

# CERTIFICATE OF INSURANCE

To be completed by your insurance agent

This is to certify to Edmonton Northlands operating as "Northlands" located at Edmonton, Alberta, Canada, that the insurance policies shown below are in effect. Only this form will be accepted.

Return Signed form to: Signature Events, Edmonton Northlands, Box 1480, Edmonton, AB T5J 2N5 Fax #: 780-471-8169

Name of Northland Event _____	Event Manager _____
Named Insured _____	Agent/Broker _____
Address _____	Address _____

**Description of Named Insured's Operations to which this Certificate applies:**

---

**Policy Expiry Date:**

---

**SCHEDULE OF COVERAGE**

Limit Required:	Commercial General Liability	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> _____
Limit Required:	Auto Liability	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000		

	Insurer	Policy Number	Effective Date	Expiry Date
A. General Liability	_____	_____	_____	_____
B. Automobile Insurance	_____	_____	_____	_____
C. Excess/Umbrella Liability	_____	_____	_____	_____

**PARTICULARS OF COVERAGE (describe by indicating applicable coverage features and amount of insurance)**

A. General Liability	LIMITS OF LIABILITY
<input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims Made Form <input type="checkbox"/> Products & Completed Operations <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Occurrence Property Damage <input type="checkbox"/> Blanket Contractual Liability <input type="checkbox"/> All Risks Tenants Legal Liability  Deductible or Retention Level \$ _____	<input type="checkbox"/> Non-Owned Automobile Liability <input type="checkbox"/> Liquor Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Employees As Additional Insured <input type="checkbox"/> Employers Liability <input type="checkbox"/> Contingent Employers Liability <input type="checkbox"/> Medical Payments <input checked="" type="checkbox"/> Cross Liability (Mandatory)  \$ _____ Inclusive Per Occurrence  \$ _____ Aggregate each policy period (if applicable)  \$ _____ Aggregate for Products/Completed Operations
<b>B. Automobile Insurance</b>	\$ _____ Inclusive Per Occurrence
<b>C. Excess/Umbrella Liability</b>	Excess of General Liability Coverage Shown Above Excess of Automobile Liability Coverage Shown Above

Edmonton Northlands and The City of Edmonton are added as Additional Insured but only arising out of the Named Insured's operations. The Undersigned hereby represents to Northlands that the above policies are accurately described and shall apply as primary insurance and not excess to any other insurance available to Northlands; and have been issued to the Named Insured.

The Undersigned further represents that these policies are endorsed to provide Northlands with thirty (30) days written notice of cancellation or material change in coverage. This certificate is executed and signed by the Insurer, or authorized Agent/Broker of the Named Insured.

Authorized Representative (signature)	Insurance Company or Agent/Broker
Name of Representative (please print)	Telephone _____ Date _____

