CERTIFICATE

OF INSURANCE

# Part 1 To be completed by the HCTF

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| THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(Name of office)* Habitat Conservation Trust Foundation | AGREEMENT IDENTIFICATION NO.      |
| HCTF CONTACT PERSONNAME & TITLEFinance Assistant | PHONE NO (250) 940-9784 |
| FAX NO (250) 590-6614 |
| MAILING ADDRESS#107, 19 Dallas Road, Victoria, British Columbia | POSTAL CODEV8V 5A6 |
| CONTRACTOR NAME      |
| CONTRACTOR ADDRESS      | POSTAL CODE       |

# Part 2 To be completed by the Insurance Agent or Broker

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| INSURED | NAME      |
| ADDRESS      | POSTAL CODE      |
| OPERATIONS INSURED | PROVIDE DETAILS      |
| TYPE OF INSURANCEList each separately | COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION | EXPIRY DATEYYYY/MM/DD | LIMIT OF LIABILITY/AMOUNT |
|       |       |       |       |
|       |       |       |       |
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**This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate, except as follows:**

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| AGENT OR BROKER COMMENTS:      |
| AGENT OR BROKER       | ADDRESS      | PHONE NO (     )       |
| SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S) | DATE SIGNED |