



CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS **2. INSURED'S FULL NAME AND MAILING ADDRESS**

		POSTAL CODE	POSTAL CODE

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION				COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		
				OR		
				<input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
<input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		
				POLLUTION LIABILITY EXTENSION		
				NON OWNED AUTOMOBILE		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS **7. ADDITIONAL INSURED NAME AND MAILING ADDRESS** (but only with respect to the operations of the Named Insured)

		POSTAL CODE	POSTAL CODE

BROKER CLIENT ID:

8. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE	TYPE	NO.	TYPE	NO.
	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	EMAIL ADDRESS		



PAYMENT AUTHORIZATION AND PRE-AUTHORIZED DEBIT AGREEMENT

INSURANCE COMPANY NAME AND POSTAL ADDRESS

POLICY NUMBER

7. CONSENT AND DISCLOSURE (continued)

- 8) I/We acknowledge that the rights and obligations provided in accordance with the Canadian Payments Association Rule H1 concerns only pre-authorized debits, not recurring charges to credit cards.
- 9) I/We agree that, for pre-authorized debits, only the insured shall receive written notice from the Insurer of the amount to be debited and the due date, at least 10 calendar days prior to the date of the first payment, and any change in the amount or date of the payment.
- 10) **I/We waive the right to obtain written notice from Insurer, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the first payment, even when there is a change in the amount or payment date(s).**
- 11) I/We undertake to inform the Insurer, in writing, of any change in the account information provided in this authorization 10 calendar days prior to the next payment due date.
- 12) The account that my/our financial institution is authorized to draw upon is indicated above. A specimen cheque marked "void" or bank issued account information form is attached to this authorization.
- 13) I/We acknowledge that the Insurer is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- 14) I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
- 15) I/We authorize the Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. I/We authorize the Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number noted above.
- 16) I/We may obtain a copy of or ask questions about the broker's and the Insurer's personal information policies by contacting their respective privacy officers.
- 17) I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of the insurance premiums, in which case the insured must make other arrangements for payment of the insurance premiums.
- 18) **I/We have received a copy of this authorization and have read and understand these terms and conditions.**

Please note that a transaction fee may apply to any "Dishonoured Funds".

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE



PERSONAL LINES UMBRELLA INSURANCE APPLICATION

8. UMBRELLA LIABILITY LIMIT REQUIRED (In excess of underlying insurance)

\$1,000,000 (minimum)
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000

BASE PREMIUM \$ _____

9. AUTOMOBILE INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	INCL. SEF/OPCF 44 END'T (Y/N)	ADDITIONAL PREMIUM

10. HABITATIONAL INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

11. TRAVEL TRAILER INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

12. WATERCRAFT INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	LENGTH <input type="checkbox"/> FT <input type="checkbox"/> M	HORSE POWER	MAXIMUM SPEED IN (MPH)	ADDITIONAL PREMIUM

