



# Certificate of Insurance – Special Events

This is to certify that the insured, named below is insured as described below.

**\*\*\* This form must be completed and signed by your insurer or insurance broker.\*\*\***

**Note: 1. Proof of liability insurance will be accepted on this form only (with no amendments).**

**2. If a facsimile has been transmitted, the original certificate must follow**

Name of Insured:	Telephone Number (Area Code)
Insured's Address:	City
	Postal Code

Type of Insurance	Insurer's Name	Policy Number	Effective Date			Expiry Date			Limits of Liability (Bodily Injury & Property Damage-Inclusive)	Deductible
			yr	mo	day	yr	mo	day		
Commercial General Liability									\$	\$
Umbrella									\$	\$
Excess									\$	\$

Commercial General Liability (including):	Occurrence Basis, including Personal Injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Work Performed on Behalf of the Named Insured by Sub-Contractors, Products – Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.					
<b>DOES COVERAGE INCLUDE:</b>						<b>Limits (\$)</b>
• Liquor Liability	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		\$
• Tenants Legal Liability	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		\$
• Injury to Participants	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		\$
• Fireworks	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		\$
• Watercraft	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		\$
• Sub-limits or Limitations	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<i>Please indicate</i>	

**The CITY OF GREATER SUDBURY has been added as an additional insured but only with respect to their interest in the operations of the Named Insured.**

This is to certify that the policies of insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.

If cancelled or materially changed in any manner that would affect the CITY OF GREATER SUDBURY as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice, by registered mail or facsimile transmission will be given by the insurer(s) to:

**CITY OF GREATER SUDBURY**  
**ATTENTION: RISK MANAGEMENT / INSURANCE OFFICER**  
**200 BRADY STREET, P.O. BOX 500, STATION A**  
**SUDBURY, ON, P3A 5P3**  
**FAX: (705) 673-0344**

This certificate is executed and issued to the aforesaid City of Greater Sudbury, the day and date herein written below.

Name of Insurance Company or Broker (completing form)	Telephone Number with Area Code	
Address	Fax Number with area code	
Name of Authorized Representative or Official ( <b>Please Print</b> )	Signature of Authorized Representative or Official	Date (Year, Month, Day)