

INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent or broker and submitted to Alberta Transportation and Economic Corridors **prior to commencement of any activities** by the Contractor on site. Refer to the Insurance Conditions in the Contract Documents for detailed description of insurance requirements, including required coverages.
- An Insurer's standard certificate of insurance is **not acceptable** in lieu of this Alberta Transportation and Economic Corridors form, unless modified to provide **all** information required by this form.
- It is understood that this certificate is issued as information only. It does not amend, extend or alter coverages afforded by the policies described herein.

- Submit the completed certificate to: **Alberta Transportation and
Economic Corridors
Procurement Strategy and Planning
Third Floor, Twin Atria Building
4999 98 Avenue
Edmonton, Alberta T6B 2X3**

Identification of Insured

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

Identification of Contract

Contract Name (location and description of the Work as it appears in the Contract Documents)	Project ID (from Contract Documents)
	Contract Number
	CPIN

General Liability Insurance

Insurer's Name														
Policy Number	Expiry Date <small>month (name of), date, year</small>	Limit of Liability (per occurrence)												
<p>Coverages provided by this Policy (check applicable coverages)</p> <table> <tr> <td><input type="checkbox"/> Owner's and Contractor's protective liability</td> <td><input type="checkbox"/> Blasting</td> </tr> <tr> <td><input type="checkbox"/> Blanket written contractual liability</td> <td><input type="checkbox"/> Piledriving or caisson work</td> </tr> <tr> <td><input type="checkbox"/> Personal injury liability</td> <td><input type="checkbox"/> Removal or weakening of support of property, building or land</td> </tr> <tr> <td><input type="checkbox"/> Non-owned automobile liability</td> <td><input type="checkbox"/> Elevator and hoist liability</td> </tr> <tr> <td><input type="checkbox"/> Broad form property damage endorsement</td> <td><input type="checkbox"/> Operation of attached machinery</td> </tr> <tr> <td><input type="checkbox"/> Sudden and accidental pollution liability</td> <td><input type="checkbox"/> Forest fire-fighting expenses</td> </tr> </table>			<input type="checkbox"/> Owner's and Contractor's protective liability	<input type="checkbox"/> Blasting	<input type="checkbox"/> Blanket written contractual liability	<input type="checkbox"/> Piledriving or caisson work	<input type="checkbox"/> Personal injury liability	<input type="checkbox"/> Removal or weakening of support of property, building or land	<input type="checkbox"/> Non-owned automobile liability	<input type="checkbox"/> Elevator and hoist liability	<input type="checkbox"/> Broad form property damage endorsement	<input type="checkbox"/> Operation of attached machinery	<input type="checkbox"/> Sudden and accidental pollution liability	<input type="checkbox"/> Forest fire-fighting expenses
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Certificate of Liability Insurance

Alberta Transportation and Economic Corridors

Automobile Liability Insurance

Insurer's Name		
Policy Number	Expiry Date <small>month (name of), date, year</small>	Limit of Liability (per occurrence)

Aircraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date <small>month (name of), date, year</small>	Limit of Liability (per occurrence)

Watercraft Liability Insurance (if applicable)

Insurer's Name		
Policy Number	Expiry Date <small>month (name of), date, year</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.
- Coverages afforded under said policies will not be cancelled or materially changed to restrict coverage unless thirty (30) days advance written notice has been given to Alberta Transportation and Economic Corridors 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