



# Certificate of Property Insurance (Standard Form)

## 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.
- Do not modify or alter this certificate except to enter required information in spaces provided.
- Submit completed certificate to:

**Tender Administrator  
Infrastructure  
Technical Services and Procurement Branch  
3rd Floor, 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

## Builder's Risk Insurance

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ year      month      day	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		
List the Named Insureds on the policy		



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## Builder's Risk Insurance (Cont'd)

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 Builder's Risk Insurance Policy contains the following **required** coverages and conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> All risks Builder's Risk policy   | <input type="checkbox"/> Primary Insurance, <b>not</b> requiring pro rata loss sharing with any other insurers of the Province  |
| <input type="checkbox"/> Covers Project on replacement cost basis  | <input type="checkbox"/> Includes the following as Additional or Other Insureds: subcontractors, consultants, sub-consultants of every tier and all others with an insurable interest in the Work |
| <input type="checkbox"/> Infrastructure, as a named insured, has the right to make a claim directly to the insurer |   |

## Boiler and Machinery / Equipment Breakdown Insurance

Insurer's Name

Policy Number

Expiry Date

Limit of Liability (per occurrence)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

List the Named Insureds on the policy

Please check the following boxes to confirm that the Boiler and Machinery Insurance Policy contains the following **required** 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 Province  |
| <input type="checkbox"/> Infrastructure, as a named insured, has the right to make a claim directly to the insurer | <input type="checkbox"/> Includes the following as Additional or Other Insureds: subcontractors, consultants, sub-consultants of every tier and all others with an insurable interest in the Work |
| <input type="checkbox"/> Comprehensive boiler and machinery policy   |   |
| <input type="checkbox"/> Covers Project on a replacement cost basis  |   |

## Certification

The undersigned hereby certifies that:

- 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.
- 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.
- 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