

# Certificate of Insurance

Facility Rental

City of Mississauga  
Legal Services, Risk Management  
300 City Centre Drive  
Mississauga, Ontario, L5B 3C1



**This Form must be completed, if not purchasing insurance through the City, in order to book any City property or facility.**

Insured Information	
Named Insured	
Address of Insured	Postal Code
Telephone No.	Email Address

General Liability Insurance Coverage (coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)		
Name of Insurance Company		
Policy No.	Effective From	Expiry
Description of Activity/Event/Use		
Location(s) and/or Name of City Facility		
Start Date (including set-up if any)	End Date (include tear down if any)	

**This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):**

<b>Commercial General Liability Limit per Occurrence</b>	<b>\$2,000,000</b> (all other activities)	<b>\$5,000,000</b> (Festivals, Parades, High Risk Sports, or as indicated under contract)
<b>Aggregate Limit \$</b>	<b>Umbrella Liability Limit \$</b>	

**Coverage Above MUST Include:**

Third Party Bodily Injury and Property Damage	Yes
Products & Completed Operations	Yes
Owners and Contractors Protective Liability	Yes
Cross Liability/Severability of Interests Clause	Yes
Employees &/or Volunteers added as Additional Insureds	Yes

**Answer below, ONLY if applicable:**

<b>If Event includes Sport Activity</b> - Bodily Injury to Participant	Yes	No
- Participant to Participant	Yes	No
<b>If Event includes Vendors</b> - Independent Blanket Vendor coverage	Yes	No
<b>If Event includes the serving of Alcohol</b> - Liquor Liability	Yes	No

It is understood and agreed that this policy includes **ADDITIONAL INSUREDs** with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the City of Mississauga, its employees and authorized agents. 2) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

**Other Additional Insureds:**

### Certification

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: City of Mississauga, Risk Management - Proof of Insurance, 10th Floor, 300 City Centre Drive, Mississauga, ON, L5B 3C1.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, Canada

Authorized Representative

Authorized Official - Signature and Stamp

Name of Broker

Address of Broker

Province

Postal Code