

NAME AND ADDRESS OF NAMED INSURED
NAME AND ADDRESS OF AGENT/BROKER
NATURE OF WORK

Mandatory Coverage

	INSURANCE COMPANY	POLICY NO.	EFFECTIVE DATE	EXPIRY DATE
A General Liability .				
Details of Coverage All the following coverage features are required by the Tourism, Parks and Recreation contract. Please check to confirm coverage is provided. <input type="checkbox"/> Products and Completed Operations <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Cross Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Employees as Additional Insured <input type="checkbox"/> Non-Owned Automobile <input type="checkbox"/> Blanket Contractual Liability <input type="checkbox"/> Contingent Employer's Liability			LIMITS OF LIABILITY \$_____ Inclusive Limits \$_____ General Aggregate (if any)	
Where Such Risk Exists: <input type="checkbox"/> Blasting, Pile-driving and Caisson, and Tunneling <input type="checkbox"/> Elevator and Hoist Liability <input type="checkbox"/> Operation of Attached Machinery				
	INSURANCE COMPANY	POLICY NO.	EFFECTIVE DATE	EXPIRY DATE
B Automobile Liability .				
			\$_____ Inclusive Limits	

Additional Coverage if required by the Department for this Agreement

	INSURANCE COMPANY	POLICY NO.	EFFECTIVE DATE	EXPIRY DATE
C Property Insurance .				
Check type of policy <input type="checkbox"/> All Risk Builder's Risk <input type="checkbox"/> All Risk Installation Floater			\$_____ Value Insured	
	INSURANCE COMPANY	POLICY NO.	EFFECTIVE DATE	EXPIRY DATE
D Aircraft/Watercraft Liability .				
			\$_____ Limit Insured	

The Undersigned hereby represents to Tourism, Parks and Recreation that the above policies are accurately described and have been issued to the Named Insured. The Undersigned further represents that these policies are endorsed to provide thirty (30) days advance written notice of cancellation or material change to Tourism, Parks and Recreation at:

This certificate is executed and signed by the insurer, or authorized Agent/Broker.

Signature of Authorized Representative

Name of Insurance Company or Agent/Broker

Name of Representative (please print)

Telephone	Date