

# CERTIFICATE OF INSURANCE



Return one copy to:  
Customer Service Department  
Town of Caledon  
6311 Old Church Road  
Caledon, ON L7C 1J6  
(905) 584-2272 Ext. 4636  
(905) 584-4325 - FAX

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

Name of Insured	Telephone Number
Address of Insured	City Postal Code

	INSURING COMPANY	POLICY #	AMOUNT OF COVERAGE	EFFECTIVE DATE	EXPIRY DATE (D/M/Y)
Commercial General Liability			\$2,000,000.00		

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.

This policy may not be cancelled or altered during its term or allowed to expire except upon ten (10) days prior written notice to the Town of Caledon as noted above.

This certificate is executed and issued to the aforesaid Town of Caledon, the day and date herein written below:

Name of Insurance Company		Name of Insurance Broker
Date: dd/mm/yy	Signature & Stamp of Insurer's Authorized Representative	

**\*\*THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURANCE BROKER\*\***