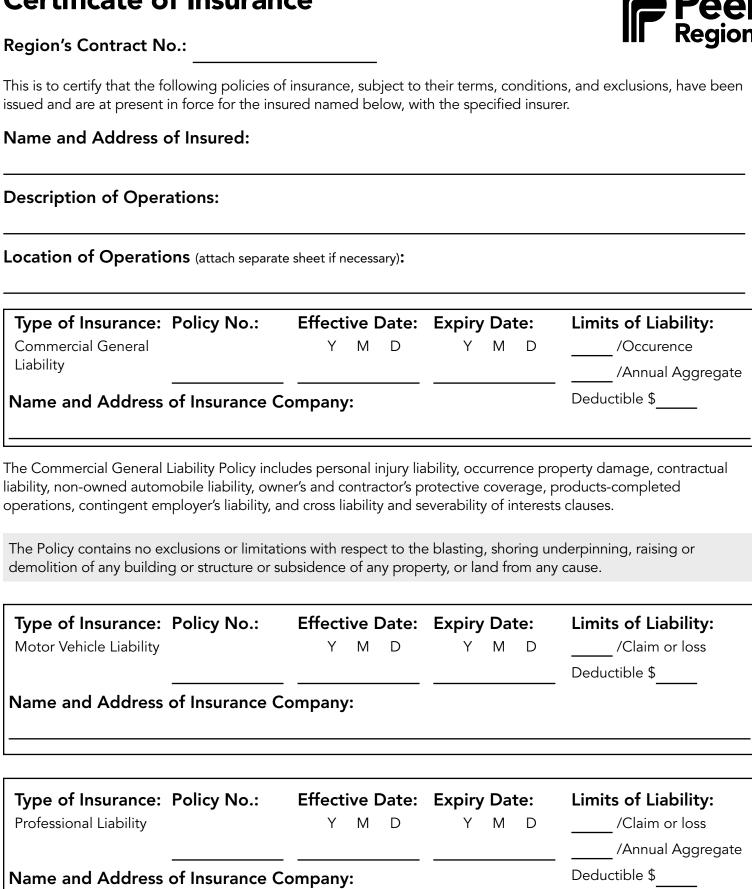
Certificate of Insurance



Type of Insurance: Policy No.: Other (specify)	Effective Date: Y M D	Expiry Date: Y M D	Limits of Liability:/Claim /Annual Aggregate
Name and Address of Insurance C	ompany:		Deductible \$
Any Umbrella and/or excess insurance is in Liability policies. The Regional Municipality Town of Caledon have been added as addition of the named insured, (excluding Automob retention is the sole responsibility of the nature coverage during the period of cove prior written notice, by registered mail, will	of Peel and/or City of tional insureds, but of ile or Professional Lia med insured. If any Pa rage as stated above, be given by the Insur	f Brampton and/or (nly with respect to the bility policies). Any colicy is cancelled or a for so as to affect the fer to:	City of Mississauga and/or neir interest in the operations deductible or self insured materially changed so as to
The Regional Municipality of Peel, 10 Pee This certificate is executed and issued to th	•		te stated helow
Name and Address of Insurance Br	Ţ	is, of the on the du	
Signature of Authorized Represent or Insurance Company:	ative of Broker	Executed and Issued:	Yr. Mo. Day

Note: Proof of liability insurance will be accepted on this form only (with no amendments).