

Automobile Liability ("Auto") Policy:

Insurer A	Insurer B	Insurer C
Policy #:	Effective date:	Expiry date:
Limit of Liability (\$):	All owned automobiles	All leased automobiles

Excess/Umbrella Liability Policy:

Insurer A	Insurer B	Insurer C
Policy #:	Effective date:	Expiry date:
Limit of Liability (\$):	Deductible/SIR:	
Occurrence basis	Excess policy	Umbrella policy

Follows form to:

CGL (above)	Auto (above)	Other (incl. pol. #)
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Other Coverage Details:

All insurance coverages indicated above comply with the contract except as specified below:

Section 3: Provisions/Amendments/Endorsements

- The above noted Additional Insured(s) has/have been added as the Additional Insured except for the Auto Policy and the Professional Liability Policy, but only with respect to liability arising out of operations of the Named Insured.
- The Policies identified above shall apply as primary insurance and not excess to any other insurance or self insurance available to the Additional Insured(s).
- Any failure to comply with any of the terms and conditions of the Policies of the Named Insured shall not affect coverage provided to the Additional Insured(s).
- In the event that there is a material change in the foregoing Policies or coverage affecting the Additional Insured(s) or cancellation of coverage before the expiration date of any of the foregoing Policies, the undersigned will give thirty (30) days prior to written notice (fifteen (15) days for auto liability) by registered mail or facsimile transmission to: The Regional Municipality of Niagara Attention: Legal Division, 1815 Sir Isaac Brock Way, Thorold, Ontario, L2V 4T7 Fax: 905-685-7931

This is to certify that the policies of insurance as described above have been issued by the undersigned to the Named Insured and are in force at this time. This Certificate of Insurance is executed and issued to the Additional Insured(s) on the date written below.

Name of insurer or broker issuing certificate:

Address:

Phone:

Fax:

Email:

Name of authorized representative or official:

Signature of authorized representative or official:

Date: