

## CERTIFICATE OF INSURANCE

This certificate does not amend, extend, or alter the coverage afforded by the policies below

<b>1. Certificate Holder – Name and Mailing Address</b>	<b>2. Insured's Full Name and Mailing Address</b>

<b>3. Description of operations/locations/automobiles/special items to which this certificate applies</b>
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**4. Coverages**  
This is to certify that the policies of insurance below have been issued to the insured name above for the policy period indicated notwithstanding any requirements, terms, or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

Type of Insurance	Insurance Company and Policy Number	Effective Date YYY/MM/DD	Expiry Date YYYY/MM/DD	Limits of Liability		
				Coverage	DED.	Amount of Insurance
<b>Commercial General Liability</b> Claims Made <b>OR</b> Occurrence				Commercial General Liability Bodily Injury and Property Damage Liability – General Aggregate - Each Occurrence		
Products and/or completed Operations				Products and Completed Operations Aggregate		
Employer's Liability				Personal Injury Liability Personal and Advertising Injury Liability		
Cross Liability				Medical Payments		
Waiver of Subrogation				Tenants Legal Liability		
Tenants Legal Liability				Pollution Liability Extension		
Pollution Liability Extension						
Non-Owned Automobiles				Non-Owned Automobile		
Hired Automobiles				Hired Automobiles		
<b>Automobile Liability</b> Described Automobiles				Bodily Injury and Property Damage Combined		
All Owned Automobiles				Bodily Injury (Per Person)		
Leased Automobiles				Bodily Injury (Per Accident)		
**All automobiles leased in excess of 30 days where the insured is required to provide insurance**				Property damage		
<b>Excess Liability</b> Umbrella Form				Each Occurrence		
				Aggregate		
<b>Other Liability (Specify)</b>						

**5. Cancellation**  
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. Brokerage/Agency Full Name and Mailing Address</b>	<b>7. Additional Insured Name and Mailing Address</b>
	Municipality of Mississippi Mills 14 Bridge Street, Almonte, ON K0A 1A0

<b>8. Certificate Authorization</b>				
Issuer	Contact Number			
Authorization Representative	Type	No.	Type	No.
Signature of Authorized Representative	Date	Email Address		