

Appendix 11: Certificate of Insurance

DELIVER TO: NEWFOUNDLAND AND LABRADOR HYDRO SUPPLY CHAIN, 500 COLUMBUS DRIVE, OR MAIL TO:

PO Box 12400, St. John's, NL Canada A1B 4K7, t.709.737.1400 f 709.737.1795 www.nlh.nl.ca

DESCRIPTION & LOCATION OF WORK: Tender purposes only - Snow Clearing – Various Locations, Avalon Region

CONTRACT NO. 2021-88412 JW

AWARD DATE:

VALUE (incl. OWNER-FURNISHED MATERIALS) \$

INSURER

NAME: Northbridge Insurance

ADDRESS: 1801 Hollis Street, Halifax, NS B3J 3N4

BROKER

NAME: STEERS INSURANCE LIMITED

ADDRESS: PO BOX 1776, 99 Airport Road, St. John's, NL A1C 5P9

INSURED

CONTRACTOR'S NAME: Spectrum Investigation & Security (1998) Limited

ADDRESS: PO Box 10, Mount Pearl, NL A1N 2C1

ADDITIONAL INSURED (Excluding Automobile Liability Policy)**NEWFOUNDLAND AND LABRADOR HYDRO**

CONTRACT MADE BETWEEN THE NAMED INSURED AND NEWFOUNDLAND AND LABRADOR HYDRO

	POLICY TYPE	NUMBER	INCEPTION DATE	EXPIRY DATE (Y/M/D)	LIMITS OF LIABILITY
1.	<input checked="" type="checkbox"/> Commercial General Liability OR <input type="checkbox"/> Wrap-up Liability Including where indicated: <input type="checkbox"/> Blasting <input type="checkbox"/> Pile Driving or Caisson Work <input type="checkbox"/> Removal or Weakening of Support <input type="checkbox"/> Sudden and Accidental Pollution Liability <input type="checkbox"/> Forest Fire Fighting Expense (min. \$250,000) <input type="checkbox"/> Hook/Hoist/Rigging (min. \$)	CBC0903706	2021-02-28	2022-02-28	MINIMUM \$2,000,000.00
2.	<input type="checkbox"/> Builders' Risk "Broad Form" OR <input type="checkbox"/> Installation Floater "Broad Form" OR <input type="checkbox"/> Piers, Wharves & Docks Rider				\$100% OF VALUE
3.	<input checked="" type="checkbox"/> Automobile Liability Insurance	CBC0903706	2021-02-28	2022-02-28	MINIMUM \$2,000,000.00
4.	<input type="checkbox"/> Aircraft and/or Watercraft Liability Insurance (If Applicable)				MINIMUM \$1,000,000.00
5.	<input type="checkbox"/> Environmental Impairment Liability				MINIMUM \$2,000,000.00

THE INSURER AGREES TO NOTIFY Choose LOB.

THIS DOCUMENT CERTIFIES THAT THE FOLLOWING POLICIES OF INSURANCE AND INDICATED COVERAGES ARE AT PRESENT IN FORCE SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS AS CONTAINED THEREIN COVERING THE OPERATIONS OF THE INSURED IN CONNECTION WITH THE ABOVE NOTED

, IN WRITING, THIRTY (30) DAYS PRIOR TO CANCELLATION OR MATERIAL CHANGE OF ANY POLICY, EXCEPT IN THE EVENT OF NON-PAYMENT WHERE POLICY CONDITIONS DEALING WITH TERMINATION WILL APPLY.

NAME Cindy St John, CIP (print):	SIGNATURE: 	DATE November 4, 2021
INSURER'S OFFICER OR AUTHORIZED REPRESENTATIVE		TEL. NO. (709) 722-1532

ISSUANCE OF THIS CERTIFICATE SHALL NOT LIMIT OR RESTRICT THE RIGHT OF NEWFOUNDLAND AND LABRADOR HYDRO TO REQUEST AT ANY TIME DUPLICATE CERTIFIED COPIES OF SAID INSURANCE POLICIES UPON REQUEST.