



CERTIFICATE OF INSURANCE - SPECIFIC INFORMATION REQUIREMENT

THIS FORM IS TO BE COMPLETED BY OWNER FOR NEW PROJECT

LEGAL NAME of VENDOR/OWNER*	
VENDOR/OWNER* ADDRESS	
VENDOR/OWNER* CONTACT NAME	
VENDOR/OWNER* EMAIL	
VENDOR/OWNER* PHONE NUMBER	
REGION PROJECT NUMBER	
DESCRIPTION AND LOCATION OF PROJECT/ACTIVITY	
TERM OF ENGAGEMENT	Minimum 2.5 years
REGION EMPLOYEE OVERSEEING VENDOR (employee name)	
DEPARTMENT	Corporate Services
BRANCH	Community Planning and Development Services

**Owner refers to situations involving land.*

DATE OF SUBMISSION: DD/MM/YYYY