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| **DESCRIPTION & LOCATION OF WORK** |
|  |
| **PROJECT NO:**  | **AWARD DATE:**  | **VALUE:**  |
| **INSURER:** |
| **INSURER ADDRESS:** |
| **BROKER:** |
| **BROKER ADDRESS:** |
| **INSURED NAME OF CONTRACTOR:**  |
| **CONTRACTOR ADDRESS:**  |
| **ADDITIONAL INSURED** (Excluding Automobile Liability Policy) ✓ The OWNER: ✓ “His Majesty the King in Right of the Province of NL as represented by the Minister of Transportation & Infrastructure. Dept. of Transportation & Infrastructure, P.O. Box 8700, St. John’s, NL., A1B 4J6, Attn: Tendering & Contracts✓ The Occupant/Operator of the Property:✓ Owner’s Representative of the OWNER (excluding professional liabilities)  |
| **ADDITIONAL INSURED FOR FEDERAL FUNDED PROJECTS** (where applicable)[ ]  His Majesty the King in Right of Canada |
| This document certifies that the following policies of insurance and indicated coverage are at present in force subject to the terms, conditions and exclusions as contained therein covering the operations of the insured in connection with the above noted contract made between the named insured and the Owner. |

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| **POLICY TYPE** | **POLICY NUMBER** | **INCEPTION DATE** | **EXPIRY DATE Y/M/D** | **LIMITS OF LIABILITY** |
| 1.1 COMMERCIAL GENERAL LIABILITY or1.2 WRAP-UP LIABILITY (Including where indicated) A. BLASTING B. PILE DRIVING OR CAISSON WORK C. REMOVAL OR WEAKENING OF SUPPORT |  |  |  | $5,000,000 Minimum |
| 2A. BUILDERS' RISK "BROAD FORM" or2B. INSTALLATION FLOATER "BROAD FORM" or2C. PIERS, WHARVES, & DOCKS RIDER |  |  |  | 100% Contract Value of structure if Exceeds $25,000 |
| 3. AUTOMOBILE LIABILITY INSURANCE |  |  |  | $2,000,000 Minimum |
| 4. AIRCRAFT AND/OR WATERCRAFT WATERCRAFT LIABILITY (IF APPLICABLE) | Not required |  |  | $2,000,000 Minimum |
| 5. AIRPORT CONTRACTOR LIABILITY | Not required |  |  | $5,000,000.00Minimum |
| 6. ENVIRONMENTAL IMPAIRMENT LIABILITY |  |  |  | $2,000,000.00Minimum |
| The Insurer agrees to notify the Owner and His Majesty, as defined above, in writing, thirty (30) days prior to cancellation, termination or material change of any policy. |
| **NAME OF INSURER'S OFFICER or AUTHORIZED REPRESENTATIVE :** | **SIGNATURE:** | **Date:** |
| **Tel.:** |
| **Email:** |
| Issuance of this certificate shall not limit or restrict the right of the Owner to request at any time duplicate certified copies of said insurance policies. |