



# THE CORPORATION OF THE CITY OF WINDSOR

## OFFICE OF THE CITY SOLICITOR

### *RISK MANAGEMENT DIVISION*

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#### **NOTICE TO INSURANCE BROKER Encroachment – Homeowner Properties**

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Your client has an agreement with The Corporation of the City of Windsor where their property is encroaching on the municipal right-of-way.

As part of the agreement, your client is required to fully indemnify The Corporation of the City of Windsor, and to provide an insurance certificate satisfactory to the City's Risk Management Division. The Certificate must:

- be in the full legal name of the client
- name "The Corporation of the City of Windsor" as an additional insured
- show Liability Insurance in the amount of Two Million Dollars (\$2,000,000) per occurrence
- contain a 30-day cancellation notice requirement, to be mailed to:

The Corporation of the City of Windsor  
Risk Management Division  
400 City Hall Square East, Suite 403  
Windsor, Ontario N9A 7K6

Any questions on the above can be directed to [coi@citywindsor.ca](mailto:coi@citywindsor.ca)

Please note that your client cannot commence operations until the Certificate is received and approved.



**THE CORPORATION OF THE CITY OF WINDSOR**  
**STANDARD CERTIFICATE OF INSURANCE**

<b>This form must be completed and signed by your insurer or insurance broker. Proof of insurance will be accepted on this form only, with no amendments.</b>					
Named Insured (Legal Name): <b>Enter Full Legal Name of Property Owner</b>			Telephone no. <b>519-555-1234</b>	Fax no. <b>519-555-5678</b>	
Named Insured's mailing address: <b>123 Main Street, Windsor, ON, A1A 1A1</b>					
City of Windsor Contract/File/Tender/Permit No.			Location & Description of Work / Activity to which this Certificate applies:		
<b>Encroachment</b>			<b>Description of Encroachment and Location</b>		
<b>COVERAGES</b>					
This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) listed below, to the Named Insured above, for the policy period indicated.					
<b>Type of Insurance</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Effective Date (mm/dd/yyyy)</b>	<b>Expiry Date (mm/dd/yyyy)</b>	<b>Limits of Liability</b>
<b>General Liability</b> Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.	<b>XYZ Insurance Company</b>	<b>GL0000002222</b>	<b>01/01/20XX</b>	<b>01/01/20XX</b>	<b>\$2,000,000.00</b>
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess	<b>COMPLETED FOR HOMEOWNER PROPERTIES ONLY</b>				
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input type="checkbox"/> Liquor Liability					
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
<b>Automobile Liability</b> Must cover all vehicles owned, or operated by, or on behalf of the Insured.					
<b>ADDITIONAL INSURED</b>		<b>Legal Name of Other Additional Insured</b>			
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY BOARD					
has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.					
<b>CANCELLATION</b>					
Should any of the above described policies be cancelled or changed before the expiration date thereof, the insurer will provide thirty (30) days written notice to: <b>The Corporation of the City of Windsor</b> <b>Attention: Risk Management</b> <b>403-400 City Hall Square East</b> <b>Windsor, ON N9A 7K6</b> Fax: (519) 255-9891 email: coi@citywindsor.ca					
<b>CERTIFICATE AUTHORIZATION</b>					
This certificate is executed and issued to The Corporation of the City of Windsor on the date written below.					
Name of insurance company or broker completing form: <b>John Doe Insurance Company</b>			Email Address <b>Jdoe@insurance.ca</b>	Telephone no: <b>519-555-4321</b>	
Address: <b>567 Main Street, Windsor, ON B2B 2B2</b>			Fax no: <b>519-555-8765</b>		
Authorized Representative (please print): <b>Tom Smith</b>		Signature of authorized representative:		Date (mm,dd,yyyy): <b>01/01/20XX</b>	



# THE CORPORATION OF THE CITY OF WINDSOR

## STANDARD CERTIFICATE OF INSURANCE

<b>This form must be completed and signed by your insurer or insurance broker.</b> <b>Proof of insurance will be accepted on this form only, with no amendments.</b>					
Named Insured (Legal Name):			Telephone no.		Fax no.
Named Insured's mailing address:					
City of Windsor Contract/File/Tender/Permit No.			Location & Description of Work / Activity to which this Certificate applies:		
<b>COVERAGES</b>					
This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) listed below, to the Named Insured above, for the policy period indicated.					
<b>Type of Insurance</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Effective Date (mm/dd/yyyy)</b>	<b>Expiry Date (mm/dd/yyyy)</b>	<b>Limits of Liability</b>
<b>General Liability</b> Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.					
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input type="checkbox"/> Liquor Liability					
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
<b>Automobile Liability</b> Must cover all vehicles owned, or operated by, or on behalf of the Insured.					
<b>ADDITIONAL INSURED</b>		<b>Legal Name of Other Additional Insured</b>			
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY BOARD					
has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.					
<b>CANCELLATION</b>					
Should any of the above described policies be cancelled or changed before the expiration date thereof, the insurer will provide thirty (30) days written notice to: <div style="text-align: center; margin-top: 10px;"> <b>The Corporation of the City of Windsor</b>  <b>Attention: Risk Management</b>  <b>403-400 City Hall Square East</b>  <b>Windsor, ON N9A 7K6</b>              Fax: (519) 255-9891              email: coi@citywindsor.ca           </div>					
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Name of insurance company or broker completing form:			Email Address		Telephone no:
Address:					Fax no:
Authorized Representative (please print):		Signature of authorized representative:		Date (mm,dd,yyyy):	