

Certificate of Insurance Food Trucks

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' written notice of cancellation or reduction in applicable limit of insurance of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

NOTE: PROOF OF INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY, OR BY CERTIFIED COPIES OF INSURANCE POLICIES. INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN CANADA AND HAVE A MINIMUM AM BEST RATING OF A- OR HIGHER.

This Certificate is issued to: **The City of New Westminster, 511 Royal Avenue, New Westminster, BC V3L 1H9**

Insured:	Name: Click here to enter text.
	Address: Click here to enter text.

Broker:	Name: Click here to enter text.
	Address: Click here to enter text.
	Agent's Name/Email address: Click here to enter text. Phone: Click here to enter text.

Location, Project No. and nature of contract, permit, lease, license or operation to which this Certificate applies:

Click here to enter text.
Click here to enter text.

Type of Insurance	Company and Policy Number	Policy Term yyyy/mm/dd	Limits of Liability/Amount
Section 1 Commercial General Liability	Click here to enter text.	From: Click here to enter text. To: Click here to enter text.	Bodily Injury, Death & Property Damage inclusive \$ <u>5 million</u> Per Occurrence \$ Click here to enter text. Aggregate \$ Click here to enter text. All Risk Tenants' Legal Liability \$ Click here to enter text. Deductible
Section 2 <input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Excess Liability	Click here to enter text.	From: Click here to enter text. To: Click here to enter text.	Bodily Injury, Death & Property Damage inclusive \$ Click here to enter text. Per Occurrence \$ Click here to enter text. Aggregate \$ Click here to enter text. Deductible
Section 3 <input type="checkbox"/> Other	Click here to enter text.	From: Click here to enter text. To: Click here to enter text.	\$ Click here to enter text. Limit \$ Click here to enter text. Deductible

Particulars of Commercial General Liability Insurance (Sections 1 & 2): <input checked="" type="checkbox"/> indicates that the coverage is included.		
<input checked="" type="checkbox"/> City of New Westminster as Additional Insured <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Products & Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Cross Liability/Severability of Interests <input checked="" type="checkbox"/> Employees as Additional Insureds <input checked="" type="checkbox"/> Non-Owned Automobile <input checked="" type="checkbox"/> Click here to enter text. as Additional Insured	<input type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Injury to Participants (sporting events) <input type="checkbox"/> Blanket Broad Form Tenants Legal Liability <input type="checkbox"/> Contingent Employer's Liability <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Incidental Medical Malpractice <input type="checkbox"/> Volunteers as Additional Insureds <input type="checkbox"/> Members as Additional Insureds <input type="checkbox"/> Intentional Injury <input type="checkbox"/> Advertising Liability	<input type="checkbox"/> Aircraft/Aviation Liability <input type="checkbox"/> Non-owned aircraft liability <input type="checkbox"/> Watercraft liability <input type="checkbox"/> Non-owned watercraft liability <input type="checkbox"/> Abuse/Molestation Coverage

These policies comply with the insurance requirements of the governing contract, permit, leases, license or other requirement of the City of New Westminster. It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

 (Authorized to Sign on Behalf of Insurers) [Click here to enter text.](#)
Date Signed

This information is collected by the City of New Westminster under Section 26(c) of the Freedom of Information and Protection of Privacy Act for insurance purposes. Should you have any questions about the collection of this personal information please contact the Insurance & Risk Advisor, 511 Royal Avenue, New Westminster, V3L 1H9, 604-515-3773.

INTERNAL USE ONLY	
Certificate <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Deficiencies: Click here to enter text.	