CERTIFICATE

OF INSURANCE

# Part 1 To be completed by the HCTF

|  |  |  |
| --- | --- | --- |
| THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(Name of office)*  Habitat Conservation Trust Foundation | AGREEMENT IDENTIFICATION NO. | |
| HCTF CONTACT PERSON NAME & TITLE  Finance Assistant | PHONE NO (250) 940-9784 | |
| FAX NO (250) 590-6614 | |
| MAILING ADDRESS #107, 19 Dallas Road, Victoria, British Columbia | | POSTAL CODE  V8V 5A6 |
| 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 | |
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**This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate, except as follows:**

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| 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 | |