



STANDARD CERTIFICATE OF INSURANCE
Corporation of the Town of Lincoln
Telephone: 905-563-8205 Fax: 905-563-6566

To: The Corporation of the Town of Lincoln 4800 South Service Road Beamsville, Ontario		Contract/Project/Purchase Order Title, Number & Description:		
NOTE: 1. Proof of Insurance will be accepted on this form only (with no amendments) 2. The insurance companies listed below must be licensed to operate in Canada				
Name of Insured		Telephone No. (including area code)		Fax No.
Insured's Mailing Address				
Type of Insurance	Insurance Company	Policy No.	Policy Period	Limits of Liability
Commercial General Liability <input type="checkbox"/> Cross liability Clause <input type="checkbox"/> Non-owned auto-mobile				\$,000,000 Per Occurrence \$,000,000 Annual Aggregate including: \$,000,000 Products & Completed Operations
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:				

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.

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 registered mail or facsimile transmission to the Town of Lincoln at:

Town of Lincoln
 Fax #: 905-563-6566
 4800 South Service Road, Beamsville, ON L0R 1B1 Attention: Procurement Agent

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