



CONFIRMATION OF INSURANCE

Part 1 – Project information		
Contract Title		Contract Number
Government of Yukon Project Manager	Name	
	Mail Code	Phone
	Email	

Part 2 – To be completed by insurer, or insurance agent or broker.					
Insured <i>Name and address must match vendor name and address on contract</i>	Name				
	Address				
Operations Insured	Provide details				
Type of Insurance	Insurer Name	Policy No.	Effective date YYYY/MM/DD	Expiry date YYYY/MM/DD	Limit of liability/ amount
Commercial General Liability					Limits (Min. \$2,000,000) \$ _____
Automobile Liability (owned/leased vehicles)					Limits (Min. per YT statute) or \$ _____
Aviation Premises and Operations or Aviation Liability Insurance					Limits (Min. \$5,000,000) \$ _____
Umbrella Liability or Excess Liability					Limits \$ _____ Excess of \$ _____
Professional Liability					Each claim \$ _____
Property	Details				\$ _____
Other	Details				

This Certificate of Insurance certifies that policies of insurance described above are in force and effective as of the date of this certificate and comply with the insurance requirements of the Contract identified above.

It is understood and agreed that, where required, Government of Yukon has been added as an additional insured.

I certify that the information I have provided is true and accurate. I acknowledge the collection and use of this information on behalf of the insurer, or insurance agent or broker.

Name of person submitting on behalf of insurer, or insurance agent or broker		Organization Name	
Email	Phone	Date	

This information is collected pursuant to 29(c) of the *Access to Information and Protection of Privacy Act* for the purposes of administering the *Financial Administration Act*. Should you have any questions, please contact your Project Manager or the Risk Management Office at 867-667-5710 or risk@gov.yk.ca