

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 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 as it appears in the Contract Documents)	Project ID (from Contract Documents)
	Contract Number
	CPIN

Course of Construction Insurance

Insurer's Name		
Policy Number	Expiry Date _____ month (name of), date, year	Total Insured Value
Form of Policy (check applicable)		
<input type="checkbox"/> All Risks Builder's Risk Policy <input type="checkbox"/> Other (specify below)		
<input type="checkbox"/> All Risks Installation Floater		
Limits of Liability \$ _____ At Place of Work	\$ _____ At any other location	\$ _____ In transit
Deductible \$ _____ At Place of Work	\$ _____ At any other location	\$ _____ In transit
Coverages provided by this Policy (check applicable coverages)		
<input type="checkbox"/> All risks coverage <input type="checkbox"/> Primary Insurance, not requiring loss sharing with other insurers		
<input type="checkbox"/> Alberta Transportation and Economic Corridors included as a named insured <input type="checkbox"/> Subcontractors, sub-subcontractors and others with an insurable insured interest, included as additional insureds		

Boiler Insurance

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

Certification

<p>The undersigned hereby certifies that:</p> <ul style="list-style-type: none"> • 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 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 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