

## INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent or broker and submitted to Alberta Infrastructure and Transportation **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 and Transportation 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 and Transportation  
Tender Administration  
Main 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
	CPIN

## 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)												
<p>Coverages provided by General Liability Policy and, if applicable, Umbrella or Excess Liability Policy (check applicable coverages)</p> <table> <tr> <td><input type="checkbox"/> Owner's and Contractor's protective liability</td> <td><input type="checkbox"/> Removal or weakening of support of property, building or land</td> </tr> <tr> <td><input type="checkbox"/> Personal injury liability</td> <td><input type="checkbox"/> Elevator and hoist liability</td> </tr> <tr> <td><input type="checkbox"/> Non-owned automobile liability</td> <td><input type="checkbox"/> Operation of attached machinery</td> </tr> <tr> <td><input type="checkbox"/> Broad form property damage endorsement</td> <td><input type="checkbox"/> Forest fire-fighting expenses</td> </tr> <tr> <td><input type="checkbox"/> Blasting</td> <td><input type="checkbox"/> Sudden and accidental pollution liability</td> </tr> <tr> <td><input type="checkbox"/> Piledriving or caisson work</td> <td></td> </tr> </table>			<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	
<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

The undersigned hereby certifies that:

- 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 and Transportation 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

## INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent or broker and submitted to Alberta Infrastructure and Transportation **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 and Transportation 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.
- Submit completed certificate to: **Alberta Infrastructure and Transportation  
Tender Administration  
Main 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 as it appears in the Contract Documents)	Project ID (from Contract Documents)
	Contract Number
	CPIN

## Course of Construction Insurance

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ year month day	Total Insured Value
Form of Policy (check applicable) <input type="checkbox"/> All Risks Builder's Risk Policy <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> All Risks Installation Floater		
Limits of Liability		
\$ _____ At Place of Work	\$ _____ At any other location	\$ _____ In transit
Deductible		
\$ _____ At Place of Work	\$ _____ At any other location	\$ _____ In transit
Coverages provided by this Policy (check applicable coverages)		
<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"/> Alberta Infrastructure and Transportation included as a named insured <input type="checkbox"/> Insures the interests of subcontractors, sub-subcontractors and others with an insurable interest in the Work		

## Boiler Insurance

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

## 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 or materially changed to restrict coverage unless thirty (30) days advance written notice has been given to Alberta Infrastructure and Transportation 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