

CERTIFICATE OF INSURANCE

This is to certify that the Insured, named below, is insured as described herein.

- NOTE:**
1. Proof of liability insurance will be accepted on this form only (with no amendments)
 2. If a facsimile has been transmitted, the original certificate must follow
 3. Insurance Company must be licensed to operate in Canada

<u>NAME OF INSURED</u>		TEL. No. ▶ ()
		FAX No. ▶ ()
ADDRESS OF INSURED ▶	<u>STREET ADDRESS</u>	<u>CITY</u> <u>POSTAL CODE</u>

TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE DATE YR. MO. DAY	EXPIRY DATE YR. MO. DAY	LIMITS OF LIABILITY Bodily Injury & Property Damage - Inclusive
Commercial General Liability					\$
☐ Umbrella					\$
☐ Excess					\$
☐ Other (Explain)					\$

Commercial General Liability - Occurrence Basis, Including Personal Injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.

LONDON HYDRO INC. and THE CORPORATION OF THE CITY OF LONDON have been added as additional Insureds regarding the above policies but only with respect to their interest in the operations of the Named Insured.

MOTOR VEHICLE LIABILITY					\$
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Motor Vehicle Liability - must cover all vehicles owned, or operated by, or on behalf of the insured.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.

If cancelled or changed in any manner, that would affect the added insured(s) as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the insurer(s) to:

**London Hydro Inc.
Attention: Finance Department
111 Horton Street
P.O. Box 2700
London, Ontario N6A 4H6
FAX: (519) 661-2596**

This certificate is executed and issued to the aforesaid London Hydro Inc., the day and date herein written below.

DATE ▶	YR. MO. DAY 	<u>Name of Insurance Company or Broker (completing form)</u>	<u>Telephone No.</u> ()	<u>Fax No.</u> ()
<u>Address</u> Street:		<u>NAME of AUTHORIZED REPRESENTATIVE OR OFFICIAL</u>		
City:		Prov:	Postal Code:	(Please PRINT & SIGN)

*****THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR INSURER OR INSURANCE BROKER*****