

INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent or broker and submitted to Alberta Infrastructure **prior to commencement of any activities** by the Contractor on site. Refer to the Insurance Conditions in the Contract Documents for detailed description of insurance requirements, including required coverages.
- Insurer's standard certificate of insurance is **not acceptable** in lieu of this Alberta Infrastructure form.
- It is understood that this certificate is issued as information only. It does not amend, extend or alter coverages afforded by the policies described herein.
- Submit completed certificate to:

**Alberta Infrastructure
Tender Administration
2nd Floor, 6950 – 113 Street
Edmonton, Alberta T6H 5V7**

Identification of Insured

Contractor's Name		
Contractor's Address		
City / Town	Province	Postal Code

Identification of Contract

Contract Name (location and description of the Work as it appears in the Contract Documents)	Project ID (from Contract Documents)
	Contract Number
	Plan Number

General Liability Insurance

General Liability Insurer's Name		
General Liability Policy Number	Expiry Date ____ / ____ / ____ year month day	Limit of Liability (per occurrence)
Umbrella or Excess Liability Insurance Insurer's Name		
Umbrella or Excess Liability Insurance Policy Number (if applicable)	Expiry Date ____ / ____ / ____ year month day	Limit of Liability (per occurrence)
Coverages provided by General Liability Policy and, if applicable, Umbrella or Excess Liability Policy (check applicable coverages)		
<input type="checkbox"/> Owner's and Contractor's protective liability	<input type="checkbox"/> Removal or weakening of support of property, building or land	
<input type="checkbox"/> Personal injury liability	<input type="checkbox"/> Elevator and hoist liability	
<input type="checkbox"/> Non-owned automobile liability	<input type="checkbox"/> Operation of attached machinery	
<input type="checkbox"/> Broad form property damage endorsement	<input type="checkbox"/> Forest fire-fighting expenses	
<input type="checkbox"/> Blasting	<input type="checkbox"/> Sudden and accidental pollution liability	
<input type="checkbox"/> Piledriving or caisson work		

Automobile Liability Insurance

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ year month day	Limit of Liability (per occurrence)

Aircraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ year month day	Limit of Liability (per occurrence)

Watercraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ year month day	Limit of Liability (per occurrence)

Certification

<p>The undersigned hereby certifies that:</p> <ul style="list-style-type: none"> • The policies described herein, subject to their terms, conditions, and exclusions, have been issued to the named insured and are in force at this time. • Coverages afforded under said policies will not be cancelled or materially changed to restrict coverage unless thirty (30) days advance written notice has been given to Alberta Infrastructure at the address shown on page 1 of this form and each of the policies have been endorsed to this effect. • The undersigned is an authorized representative of each of the insurance companies listed herein, and has full knowledge of the facts set forth herein and believes them to be true. 			
Name of Issuing Agency			
Address of Issuing Agency			
City / Town	Province	Postal Code	Telephone No.
Name of Authorized Representative (print or type)	Signature of Authorized Representative		Date of Issue