CERTIFICATE

OF INSURANCE

## Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act.* Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.

**Please refer *all other questions* to the contact named in Part 1.**

# Part 1 To be completed by the Province

|  |  |  |
| --- | --- | --- |
| THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(Name of office)*  Her Majesty the Queen in right of the Province of British Columbia, as represented by the Minister of Environment | AGREEMENT IDENTIFICATION NO. | |
| PROVINCE’S CONTACT PERSON NAME & TITLE  FrontCounter BC Prince George (Park Use Permits) | PHONE NO 250-565-6779  TOLL FREE 1-877-855-3222 | |
| FAX NO 250-565-6941 | |
| MAILING ADDRESS 1044 5th Avenue, Prince George BC  FrontCounter BC Website - Locations: http://www.frontcounterbc.gov.bc.ca/locations/index.html | POSTAL CODE  V2L 5G4 | |
| 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 List each separately | | COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION | EXPIRY DATE  YYYY/MM/DD | LIMIT OF LIABILITY/AMOUNT  (per occurrence) | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |

**This certificate certifies that policies of insurance described herein are in full force and effective 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 | |