



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

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|------------------|------------------------------------|--------------------|----------------------------|-------------------------|
| 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) | Limit of Liability | Effective Date YY/MM/DD | Expiry Date YY/MM/DD |
| | 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