**CERTIFICATE OF INSURANCE**

## Freedom of Information and Protection of Privacy Act

BC Housing adheres to the Freedom of Information and Protection of Privacy Act when collecting and using personal information. Direct any questions to the Manager, Records and Information Privacy at #1701 – 4555 Kingsway, Burnaby, BC V5H 4V8. Please refer all other questions to the contact named in Part 1.

##### Please use the Tab Key to Navigate Through the Form

##### Part 1 To be completed by BC Housing

|  |  |  |
| --- | --- | --- |
| THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(BC Housing)*  **BC HOUSING** | INSURANCE POLICY NUMBER # | |
| BC HOUSING CONTRACT ADMINISTRATOR NAME & TITLE Supply Chain Management | PHONE NO: 604-433-1711 | |
| FAX NO: 604-433-5915 | |
| ADDRESS | | POSTAL CODE |
| CONTRACTOR NAME | | ADDRESS BOOK |
| CONTRACTOR ADDRESS | | POSTAL CODE |

Contractor Information

Please provide this form and a copy of the Contract Terms and Conditions to your Insurance Broker for completion and then return the completed form to BC Housing. **No substitutions of this form will be accepted. Commencement of any work cannot begin until BC Housing has the Certificate of Insurance in hand.**

# Part 2 To be completed by the Contractor/Consultant’s Agent or Broker

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| --- | --- | --- | --- | --- | --- |
| INSURED | NAME | | | | |
| ADDRESS | | | POSTAL CODE | |
| OPERATIONS INSURED | PROVIDE DETAILS | | | | |
| TYPE OF INSURANCE List each separately | | COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION | EXPIRY DATE  YYYY/MM/DD | | LIMIT OF LIABILITY/AMOUNT |
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This certificate certifies that policies of insurance as herein described have been issued to the insured(s) named above, are in full force and effective as of the effective date of the contract, and comply with the insurance requirements of the [BC Housing General Terms and Conditions](https://www.bchousing.org/publications/GENERAL_TERMS_CONDITIONS.pdf) sections 8.03, 8.04 and 8.05

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| AGENT OR BROKER COMMENTS: | |
| SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S) | DATE SIGNED |