

APPENDIX "E" NRC0204D

Insurance Conditions

INSURER'S CERTIFICATE OF INSURANCE

(TO BE COMPLETED BY INSURER (NOT BROKER)AND DELIVERED TO NATIONAL RESEARCH COUNCIL CANADA WITHIN 30 DAYS FOLLOWING ACCEPTANCE OF TENDER)

CONTRACT					
DESCRIPTION OF WORK		CONTRACT NUMBER		AWARD DATE	
LOCATION					
LOCATION					
INSURER					
NAME					
ADDRESS					
BROKER					
NAME					
ADDRESS					
INSURED					
NAME OF CONTRAC	CTOR				
TWANE OF CONTINUE	31010				
ADDRESS					
ADDITIONAL INSUR	FD				
HER MAJESTY THE QUE		IADA AS REPRESENTED	BY THE NATIONAL RE	SEARCH COUNCIL CA	NADA
THIS DOCUMENT CERTI					ERING ALL OPERATIONS
COUNCIL CANADA AND				ORED AND THE NATIO	MAL RESEARCH
			LICY		
TYPE	NUMBER	INCEPTION	EXPIRY DATE	LIMITS OF	DEDUCTIBLE
		DATE		LIABILITY	
COMMERCIAL					
GENERAL LIABILITY					
BUILDERS RISK					
"ALL RISKS"					
INSTALLATION					
FLOATER					
"ALL RISKS"					
THE INCLIDED ACREES	I TO NOTIFY THE NATIO	I ONAL RESEARCH COU	I NCII CANADA IN WRITIN	I NG 30 DAYS PRIOR TO	ANY MATERIAI
ILE INOUKER AGREES					· · · · · · · · · · · · · · · · · · ·
CHANGE IN OR CANCEL	LATION OF ANY POLI	ICY OR COVERAGE SPE	CIFICALLY RELATED TO	O THIS CONTRACT	
CHANGE IN OR CANCEL NAME OF INSURERS OF	FICER OR		CIFICALLY RELATED T		
CHANGE IN OR CANCEL	FICER OR	SIGNATURE	CIFICALLY RELATED TO	O THIS CONTRACT DATE: TELEPHONE NUMB	