

Appendix D, D-5 Final Conditions of Award

In accordance with the terms and conditions of this RFT, the following documentation must be provided **within ten (10) business days of notice provided by the Region in the form of a contract award letter**. Failure to provide the required documentation will constitute a default by the Company.

- A Certificate of Insurance, as noted in **Appendix B – Contract Terms and Conditions**. A copy of the Region's form to be completed by your agent or broker or insurer is attached for this purpose.

The specific insurance requirements are as follows:

Commercial general liability insurance including personal injury, broad form contractual liability, owners and contractors protective, completed operations, and non-owned automotive liability in an amount of not less than **five million dollars (\$5,000,000.00)** applying to all contracts for claims arising out of one occurrence, and,

Automobile liability Insurance in respect to licensed vehicles owned and /or leased, with limits of not less than **two million dollars (\$2,000,000.00)** inclusive per occurrence for bodily injury, death and damage to property, and,

Where a Subcontractor is retained for work where Professional Liability coverage is a Contract requirement, the Consultant/Company must ensure the necessary insurance at the limits above is obtained.

The commercial general liability policy shall include the Region of Durham as an additional insured in respect of all operations performed by or on behalf of the Contractor in relation to the Contract requirements and be endorsed to provide the Owner with not less than thirty (30) days written notice in advance of any cancellation, change or amendment restricting coverage.

- A Certificate of Clearance from the WSIB, as noted in **Appendix B – Contract Terms and Conditions**
- An executed copy of Appendix A – Form of Agreement signed by an officer of the Company with the authority to bind the corporation.
- A signed copy of the Region’s Confirmation of Favourable Health and Safety Practice form
- A sample copy of company invoice required for payment setup purposes.
- A completed copy of the Direct Deposit Authorization form (as per attachments)



Certificate of insurance

Proof of liability insurance will be accepted on this form only.

This form must be completed and signed by your agent, broker or insurer.

All insurers shown must be licensed to operate in Canada.

This is to certify that the Named Insured hereon is insured as described below

Named insured Stitch It Canada's Tailor Inc	Address of the Named Insured 845 Harrington Court, Unit 100A, Burlington, ON, L7N 3P3
Location and operations of the Named Insured for which Certificate is issued: All operations performed for the Region of Durham	

Automobile Liability Insurance

Insuring company	Policy numbers	Limit of Coverage	Effective date	Expiry date
Northbridge Insurance	Automobile Liability P04058736	2,000,000 Deductible, if any: 1,000	D/M/Y 21/02/2025	D/M/Y 21/02/2026
	Excess Liability (if applicable)		D/M/Y	D/M/Y

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

Commercial General Liability

Insuring company	Policy numbers	Limit of coverage	Effective date	Expiry date
Intact Insurance	Commercial General Liability 501395928	Per Claim / Annual Aggregate \$1,000,000 Deductible, if any:	D/M/Y 27/10/2024	D/M/Y 27/10/2025
Intact Insurance	Excess Liability (if applicable) 501395928	Per Claim / Annual Aggregate \$4,000,000	D/M/Y 27/10/2024	D/M/Y 27/10/2025
Provisions of Amendments or Endorsements of Listed Policy(ies)				

Professional Liability – Claims Made Basis – Yes/No

Insuring company	Policy numbers	Limit of coverage	Effective date	Expiry date
	Professional Liability	Per Claim / Annual Aggregate Deductible, if any:	D/M/Y	D/M/Y
	Excess Professional Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y

- Is the limit inclusive of indemnity and claims expenses - **Yes/No**
 - If the policy is on a claims made basis have there been any claims notices given for this policy term – **Yes/No**

Environmental Liability – Claims Made Basis – Yes/No Occurrence Basis – Yes/No

Insuring company	Policy numbers	Limit of Coverage	Effective date	Expiry date
	Environmental Liability	Per Claim / Annual Aggregate Deductible, if any:	D/M/Y	D/M/Y
	Excess Environmental Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y

- Is the limit inclusive of indemnity and claims expenses - **Yes/No**
 - if the policy is on a claims made basis have there been any claims notice given for this policy term – **Yes/No**

Commercial General Liability is issued on an ‘occurrence’ basis form and is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner’s and Contractor’s Protective Coverage, Products/Completed Operations, Contingent Employer’s Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to Commercial General Liability Insurance, **The Regional Municipality of Durham** is added as an Additional Insured but only with respect to its liability arising out of the operations of the Named Insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Regional Municipality of Durham.

If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to: **The Regional Municipality of Durham, Attention: Purchasing Section, Finance Department, 605 Rossland Road East, Whitby, ON, L1N 6A3**

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Date Feb 13, 2025	Name, Address, Fax and Telephone Number of Certifying Party Arthur J Gallagher Canada 435 McNeilly Road , Suite 203 Stoney Creek, ON L8E 5E3 905.538.2055	Signature of Authorized Representative or Official <i>K Hopkins</i>
		Print Name of above Authorized Representative or Official Kelly Hopkins