

**CERTIFICATE OF INSURANCE**

CONTRACT NO. (If required): \_\_\_\_\_

Name of Insurer:	
Name of certificate holder and <b>additional insured</b> :	
Greater Toronto Airports Authority; Her Majesty the Queen in Right of Canada as represented by the Minister of Transport (“Her Majesty”) and any minister of the Crown; all executives, directors, officers, servants, agents and employees of Her Majesty or any department of the Government of Canada;	
Address of <b>additional insured</b> :  <b>C/o Greater Toronto Airports Authority                  Toronto Pearson International Airport                  P.O. Box 6031, 3111 Convair Drive                  Toronto AMF, Ontario L5P 1B2</b>  <b>Attn: Corporate Risk</b>	No policy and/or policies, including non-aviation policies, shall contain an exclusion that removes coverage because the insured’s premises or operations are located at an airport.
Name of Insured:	
Address of Insured:	
Location to which this certificate applies:	
<b>Toronto Pearson International Airport (Airport Operations and/or Restricted Airside Areas)</b>	
Operations to which this certificate applies:	

This is to certify that the insurance policies listed below have been issued to the insured and contain a waiver of subrogation against the additional insured and are in force at this time. It is agreed that none of these policies will be cancelled or changed except in the application of the aggregate liability limits provision so as to affect the insurance described by this certificate until after 30 days written notice of such cancellation or change has been delivered the certificate holder at its address above.

Kind of Policy	Policy Number	Expiry Date D M Y	Limits of Insurance	
<b>Commercial General Liability:</b>  Products and/or completed operations  Included _____  Excluded _____			Bodily injury and property damage liability Aggregate Limit	
			\$	
			Each occurrence limit	Personal Injury Limit
			\$	\$
			Tenants Legal Liability Limit	Medical Expenses Limit
			\$	\$
			Any one Premise	Any one person
<b>Automobile Liability:</b>  All owned vehicles _____ Specific vehicles only _____ Standard non-owned _____ Hired vehicles _____ Leased vehicles _____			\$ Inclusive limit Bodily Injury and property damage combined	
			Described Specified Vehicles	
<b>Umbrella Excess Liability</b>			Bodily injury and property damage liability Aggregate Limit	
			\$	
			Each Occurrence	Retained Limit each occurrence
			\$	\$
<b>Other – Describe</b>			\$	

Authorized Representative:	Signature:
Company Name:	
Company Address:	Date Issued: