



# Certificate of Liability Insurance (Large Projects)

## 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  
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 of the Work as it appears in the Contract Documents) | Project ID (from Contract Documents) |
|  | Contract Number                      |
|  | Plan Number                          |

## Wrap Up Liability Insurance Complete Wrap Up Liability Section prior to mobilization to the site for Construction activities.

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

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 Wrap Up Liability Insurance Policy contains the following **required** coverages and conditions:

|  |   |
|--|---|
| <input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere | <input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$1,000,000) |
| <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)                                | <input type="checkbox"/> Forest fire-fighting expenses (minimum sub-limit \$250,000)                                |
| <input type="checkbox"/> Broad form property damage endorsement  | <input type="checkbox"/> Contingent employer's liability  |
| <input type="checkbox"/> Cross Liability   | <input type="checkbox"/> Operations of attached machinery   |
| <input type="checkbox"/> Severability of interests   |   |



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- Completed operations coverage remains in effect for 24 months after the date of Interim Acceptance / Substantial Performance of the Work
- Other insured / additional insured include all consultants, subconsultant and subcontractors of every tier
- Infrastructure, as a named insured, has the right to make a claim directly to the insurer

## Wrap Up Liability Insurance (Cont'd)

List the Named Insureds on the policy

Does policy contain a General Aggregate?  Yes  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

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)

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



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## 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, 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

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