above insured holds coverage on the above policy as follows:
(please check boxes confirming and/or complete where indicated)

Commercial General Liability Limit: [] \$ 2,000,000 [] \$ 5,000,000 (Festivals and High Risk Sports)

Coverage Above Includes:
Per Occurrence Deductible \$
Aggregate Annual Limit \$
Products & Completed Operations Yes [] No []
Employees &/or Volunteers added as Additional Insureds Yes [] No []

Answer below, if applicable:
If Sport Activity, Bodily Injury to Participant Yes [] No []
Participant to Participant Yes [] No []
If Vendors, are Independent Vendors included Yes [] No []
If Liquor served, is there Liquor Liability Yes [] No []

Additional Insured is as stated below:

The Corporation of the City of Mississauga, its employees and authorized agents are added as an Additional Insured with respect to the liability arising out of the operations of the Named Insured.

NOTE Additional insurance coverage is 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: City of Mississauga, Risk Management - Proof of Insurance, 2nd Floor, Committee Room E, 300 City Centre Drive, Mississauga, ON, L5B 3C1.

Dated this Day of , 20 at , Canada

By Authorized Agent: (Signature of Insurance Broker, Insurance Agent, or Authorized Representative of the Insurer)

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