

INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent, broker or insurer and submitted to Alberta Transportation **prior to commencement of any activities by the Contractor on site and at any other time requested by the Department**. Refer to 1.2.4 of the General Specifications, and the Special Provisions (where applicable), for a detailed description of insurance requirements, including required coverages.
- Insurer's or broker's certificate of insurance form is **not acceptable** in lieu of this Alberta Transportation form.
- It is understood that this certificate is issued as information and accurately depicts coverages afforded by policies described herein.
- Do not modify or alter this certificate except to enter required information in spaces provided.
- **Submit completed certificate via email to the contacted noted in the tender or as directed by the department.**

Identification of Insured

Contractor's Name		
Contractor's Address		
City / Town	Province	Postal Code

Identification of Contract

Project Name (location and description as it appears in the Contract Documents)	Contract Number (from Contract Documents)
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Builder's Risk Insurance

Insurer's Name				
Policy Number	Expiry Date ____ / ____ / ____ <small>year month day</small>	Total Insured Value		
Limits of Liability				
\$ _____ \$ _____ \$ _____ <input type="checkbox"/> At Place of Work <input type="checkbox"/> At any other location <input type="checkbox"/> In transit				
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 Builder's Risk Insurance Policy contains the following required coverages and conditions:				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> All risks Builder's Risk policy <input type="checkbox"/> Covers bridge structures, bridge culverts and building components and all materials on replacement cost basis <input type="checkbox"/> Alberta Transportation, as a Named Insured, has the right to make a claim directly to the insured <input type="checkbox"/> Coverage extends to any location and while in transit. <input type="checkbox"/> Includes coverage for the risk of flood. <input type="checkbox"/> Includes coverage for the risk of earthquake. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Primary Insurance, not requiring pro rata loss sharing with any other insurers of the Province <input type="checkbox"/> Includes the following as Other or Additional Insureds: subcontractors, consultants. Sub-consultants of every tier and all others with an insurable interest in the Project. </td> </tr> </table>			<input type="checkbox"/> All risks Builder's Risk policy <input type="checkbox"/> Covers bridge structures, bridge culverts and building components and all materials on replacement cost basis <input type="checkbox"/> Alberta Transportation, as a Named Insured, has the right to make a claim directly to the insured <input type="checkbox"/> Coverage extends to any location and while in transit. <input type="checkbox"/> Includes coverage for the risk of flood. <input type="checkbox"/> Includes coverage for the risk of earthquake.	<input type="checkbox"/> Primary Insurance, not requiring pro rata loss sharing with any other insurers of the Province <input type="checkbox"/> Includes the following as Other or Additional Insureds: subcontractors, consultants. Sub-consultants of every tier and all others with an insurable interest in the Project.
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List the Named Insureds on the policy

Certification

The undersigned hereby certifies that: The policies described herein, subject to their terms, conditions, and exclusions, have been issued to the above named insured and are in force at this time.

- Coverages afforded under said policies will not be cancelled including for non-payment, unless thirty (30) days advance written notice has been given to Alberta Transportation at the address shown on page 1 of this form and each of the policies has 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