

**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 Transportation form.
- It is understood that this certificate is issued as information and accurately depicts coverages afforded by the policies described herein.
- **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 of the Work as it appears in the Contract Documents)	Contract Number (from Contract Documents)
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**General Liability Insurance**

General Liability Insurer's Name		
General Liability Policy Number	Expiry Date ____ / ____ / ____ <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 ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per occurrence)

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.

In cases of annual policies, updated documentation is required on the date of Policy Renewal.

Please check the following boxes to confirm that the General Liability Policy and, if applicable, Umbrella or Excess Liability Insurance Policy contains the following **required** coverages or conditions:

<input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$5,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Employees as additional insureds <input type="checkbox"/> Operation of Attached Machinery <input type="checkbox"/> Sudden and Accidental Pollution (as per IBC 2313 or similar. Minimum sub-limit \$2,000,000)	<input type="checkbox"/> Products and Completed Operations Liability <input type="checkbox"/> Forest Fire Fighting Expenses (minimum sub-limit \$250,000) <input type="checkbox"/> Contingent Employer's Liability
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## Wrap Up Liability Insurance

Insurer's Name				
Policy Number	Expiry Date ____ / ____ / ____ <small>year    month    day</small>	Limit of Liability (per occurrence)		
List the Named Insureds on the policy				
Please indicate duration of time Products and Completed operations coverage remains in effect after the date of Construction Completion: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months				
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 Wrap Up Liability Insurance Policy contains the following <b>required</b> coverages and conditions: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Employees as additional insureds  <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$5,000,000)  <input type="checkbox"/> Broad form property damage endorsement  <input type="checkbox"/> Cross Liability  <input type="checkbox"/> Severability of interests  <input type="checkbox"/> Contingent Employer's Liability  <input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere.                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Forest fire fighting expenses (minimum sublimit \$250,000)  <input type="checkbox"/> Transportation, as a named insured, has the right to make a claim directly to the insurer  <input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$2,000,000)  <input type="checkbox"/> Operation of attached machinery  <input type="checkbox"/> Other insureds / additional insureds include all consultants, subconsultant and subcontractors of every tier.                 </td> </tr> </table>			<input type="checkbox"/> Employees as additional insureds <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$5,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Cross Liability <input type="checkbox"/> Severability of interests <input type="checkbox"/> Contingent Employer's Liability <input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere.	<input type="checkbox"/> Forest fire fighting expenses (minimum sublimit \$250,000) <input type="checkbox"/> Transportation, as a named insured, has the right to make a claim directly to the insurer <input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$2,000,000) <input type="checkbox"/> Operation of attached machinery <input type="checkbox"/> Other insureds / additional insureds include all consultants, subconsultant and subcontractors of every tier.
<input type="checkbox"/> Employees as additional insureds <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$5,000,000) <input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Cross Liability <input type="checkbox"/> Severability of interests <input type="checkbox"/> Contingent Employer's Liability <input type="checkbox"/> Covers all operations related to the Work, whether conducted on the project site or elsewhere.	<input type="checkbox"/> Forest fire fighting expenses (minimum sublimit \$250,000) <input type="checkbox"/> Transportation, as a named insured, has the right to make a claim directly to the insurer <input type="checkbox"/> Sudden and accidental pollution as per IBC 2313 or similar (minimum sub-limit \$2,000,000) <input type="checkbox"/> Operation of attached machinery <input type="checkbox"/> Other insureds / additional insureds include all consultants, subconsultant and subcontractors of every tier.			

### Automobile Liability Insurance

 Covered under Umbrella or Excess Liability Insurance noted above 

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ <small>Year    Month    Day</small>	Limit of Liability (per occurrence)

### Aircraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ <small>Year    Month    Day</small>	Limit of Liability (per occurrence)

### Watercraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date ____ / ____ / ____ <small>Year    Month    Day</small>	Limit of Liability (per occurrence)

## Certification

The undersigned hereby certifies that:

- 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.
- Except for Automobile Liability Insurance, coverages afforded under said policies will not be cancelled, including for non-payment of premium, unless thirty (30) days advanced written notice has been given to Alberta Transportation at the address shown on page 1 of this form and each of the policies have 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