



# Certificate of Insurance Form

## Consulting and Professional Service Agreement

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time.

NOTE: PROOF OF INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY. INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN CANADA AND HAVE A MINIMUM AM BEST RATING OF A- OR HIGHER.

This Certificate is issued to the Regional District of Central Kootenay.

**Named Insured** Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Broker** Name: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract number and title this Certificate applies to:

Type of Insurance	Insurer Name and Policy Number	Policy Term dd-mmm-yyyy	Limits of Liability/Amounts
<b>Section 1</b> Automobile Liability (third party, owned and leased vehicles)  *If insured by ICBC, attach a copy of the <b>ICBC form APV-47</b>		From:   To:	\$ _____ Limit
<b>Section 2</b> Commercial General Liability		From:   To:	\$ _____ Per Occurrence Limit  \$ _____ Aggregate  \$ _____ Deductible

<p><b>Section 3</b></p> <p>Umbrella Liability</p> <p>Excess Liability</p>		<p>From:</p> <p>To:</p>	<p>\$ _____ Umbrella Limit</p> <p>\$ _____ Excess Gen. Limit</p>
<p><b>Section 4</b></p> <p>Professional Liability (Errors and Omissions)</p>		<p>From:</p> <p>To:</p>	<p>\$ _____ Per Claim Limit</p> <p>\$ _____ Aggregate</p> <p>\$ _____ Deductible</p>
<p><b>Section 5</b></p> <p>Cyber Liability</p>		<p>From:</p> <p>To:</p>	<p>\$ _____ Per Claim Limit</p> <p>\$ _____ Aggregate</p> <p>\$ _____ Deductible</p>
<p><b>Section 6</b></p> <p>Fidelity Insurance</p>		<p>From:</p> <p>To:</p>	<p>\$ _____ Per Occurrence Limit</p> <p>\$ _____ Aggregate</p> <p>\$ _____ Deductible</p>
<p><b>Section 7</b></p> <p>Other (Specify)</p> <p>Per Occurrence</p> <p>Per Claim</p>		<p>From:</p> <p>To:</p>	<p>\$ _____ Limit</p> <p>\$ _____ Aggregate</p> <p>\$ _____ Deductible</p>

Details of Coverage of Commercial General Liability Insurance and, if included in the table above, Umbrella and Excess Liability Insurance (Sections 2 & 3): ☒ indicates that the coverage is included.

<p><b>Broad Form bodily injury, death, property damage and personal injury</b> coverage, on an occurrence basis</p> <p><b>Non-Owned Automobile</b> (including SEF 96)</p> <p>\$ _____ Limit</p> <p><b>Blanket Contractual Liability</b></p> <p><b>Contractual Liability</b></p>	<p><b>Cross Liability and/or Severability of Interests</b></p> <p><b>Waiver of Subrogation</b> in favor of the Regional District of Central Kootenay</p> <p><b>Regional District of Central Kootenay, its elected officials, officers, employees, servants and agents</b> as Additional Insured</p> <p><b>30 days notice of cancellation</b></p> <p><b>Premises and Operations</b></p>	<p><b>Products and Completed Operations</b></p> <p><b>Personal and Advertising Injury</b></p> <p><b>Primary not Contributory</b></p>
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Details of Professional Liability Insurance (Section 4) ☒ indicates that the coverage is included

**Technology Errors and Omissions**

Details of Cyber Liability Insurance (Section 5) ☒ indicates that the coverage is included

<p><b>Network Security</b></p> <p><b>Data Breach Expenses</b></p> <p><b>Unauthorized Access</b></p> <p><b>Theft of Confidential Information</b></p>	<p><b>Privacy Violations</b></p> <p><b>Destruction, alteration, or damage to electronic information</b></p> <p><b>Intellectual property Infringement</b></p>	<p><b>Technology Errors and Omissions</b></p> <p><b>30 days notice of cancellation</b></p>
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Details of Fidelity Insurance (Section 6)  indicates that the coverage is included.

**Employee Dishonesty**

**Third Party/Client  
Property**

**30 days notice of  
cancellation**

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Details of Insurance (Section 7)  indicates that the coverage is included.

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These policies comply with the insurance requirements of the governing contract of the Regional District of Central Kootenay. It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

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Signature and Broker's Stamp  
Authorized to Sign on Behalf of Insurers

Title

Date Signed

Broker Comments