

**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 only. It does not amend, extend or alter coverages afforded by policies described herein.
- Do not modify or alter this certificate except to enter required information in spaces provided.

- 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 as it appears in the Contract Documents)	Project ID (from Contract Documents)  Contract Number  Plan Number
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**Builder's Risk Insurance**

Complete either the Builder's Risk section or the Installation Floater Section, whichever is applicable

Insurer's Name				
Policy Number	Expiry Date ____ / ____ / ____ <small>year      month      day</small>	Total Insured Value		
Limits of Liability				
\$ _____	\$ _____	\$ _____		
<input type="checkbox"/> At Place of Work	<input type="checkbox"/> At any other location	<input type="checkbox"/> In transit		
<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 Builder's Risk 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"/> All risks Builder's Risk policy  <input type="checkbox"/> Covers Project on a replacement cost basis  <input type="checkbox"/> Infrastructure is a Named Insured  <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"/> Primary Insurance, <b>not</b> requiring pro rata loss sharing with any other insurers of the Province  <input type="checkbox"/> Includes the following as Insureds: subcontractors, consultants. Sub-consultants of every tier and all others with an insurable interest in the Work         </td> </tr> </table>			<input type="checkbox"/> All risks Builder's Risk policy <input type="checkbox"/> Covers Project on a replacement cost basis <input type="checkbox"/> Infrastructure is a Named Insured <input type="checkbox"/> Infrastructure as a named insured has the right to make a claim directly to the insurer	<input type="checkbox"/> Primary Insurance, <b>not</b> requiring pro rata loss sharing with any other insurers of the Province <input type="checkbox"/> Includes the following as Insureds: subcontractors, consultants. Sub-consultants of every tier and all others with an insurable interest in the Work
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List the Named Insureds on the policy
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## Installation Floater Insurance

Complete either the **Builder's Risk** section or  
the **Installation Floater** Section, whichever is applicable

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ <small>year      month      day</small>	Total Insured Value
Limits of Liability		
\$ _____	\$ _____	\$ _____
<input type="checkbox"/> At Place of Work	<input type="checkbox"/> At any other location	<input type="checkbox"/> In transit
Please check the following boxes to confirm that the Builder's Risk Insurance Policy contains the following <b>required</b> coverages and conditions:		
<input type="checkbox"/> All risks policy	<input type="checkbox"/> Primary Insurance, <b>not</b> requiring pro rata loss sharing with any other insurers of the Province	
<input type="checkbox"/> Coverage on a replacement cost basis	<input type="checkbox"/> Insures the interests of subcontractors, consultants, subconsultants and all others with an insurable interest in the Project.	
<input type="checkbox"/> The interest of Infrastructure is noted on the insurance policy		

List the Named Insureds on the policy
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## Boiler and Machinery / Equipment Breakdown Insurance

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ <small>year      month      day</small>	Total Insured Value
Please check the following boxes to confirm that the Boiler and Machinery Insurance Policy contains the following <b>required</b> coverages and conditions:		
<input type="checkbox"/> All risks coverage	<input type="checkbox"/> Primary Insurance, <b>not</b> requiring pro rata loss sharing with any other insurers of the Minister	
<input type="checkbox"/> Covers Project on replacement cost basis	<input type="checkbox"/> Includes the following as Insureds: subcontractors, consultants. Subconsultants of every tier and all others with an insurable interest in the Work	
<input type="checkbox"/> Comprehensive boiler and machinery policy	<input type="checkbox"/> Infrastructure is a Named Insured	
<input type="checkbox"/> Infrastructure as a named insured has a right to make claim directly to the insurer		

## Certification

The undersigned hereby certifies that:			
<ul style="list-style-type: none"> <li>The policies described herein, subject to their terms, conditions, and exclusions, have been issued to the above named insured and are in force at this time.</li> <li>Coverages afforded under said policies will not be cancelled including for non-payment, 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 has 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