



Grey
County

Standard Certificate of Insurance

595 9th Avenue East, Owen Sound Ontario N4K 3E3
519-376-2205 / 1-800-567-4739 / Fax: 519-376-8998 / www.grey.ca

1. Proof of insurance shall be accepted on either the insurers form or on Grey County's form; must be completed by Agent, Broker or Insurer.
2. Insurance company must be licensed to operate in Ontario.

Name of Insured:	Address of Insured:
Email address of Insured:	
Contract No. for which Certificate is issued:	

Automobile Liability Insurance

Insuring Company	Policy Numbers	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD

The above policy(ies) shall cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased in excess of Thirty (30) Days for which the insured is required by contract to provide bodily injury and property damage insurance.

Commercial General Liability & Umbrella/Excess Liability

Insuring Company	Policy Numbers	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Public Liability & Property Damage			
	Per Occurrence			
	Aggregate			
Insuring Company	Umbrella Liability (if applicable)			
	Excess Liability (if applicable)			
	Per Occurrence			
	Aggregate			

Commercial General Liability written on an occurrence basis is extended to include Personal Injury Liability, Broad Form Bodily Injury and Property Damage, Blanket Contractual Liability, Non-Owned Automobile Liability including the OEF 27A (Contractual Liability), Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause.

Professional Liability (if applicable)

Insuring Company	Policy Numbers	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Per Occurrence			
	Aggregate			

Other Liability (if applicable)

Insuring Company	Policy Numbers	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Per Occurrence			

With respect to the Commercial General Liability, The Corporation of the County of Grey has been added as Additional Insured but only with respect to their interest in the operations of the Named Insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Insured. If any coverage as outlined on this certificate is canceled, during the period of coverage as stated herein, Thirty (30) Days prior written notice by registered mail shall be given by the Insurer(s) to the attention of the Finance Department, County of Grey.

I certify that all insurance is in effect as stated herein. I further certify that I represent the agent, broker or insurer(s), and have authorization to issue this certificate for and on behalf of the insurer(s).

Date Name, Address and Telephone Number of Insurance Broker Email Address	Signature of Authorized Representative or Official
	Print Name of above Authorized Representative or Official

Once completed, please email to mike.alguire@grey.ca