

**Department of Municipal Affairs - Municipal Water Sewer & Roads Specifications  
CERTIFICATE OF INSURANCE**

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Form #1

March 2016

THIS CERTIFICATE OF INSURANCE SHOULD BE DELIVERED TO CONSULTANT, THE DEPARTMENT, AND/OR THE OWNER WITHIN 30 DAYS OF THE AWARD OF THE CONTRACT AND BEFORE CONSTRUCTION BEGINS.

<b>DESCRIPTION &amp; LOCATION OF WORK</b>		
<b>PROJECT NO.</b>	<b>AWARD DATE</b>	<b>VALUE \$</b>
<b>INSURER</b>	<b>Name:</b>	
	<b>Address:</b>	
<b>BROKER</b>	<b>Name:</b>	
	<b>Address:</b>	
<b>INSURED</b>	<b>Name:</b>	
	<b>Address:</b>	
<b>ADDITIONAL INSURED</b>	___ HER MAJESTY THE QUEEN IN RIGHT OF NEWFOUNDLAND AND LABRADOR AS REPRESENTED BY THE MINISTER OF MUNICIPAL AFFAIRS	
	___ THE OWNER	
	___ ARCHITECTURAL AND ENGINEERING CONSULTANTS OF THE OWNER (EXCLUDING PROFESSIONAL LIABILITIES)	

THIS DOCUMENT CERTIFIES THAT THE FOLLOWING POLICIES OF INSURANCE AND INDICATED COVERAGE ARE AT PRESENT IN FORCE SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS AS CONTAINED THEREIN COVERING THE OPERATIONS OF THE INSURED IN CONNECTION WITH THE ABOVE NOTED CONTRACT MADE BETWEEN THE NAMED INSURED AND THE OWNER \_\_\_\_\_.

POLICY TYPE	NUMBER	INCEPTION DATE	EXPIRY DATE Y/M/D	LIMITS OF LIABILITY
1.1 COMMERCIAL GENERAL LIABILITY 1.2 WRAP-UP LIABILITY INCLUDING WHERE INDICATED: A. BLASTING B. PILE DRIVING OR CAISSON WORK C. REMOVAL OR WEAKENING OF SUPPORT	1.1 1.2  A (Y/N) B (Y/N) C (Y/N)	1.1 _____ 1.2 _____	1.1 _____ 1.2 _____	MINIMUM \$2,000,000.00
2A. BUILDERS' RISK "BROAD FORM" OR 2B. INSTALLATION FLOATER "BROAD FORM" OR 2C. PIERS, WHARVES, & DOCKS RIDER COVERAGE MAINTAINED UNTIL ARCHITECT/ENGINEER ISSUES CERTIFICATE OF SUBSTANTIAL PERFORMANCE	2A _____ OR 2B _____ OR 2C _____  (Y/N) _____	2A _____ 2B _____ 2C _____	2A _____ 2B _____ 2C _____	100% OF THE VALUE OF WORK COVERED
3. AUTOMOBILE LIABILITY INSURANCE				MINIMUM \$2,000,000.00
4. AIRCRAFT AND/OR WATERCRAFT WATERCRAFT LIABILITY (IF APPLICABLE)				MINIMUM \$2,000,000.00
5.				

"THE INSURER AGREES TO NOTIFY THE NAMED INSURED, HER MAJESTY AND/OR THE OWNER, IN WRITING, THIRTY (30) DAYS PRIOR TO CANCELLATION OR MATERIAL CHANGE OF ANY POLICY EXCEPT IN THE EVENT OF NON-PAYMENT WHERE POLICY CONDITIONS DEALING WITH TERMINATION WILL APPLY."

<b>NAME OF INSURER'S OFFICER OR AUTHORIZED REPRESENTATIVE:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
		<b>TELEPHONE NO.:</b>

ISSUANCE OF THIS CERTIFICATE SHALL NOT LIMIT OR RESTRICT THE RIGHT OF THE OWNER TO REQUEST, AT ANY TIME, DUPLICATE CERTIFIED COPIES OF SAID INSURANCE POLICIES.

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