

NOTE to CO; Fill in the green highlighted cells. You must also delete the insurance types and their instructions highlighted in yellow that are not required.

CERTIFICATE OF INSURANCE

Page 1 of 2



Travaux publics et
Services gouvernementaux
Canada

Public Works and
Government Services
Canada

Description and Location of Work REMEDIATION OF OUTPOST ISLAND MINE SITE, BLANCHET ISLAND MINE SITE, COPPER PASS MINE SITE, WILSON MINE SITE & WALDRON MINE SITE, NW TERRITORIES	Contract No.
	Project No. R.041648.001

Name of Insurer, Broker or Agent	Address (No., Street)	City	Province	Postal Code
Name of Insured (Contractor)	Address (No., Street)	City	Province	Postal Code
Additional Insured Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services				

Type of Insurance	Insurer Name and Policy Number	Inception Date D / M / Y	Expiry Date D / M / Y	Limits of Liability		
Commercial General Liability Umbrella/Excess Liability				Per Occurrence \$ \$	Annual General Aggregate \$ \$	Completed Operations Aggregate \$ \$
Automobile Liability Insurance				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Environmental Impairment Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Marine Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Aviation Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Errors and Omissions Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		

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General

The insurance policies required on page 1 of the Certificate of Insurance must be in force and must include the insurance coverages under the corresponding type of insurance listed above and in the Request for Proposal EW699-150150/A.

The policies must insure the Contractor and must include Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services as an additional Insured.

The insurance policies must be endorsed to provide Canada with not less than thirty (30) days notice in writing in advance of a cancellation of insurance or any reduction in coverage.

Without increasing the limit of liability, the policies must protect all insured parties to the full extent of coverage provided. Further, the policies must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.

I certify that the above policies were issued by insurers in the course of their insurance business in Canada, are currently in force and include the applicable insurance coverage's stated on page 2 of this Certificate of Insurance, including advance notice of cancellation / reduction in coverage.

Name of person authorized to sign on behalf of Insurer(s) (Officer, Agent, Broker)

Telephone number

Signature

Date D / M / Y



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CERTIFICATE OF INSURANCE Page 2 of 2

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ATTESTATION D'ASSURANCE

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Travaux publics et
Services gouvernementaux
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Public Works and
Government Services
Canada

Description et emplacement des travaux RÉMEDIATION OF OUTPOST ISLAND MINE SITE, BLANCHET ISLAND MINE SITE, COPPER PASS MINE SITE, WILSON MINE SITE & WALDRON MINE SITE, NW TERRITORIES	N° de contrat.
	N° de projet R.041648.001

Nom de l'assureur, du courtier ou de l'agent Code postal	Adresse (N°, rue)	Ville	Province
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Nom de l'assuré (Entrepreneur)	Adresse (N°, rue)	Ville	Province	Code Postal
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Assuré additionnel Sa majesté la Reine du chef du Canada représentée par le Ministre des Travaux publics et des Services gouvernementaux
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Genre d'assurance	Compagnie et N° de la police	Date d'effet	Date d'expiration J / M / A	Plafonds de garantie		
Responsabilité civile des entreprises		Date d'effet	J / M / A	Par sinistre	Global général annuel	Global - Risque après travaux
Responsabilité complémentaire/excédentaire.				\$ \$	\$ \$	\$ \$
ASSURANCE RESPONSABILITÉ CIVILE AUTOMOBILE		Date d'effet	J / M / A	\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
ASSURANCE RESPONSABILITÉS COUVRANT L'ATTEINTE À L'ENVIRONNEMENT		Date d'effet	J / M / A	\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
ASSURANCE RESPONSABILITÉ EN MATIÈRE MARITIME		Date d'effet	J / M / A	\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Assurance responsabilité aérienne		Date d'effet	J / M / A	\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		
Assurance responsabilité contre les erreurs et les omissions		Date d'effet	J / M / A	\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence Aggregate \$		

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Généralités

Les polices exigées à la page 1 de l'Attestation d'assurance doivent être en vigueur et doivent inclure les garanties énumérées sous le genre d'assurance correspondant de cette page-ci.

Les polices doivent assurer l'entrepreneur et doivent inclure, en tant qu'assuré additionnel, Sa majesté la Reine du chef du Canada représentée par le Ministre des Travaux publics et des Services gouvernementaux.

Les polices d'assurance doivent comprendre un avenant prévoyant la transmission au Canada d'un préavis écrit d'au moins trente (30) jours en cas d'annulation de l'assurance ou de toute réduction de la garantie d'assurance.

Sans augmenter la limite de responsabilité, la police doit couvrir toutes les parties assurées dans la pleine mesure de la couverture prévue. De plus, la police doit s'appliquer à chaque assuré de la même manière et dans la même mesure que si une police distincte avait été émise à chacun d'eux.

J'atteste que les polices ci-dessus ont été émises par des assureurs dans le cadre de leurs activités d'assurance au Canada et que ces polices sont présentement en vigueur, comprennent les garanties et dispositions applicables de la page 2 de l'Attestation d'assurance, incluant le préavis d'annulation ou de réduction de garantie.

Nom de la personne autorisée à signer au nom de(s) l'assureur(s) (Cadre, agent, courtier)

Numéro de téléphone

Signature

Date J / M / A



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