



Certificate of Insurance

Evidence of Insurance Coverage will be accepted on this form only.
This form must be completed and signed by your Insurance Broker/Agent.

Certificate Holder Name & Address: The Incumbent and Churchwardens of			
Name of Insured (Licensee):		Telephone No.:	
Address of Insured (Licensee):		Postal Code:	
Operations of the Named Insured for which the certificate is issued:			
Commercial General Liability (minimum limit to be evidenced - \$5,000,000 per occurrence)			
Policy No./Insurer	Effective Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Limits of Liability (per occurrence)
Tenants Legal Liability Limit (no less than \$250,000.00): \$			
Abuse Liability Limit: \$			
Umbrella/Excess Liability (if insurance is placed in primary and excess layers, please complete section below)			
Policy No./Insurer	Effective Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Limits of Liability (per occurrence)
Additional Insured: The <u>Certificate Holder named above</u> and <u>The Incorporated Synod of the Diocese of Toronto</u> have been added as <u>additional insured(s)</u> to the above captioned policy(s), but only with respect to the liability arising out of the operations of the named insured.			
Cancellation Notice: The Insurer will endeavor to provide thirty (30) days written notice of cancellation to the Certificate Holder listed above.			
Name of Insurance Broker/Agent:		Telephone No.	
Address:		Postal Code:	
I certify that the insurance is in effect as stated in this Certificate of Insurance and that I have the authorization to issue this Certificate for and on behalf of the insurer(s). This certificate is valid until the expirations date(s) shown unless notice is given in writing.			
Name & Signature of Authorized Insurance Representative: Á			Date: