CORPORATION OF THE COUNTY OF GREY

595 9th Avenue East
Owen Sound, ON N4K 3E3
www.grey.ca

(519) 376-2205
1-800-576-GREY
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CERTIFICATE OF INSURANCE - County of Grey

Note: 1. Proof of Insurance shall be accepted on this Form Only & completed by Agent, Broker or Insurer.
2. Insurance company must be licensed to operate in Ontario.

Name of Insured:	**Address of Insured:**
Location and Operations of Insured for which Certificate is issued: **Contract No. for which Certificate is issued:**	

Automobile Liability Insurance

Insuring Company	Policy Number	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD

Motor Vehicle Liability - The above policy(ies) must cover all vehicles owned by the Insured or leased by the Insured in excess of 30 days. If personal autos will not be used in the project, proof of commercial vehicles shall suffice.

Commercial General Liability & Umbrella/Excess Liability

Insuring Company	Policy Number	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Public Liability and Property Damage			
	Per Occurrence			
	Aggregate			
Insuring Company	Umbrella/ Excess Liability (if applicable)			
	Per Occurrence			
	Aggregate			

Commercial General Liability written on an occurrence basis is extended to include Personal Injury Liability, Broad Form Bodily Injury and Property Damage, Blanket Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employer's Liability, Cross Liability Clause and Severability of Interest Clause.

Professional Liability (if applicable)

Insuring Company	Policy Number	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Per Occurrence			
	Aggregate			

Other Liability (if applicable)

Insuring Company	Policy Number	Limit of Liability	Effective Date YY/MM/DD	Expiry Date YY/MM/DD
	Per Occurrence			
	Aggregate			

With respect to the Commercial General Liability, The Corporation of the County of Grey has been added as Additional Insureds but only with respect to their interest in the operations of the Named Insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Corporation of The County of Grey. In the event of cancellation, non-renewal or changes that would affect the County of Grey in any manner so as to affect this certificate, the insurer shall endeavor to provide thirty (30) days prior written notice to the attention of the Finance Department, County of Grey.

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Date	Name, Address, Fax and Telephone Number of Insurance Broker	Signature of Authorized Representative or Official
		Print Name of above Authorized Representative or Official

Please click Submit to send your completed Certificate of Insurance:

Submit

Reset

Please note - You will receive an auto-reply email once you have submitted the completed Certificate of Insurance.
If you do not receive the email, please re-submit and/or contact the County of Grey at (519) 376-2205 ext. 1244.