

**Liability Insurance Certificate**

**(Min. of \$2 million coverage per occurrence required)**

To be completed only by the Insurer or his Authorized Representative Proof of Insurance will be accepted on this form only without Amendments

1. Name of Insured:		2. Address of Insured:		
3. Operations of the insured for which certificate is issued at:				
A. Insuring Company	B. Policy Numbers	C. Limits of Liability Bodily Injury & Property Damage  Inclusive	D. Effective Date	E. Expiry Date
		Excess Liability (If applicable)  Inclusive		
<b>4. Provisions of Amendments or Endorsements of Listed Policy(ies)</b>  A. Comprehensive General Liability is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employers Liability, Tenant's Legal Liability, Severability of Interests and Cross Liability Clauses. B. The Comprehensive General Liability policy is in the name of the Insured Tenant and as Additional Insureds (only with respect to liability arising out of the operations of the Named Insured for which an agreement has been issued) <b>Coopérative du regroupement des organismes francophones de Thunder Bay Inc.</b> C. Any coverage so afforded shall not be invalidated as respects the interest of such Additional Insureds by reason of breach or violation of any warranties, representations, declarations or conditions contained in the policies and shall apply only as primary and not excess to any other insurance available to such Additional Insured. D. This is to certify that policies of insurance as described above have been issued by the undersigned to the Insured named above and are in 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, thirty (30) days prior written notice by registered mail will be given by the Insurer(s) to: <b>Centre francophone, 234 Van Norman Street, Thunder Bay, Ontario, P7A 4B8</b>				

**Certification**

This is to certify that the Insurance is in effect as stated in this Certificate and to confirm the authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown in Item 3(e) unless notice is given in writing in accordance with Item 5(d).

\_\_\_\_\_  
Broker's Name

\_\_\_\_\_  
Account Representative (Print Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature and Stamp of Insurer