



CERTIFICATE OF INSURANCE
Corporation of the Town of Gravenhurst
Telephone: 705-687-3412 Fax: 705-687-7016

To: The Corporation of the Town of Gravenhurst 3-5 Pineridge Gate Gravenhurst, Ontario P1P 1Z3	Re: Photo or Film Production
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NOTE: 1. Proof of Insurance will be accepted on this form only (with no amendments)
 2. If a facsimile has been transmitted, the original certificate must follow
 3. The insurance companies listed below must be licensed to operate in Canada

Name of Insured	Telephone No. (including area code)	Fax No.
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Insured's Mailing Address

Type of Insurance	Insurance Company (Full Legal Name)	Policy No.	Policy Period	Limits of Liability
Commercial General Liability including Products & Completed Operations				\$,000,000 Per Occurrence \$,000,000 Annual Aggregate including: \$,000,000 Tenants Legal Liability \$,000,000 Sudden & Accidental Pollution \$,000,000 Non-Owned Automobile
Excess/Umbrella				\$,000,000 Per Occurrence \$,000,000 Annual Aggregate
Automobile				\$,000,000 Per Occurrence
Errors & Omissions (Professional Liability)				\$,000,000 Per Claim \$,000,000 Annual Aggregate
Contractor's Pollution Liability				\$,000,000 Per Claim \$,000,000 Annual Aggregate
Other:				

Commercial General Liability: Occurrence basis including bodily injury, personal injury, broad form property damage including loss of use thereof, contractual liability, premises and completed operations liability, non-owned automobile liability, contingent employers liability and contain a cross liability/severability of insured clause and waiver of subrogation in favour of the Certificate Holder. **The Town of Gravenhurst** is hereby added as an Additional Insured with respect to liability arising out of the operations of the Named Insured.

Contractor's Pollution Liability: Per Claim basis including bodily injury, property damage and remediation costs and contain a waiver of subrogation in favour of the Certificate Holder. The Certificate Holder is to be named as an additional insured with respect to liability arising out of 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.

The insurance shall be non-contributing with and apply as primary and not in excess of any insurance available to the Certificate Holder.

CANCELLATION: The undersigned will provide thirty (30) days prior written notice to the Certificate Holder of any cancellation to the policy(s) that would affect the Certificate Holder as outlined in the coverage specified herein. Such notice shall be by electronic transmission or by registered mail to the Corporation of the Town of Gravenhurst at:

3-5 Pineridge Gate,
Gravenhurst, Ontario P1P 1Z3

Name of Insurance Company or Broker (completing form)	Telephone No.	
Address	Fax. No.	
Name of Authorized Representative or Official (Please print)	Signature of Authorized Representative or Official	Date