



Special Events Proof of Insurance Coverage

To be completed and signed by your Insurer or an Authorized Licensed Insurance Agent and returned to:

**Special Events Office
City of Victoria
633 Pandora Avenue, Victoria BC V8W 1N8
Phone (250) 361-0369 FAX (250) 361-0385**

Name of Event:		
Name of Person Applying:		
Name of Insured Sponsoring Company:		
Address:		
Phone No:		Fax No:
Policy No.	Effective Date:	Expiry Date:

The undersigned agent/broker confirms that the following coverage has been effected through the policy noted above:

- Commercial General Liability Insurance insuring against liability arising from the above-named insured's activities within the Municipality of Victoria or within areas for which the Corporation of the City of Victoria is responsible or on behalf of the Corporation of the City of Victoria. Coverage not to exclude Host Liquor Legal Liability or claims arising out of injury to participants.
- Minimum Liability Coverage of \$2,000,000.
- Coverage effective for the duration of the activity or until policy expiry date, whichever occurs first.
- The Corporation of the City of Victoria, its officers, officials, employees and volunteers are added as Additional Insured.
- A Cross Liability endorsement is included.
- Any deductible or Reimbursement Clause contained in the policy shall not apply to the Corporation of the City of Victoria and shall be the sole responsibility of the party named above.
- Thirty days prior written notice of cancellation or reduction in coverage shall be provided to the Corporation of the City of Victoria.
- This policy shall provide coverage as respects the Corporation of the City of Victoria , its officers, officials, employees and volunteers, but only in respect to the legal liability of the named insured arising out of the work or activity performed.
- This certificate is executed and issued to the aforesaid Corporation of the City of Victoria, the day and date herein written below.

Name of Insurance Co., Agent or Broker _____
Address _____
Agent/Broker Name (Print) _____