



The Corporation of The City of North Vancouver

141 West 14th Street
North Vancouver, B.C.
V7M 1H9
Tel. No. (604)985-7761

CERTIFICATE OF INSURANCE

Name: _____
Address: _____ **Postal Code:** _____
Telephone: _____ **Fax No.:** _____

has applied to The Corporation of the City of North Vancouver ("City") for permission to (describe activity for which Permit is required):

Located at: _____

NOW THEREFORE the

_____ being an insurance company licensed to transact business in the Province of British Columbia hereby certifies that:

_____ ("Insured") is the holder of a Comprehensive General Liability, including Contractual Liability and Non-Owned Auto Liability policy described as follows:

1. The Policy includes coverage with respect to the aforementioned activities.
2. 30 days prior written notice of material change and/or cancellation will be given to the City of North Vancouver.
3. Minimum limit of liability, inclusive for bodily injury and property damage for any one accident or occurrence, must be in an amount no less than **\$5 million**.
4. The Corporation of the City of North Vancouver is named as an Additional Insured.
5. The Policy contains a cross liability clause.
6. Any exclusions contained in the Policy relating to **blasting or the use of explosives; pile driving; excavations; demolitions; or removal or weakening of support of any property, building or land whether such support be natural or otherwise**, shall not apply to the City.
7. The Policy covers all obligations imposed by law or assumed under contract for damages done to any person or property whatsoever caused directly or indirectly by the aforementioned activities.
8. The breach by the Insured of any condition or limitation with respect to the reporting, adjustment or settlement of a claim shall not be held to the prejudice of the City.
9. A certified copy of the Policy will be delivered to the City, within 15 days following receipt of a written demand.

Name of Insurer: _____ **Policy No.:** _____

Effective Date: _____ **Expiry Date:** _____

Name of Insurance Company Authorized Signature Date