



BC CERTIFICATE OF INSURANCE

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO <i>(Name of office)</i>		AGREEMENT IDENTIFICATION NO.	
PROVINCE'S CONTACT PERSON NAME & TITLE		PHONE NO ()	
		FAX NO ()	
MAILING ADDRESS		POSTAL CODE	
CONTRACTOR NAME			
CONTRACTOR ADDRESS		POSTAL CODE	

Part 2 To be completed by the Insurance Agent or Broker

INSURED		NAME		
		ADDRESS		POSTAL CODE
OPERATIONS INSURED		PROVIDE DETAILS		
TYPE OF INSURANCE <i>List each separately</i>	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	POLICY START DATE YYYY/MM/DD	POLICY EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT

This certificate certifies that policies of insurance described herein are in full force as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

AGENT OR BROKER	ADDRESS	PHONE NO ()
SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)		DATE SIGNED