STANDARD CERTIFICATE OF INSURANCE

INSTRUCTIONS

1. This form must be completed and signed by your insurer or insurance broker
2. Proof of Insurance will be accepted on this form only (**with no amendments**)
3. Insurance company must be licensed to operate in Canada
4. Information below must reflect insurance requirements as set out in applicable contract/project
5. All dollar amounts shown are deemed to be in Canadian currency

PROVISIONS/AMENDMENTS/ENDORSEMENTS

PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM BELOW:

1. Commercial General Liability Insurance (and Excess, if any) is extended to include the following coverage: Property Damage, Cross Liability and Severability of Interest Clause, Premises and Operations Liability, Blanket Contractual Liability, Products/Completed Operations, Personal Injury, Death, and Non-Owned Automobile Liability.
2. With respect to the Commercial General Liability Insurance (and Excess, if any), The Corporation of the City of Niagara Falls, its officers and/or officials, employees and volunteers (and "other" entities as outlined in Section 7(2) below) have been added as Additional Insured(s) except for the Auto policy but only with respect to liability arising out of the operations of the Named Insured.
3. The Commercial General Liability Insurance (and Excess, if any) Policy(ies) identified below shall protect each Insured in the same manner and to the same extent as though a separate Policy has been issued to each, but shall not increase the Limits of Liability as identified below beyond the amount or amounts for which the company would be liable if there had been only one Insured. Any failure to comply with any provision of the Insurance Policy by the Named Insured shall not affect coverage provided to The Corporation of the City of Niagara Falls.
4. The Policy(ies) identified below shall apply as primary insurance and not excess to any other insurance available to The Corporation of the City of Niagara Falls.
5. If cancelled or changed to reduce the coverage as outlined on this Certificate, during the period of coverage as stated herein, thirty (30) days (ten (10) days if cancellation is due to non-payment of premium) prior written notice (fifteen (15) days for auto liability) by registered mail will be given by the Insurer(s) to:

The Corporation of the City of Niagara Falls
Risk Management
4310 Queen Street, P.O. Box 1023
Niagara Falls, Ontario L2E 6X5

SECTION 1 – INSURED DETAILS

Insured Name	
John Doe o/a Happy Vacation Business OR 1234 Ontario Inc OR 1234 Ontario Inc o/a Happy Vacation Business	
Address	
1234 Example Avenue, Niagara Falls, ON, X1X 1X1	
Telephone Number	**Email Address**
(123)-456-7890	johndoe@mail.com

SECTION 2 – LOCATION & NATURE OF OPERATION OR CONTRACT/PROJECT

Licensing for [Please insert Insured Name used in Section 1] o/a a Vacation Rental Unit at 4321 Fictional Street, Niagara Falls, ON, Y1Y 1Y1.

IF APPLICABLE, PLEASE INSERT NUMBERS BELOW

PO Number	**RFP Number**
RFQ Number	**RFT Number**

SECTION 3 – PRIMARY – COMMERCIAL GENERAL LIABILITY (OCCURRENCE BASIS)

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)
ABC Insurance Company	PC01234567	09/17/2026	09/17/2027

Limits of Liability/Amounts: Bodily Injury & Property Damage

Inclusive	Aggregate, if applicable	Deductible
$ 2,000,000.00	$	$

If applicable, list inclusions and limits in the CGL Policy not shown in paragraph 1 in the Provisions/Amendments/Endorsements.

If inclusive amount does not meet City standard required coverage, complete Section 5 below

SECTION 4 – AUTOMOBILE LIABILITY

Is automobile liability to be included for this Contract/Project?	☐ No	☐ Yes
Does this company own any vehicles?	☐ No	☐ Yes

Limits of Liability/Amounts: Bodily Injury & Property Damage

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Inclusive
				$

If inclusive amount does not meet City standard required coverage, complete Section 5 below

SECTION 5 – EXCESS/UMBRELLA

If the inclusive coverages shown above in Sections 3 and 4 do not comply with City standard required coverage amounts, complete this section

Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Inclusive
				$

SECTION 6 – ADDITIONAL POLICIES

Name of Policy	Insurance Company	Policy Number	Effective Policy Date (mm/dd/yyyy)	Expiry Policy Date (mm/dd/yyyy)	Limits of Coverage
Broad Form Property/Equipment					$
Builder's Risk Policy					$
Equipment Breakdown					$
Installation Floater					$
Wrap Up Liability					$
Identify Other Coverage					$

SECTION 7 – ADDITIONAL INSUREDS – Not Applicable to Automobile Liability

1. **The Corporation of the City of Niagara Falls**

2. Other Additional Insureds

SECTION 8 – INSURANCE COMPANY/BROKER DETAILS

Name of Insurance Company or Broker (completing form)		
ABC Insurance Company		
Address		
5678 Fictional Avenue, Niagara Falls, ON, X2X 2X2		
Telephone Number	**Ext. Number**	**Email Address**
(123)-456-7890		abcinsurance@mail.com

Name of Authorized Representative or Official	**Date (mm/dd/yyyy)**
John Doe	09/17/2026

This Certificate is executed, issued and delivered on the date written above and sent by electronic transmission to The Corporation of the City of Niagara Falls. The authorized representative or official agrees that by inserting his or her name in the field above constitutes an electronic signature and the parties may rely upon such electronic signature as though it was an original signature.

In addition, you are certifying that the policies of insurance as described above have been issued by the authorized representative or official to the Name Insured; are in force at this time; and the information submitted is correct.