



# Certificate of Liability Insurance (Small 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 of insurance is issued as information an accurately depicts coverages afforded by the policies described herein.
- Only complete the sections of this certificate that are applicable to the requirements specified in the Contract identified below.
- 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)<br><hr/> Contract Number<br><hr/> Plan Number<br><hr/> |
|--|---|

### General Liability Insurance

|   |   |                                     |   |   |  |          |   |  |
|---|---|-------------------------------------|---|---|--|----------|---|--|
| General Liability Insurer's Name  |   |                                     |   |   |  |          |   |  |
| General Liability Policy Number   | Expiry Date<br>_____ / _____ / _____<br><small>year      month      day</small> | Limit of Liability (per occurrence) |   |   |  |          |   |  |
| Umbrella or Excess Liability Insurance Insurer's Name   |   |                                     |   |   |  |          |   |  |
| Umbrella or Excess Liability Insurance Policy Number (if applicable)  | Expiry Date<br>_____ / _____ / _____<br><small>year      month      day</small> | Limit of Liability (per occurrence) |   |   |  |          |   |  |
| Please check the following boxes to confirm that the General Liability Policy and, if applicable, Umbrella or Excess Liability Policy Insurance contains the following <b>required</b> coverages or conditions:   |   |                                     |   |   |  |          |   |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Broad form property damage endorsement</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Tenants Legal Liability, if checked provide limit:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Products and Completed Operations Liability</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)</td> <td style="border: none;"></td> </tr> </table> |   |                                     | <input type="checkbox"/> Broad form property damage endorsement | <input type="checkbox"/> Tenants Legal Liability, if checked provide limit: | <input type="checkbox"/> Products and Completed Operations Liability | \$ _____ | <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000) |  |
| <input type="checkbox"/> Broad form property damage endorsement   | <input type="checkbox"/> Tenants Legal Liability, if checked provide limit:     |                                     |   |   |  |          |   |  |
| <input type="checkbox"/> Products and Completed Operations Liability  | \$ _____  |                                     |   |   |  |          |   |  |
| <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)   |   |                                     |   |   |  |          |   |  |



# Certificate of Liability Insurance (Small Projects)

## Professional Liability Insurance

(Complete only if required under Contract)

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

## Crime Insurance

(Complete only if required under Contract)

|   |   |                |
|---|---|----------------|
| Insurer's Name  |   |                |
| Policy Number   | Expiry Date<br>____ / ____ / ____<br>year / month / day                                   | Limit per Loss |
| Please check the following boxes to confirm that the Crime Insurance Policy contains the following <b>required</b> coverages or conditions: |   |                |
| <input type="checkbox"/> Covers dishonest acts of employees, directors and officers   | <input type="checkbox"/> Covers monies or property for which the Contractor may be liable |                |
| <input type="checkbox"/> Covers all monies and property entrusted by the Province to the Contractor   |   |                |

## 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 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 have 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 |