

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 policies described herein.
- Submit completed certificate to:

Tender Administrator
Infrastructure
Procurement Services
2nd 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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Wrap Up Liability Insurance Complete Wrap Up Liability Section at commencement of project.

Insurer's Name				
Policy Number	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 Wrap Up Liability Insurance Policy contains the following required coverages and conditions:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Cross Liability <input type="checkbox"/> Severability of interests <input type="checkbox"/> Completed operations coverage remains in effect for 24 months after the date of Interim Acceptance / Substantial Performance of the Work <input type="checkbox"/> Other insured / additional insured include all consultants, subconsultant and subcontractors of every tier <input type="checkbox"/> Infrastructure, as a named insured, has the right to make a claim directly to the insurer </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$1,000,000) <input type="checkbox"/> Forest fire-fighting expenses (minimum sub-limit \$250,000) <input type="checkbox"/> Contingent employer's liability <input type="checkbox"/> Operations of attached machinery </td> </tr> </table>			<input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Cross Liability <input type="checkbox"/> Severability of interests <input type="checkbox"/> Completed operations coverage remains in effect for 24 months after the date of Interim Acceptance / Substantial Performance of the Work <input type="checkbox"/> Other insured / additional insured include all consultants, subconsultant and subcontractors of every tier <input type="checkbox"/> Infrastructure, as a named insured, has the right to make a claim directly to the insurer	<input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$1,000,000) <input type="checkbox"/> Forest fire-fighting expenses (minimum sub-limit \$250,000) <input type="checkbox"/> Contingent employer's liability <input type="checkbox"/> Operations of attached machinery
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Wrap Up Liability Insurance (Cont'd)

List the Named Insureds on the policy

Does policy contain a General Aggregate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the general aggregate amount \$

General Liability Insurance

Complete General Liability Section prior to Interim Acceptance / Substantial Performance.
Coverage must be in effect at Interim Acceptance / Substantial Performance.

General Liability Insurer's Name		
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General Liability Policy Number	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per occurrence)
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Umbrella or Excess Liability Insurance Insurer's Name		
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Umbrella or Excess Liability Insurance Policy Number (if applicable)	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per occurrence)
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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.

Please check the following boxes to confirm that the General Liability Insurance Policy and, if applicable, Umbrella or Excess Liability Insurance Policy contains the following **required** coverages or conditions:

<input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Cross Liability <input type="checkbox"/> Employees as additional insureds	<input type="checkbox"/> Sudden an accidental pollution as per IBC 2313 or similar (minimum sub-limit \$1,000,000) <input type="checkbox"/> Forest fire-fighting expenses (minimum sub-limit \$250,000) <input type="checkbox"/> Contingent employer's liability <input type="checkbox"/> Operation of attached machinery
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Certification

The undersigned hereby certifies that:			
<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, including for non-payment of unless thirty (30) days advance written notice has been given to 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			
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Address of Issuing Agency			
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City / Town	Province	Postal Code	Telephone No.
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Name of Authorized Representative (print or type)	Signature of Authorized Representative	Date of Issue
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