

**INSTRUCTIONS:**

- This certificate must be completed by the Contractor's insurance agent, broker or insurer and submitted to 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 or broker's certificate of insurance form is **not acceptable** in lieu of this Infrastructure form.
- It is understood that this certificate is issued as information and accurately depicts coverages afforded by the policies described herein.
- Submit completed certificate to:

**Tender Administrator**  
**Infrastructure**  
**Procurement Services**  
**2<sup>nd</sup> Floor (2700), 6950 – 113 Street NW**  
**Infrastructure Building**  
**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
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**General Liability Insurance**

Complete either the General Liability or the Wrap Up Liability Section, whichever is applicable.

General Liability Insurer's Name				
General Liability Policy Number	Expiry Date ____ / ____ / ____ <small>year    month    day</small>	Limit of Liability (per occurrence)		
Umbrella or Excess Liability Insurance Insurer's Name				
Umbrella or Excess Liability Insurance Policy Number (if applicable)	Expiry Date ____ / ____ / ____ <small>year    month    day</small>	Limit of Liability (per occurrence)		
<p>The following is not an exhaustive list of insurance requirements for this coverage under the Contract but are those for which we require confirmation at this time.</p> <p>Please check the following boxes to confirm that the General Liability Policy and, if applicable, Umbrella or Excess Liability Insurance Policy contains the following <b>required</b> coverages or conditions:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)   <input type="checkbox"/> Broad form property damage endorsement         </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Products and Completed Operations Liability         </td> </tr> </table>			<input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)  <input type="checkbox"/> Broad form property damage endorsement	<input type="checkbox"/> Products and Completed Operations Liability
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**Wrap Up Liability Insurance** Complete either the General Liability or the Wrap Up Liability Section, whichever is applicable.

Insurer's Name				
Policy Number	Expiry Date ____ / ____ / ____ <small>year    month    day</small>	Limit of Liability (per occurrence)		
List the Named Insureds on the policy				
<p>The following is not an exhaustive list of insurance requirements for this coverage under the Contract but are those for which we require confirmation at this time.</p> <p>Please check the following boxes to confirm that the Wrap Up Liability Insurance Policy contains the following <b>required</b> coverages and conditions:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Policy to remain inforce until Interim Acceptance of the Work / Substantial Performance of the Work.   <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)   <input type="checkbox"/> Broad form property damage endorsement         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Infrastructure, as a named insured, has a right to make a claim directly to the insurer   <input type="checkbox"/> Completed operations coverage remains in effect for 12 months after the date of Interim Acceptance of the Work / Substantial Performance of the Work.         </td> </tr> </table>			<input type="checkbox"/> Policy to remain inforce until Interim Acceptance of the Work / Substantial Performance of the Work.  <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)  <input type="checkbox"/> Broad form property damage endorsement	<input type="checkbox"/> Infrastructure, as a named insured, has a right to make a claim directly to the insurer  <input type="checkbox"/> Completed operations coverage remains in effect for 12 months after the date of Interim Acceptance of the Work / Substantial Performance of the Work.
<input type="checkbox"/> Policy to remain inforce until Interim Acceptance of the Work / Substantial Performance of the Work.  <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)  <input type="checkbox"/> Broad form property damage endorsement	<input type="checkbox"/> Infrastructure, as a named insured, has a right to make a claim directly to the insurer  <input type="checkbox"/> Completed operations coverage remains in effect for 12 months after the date of Interim Acceptance of the Work / Substantial Performance of the Work.			

**Certification**

<p>The undersigned hereby certifies that:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Coverages afforded under said policies will not be cancelled, including for non-payment of premium, unless thirty (30) days advanced written notice has been given Infrastructure at the address shown on page 1 of this form and each of the policies have been endorsed to this effect.</li> <li>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.</li> </ul>			
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