



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 Example Inn **OR** 1234 Ontario Inc **OR** 1234 Ontario Inc o/a Example Inn

Address

1234 Example Avenue, Niagara Falls, ON, X1X 1X1

Telephone Number

(123)-456-7890

Email Address

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 Bed and Breakfast 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 ABC Insurance Company	Policy Number PC01234567	Effective Policy Date (mm/dd/yyyy) 09/17/2026	Expiry Policy Date (mm/dd/yyyy) 09/17/2027
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Limits of Liability/Amounts: Bodily Injury & Property Damage

Inclusive \$ 2,000,000.00	Aggregate, if applicable \$	Deductible \$
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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
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Does this company own any vehicles?	☐ No	☐ Yes
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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 \$
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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 \$
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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 INSURED – 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

(123)-456-7890

Ext. Number**Email Address**

abcinsurance@mail.com

Name of Authorized Representative or Official

John Doe

Date (mm/dd/yyyy)

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.