



Certificate of Insurance – Children's Services

This is to certify that the insured, named below is Insured as described below.

Name of Insured	Telephone Number (Area Code)
Insured's Address	City
Contact Name:	Postal Code

Type of Insurance	Insurer's Name	Policy Number	Effective Date			Expiry Date			Limits of Liability (Bodily Injury & Property Damage-Inclusive)
			yr	mo	day	yr	mo	day	
Commercial General Liability									\$
Umbrella									\$
Excess									\$

Commercial General Liability (Including):	Occurrence Basis, including Personal Injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products – Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.				
DOES INSURANCE POLICY COVERAGE INCLUDE:					Limits (\$)
• Property	NO		YES		\$
• Molestation Exclusion	NO		YES		\$
• All employees & volunteers	NO		YES		\$

The CITY OF GREATER SUDBURY has been added as an additional insured but only with respect to their interest in the operations of the Named Insured.

Type of Insurance	Insurer's Name	Policy Number	Effective Date			Expiry Date			Limits of Liability (Bodily Injury & Property Damage-Inclusive)
			yr	mo	day	yr	mo	day	
Motor Vehicle Liability									\$
Equipment Leased, Borrowed or Rented									\$

Motor Vehicle Liability – must cover all vehicles owned, or operated by, or on behalf of the insured.

This is to certify that the policies of insurance as described above have been issued by the undersigned to the insured named above and are in force at this time. It is further warranted that there are no conditions in any of the above policies that would invalidate coverage for the above contract.

If cancelled or changed in any manner that would affect the CITY OF GREATER SUDBURY as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the insurer(s) to:

**CITY OF GREATER SUDBURY
ATTENTION: RISK MANAGEMENT / INSURANCE OFFICER
200 BRADY STREET, P.O. BOX 500, STATION A
SUDBURY, ON, P3A 5P3
FAX: (705) 671-8118**

This certificate is executed and issued to the aforesaid City of Greater Sudbury, the day and date herein written below.

Name of Insurance Company or Broker (completing form)	Telephone Number with Area Code
Address	Fax Number with area code
Name of Authorized Representative or Official (Please Print)	Signature of Authorized Representative or Official
	Date (Year, Month, Day)