## Certificate of Insurance

Name of authorized representative or official (Please print)

FAX BACK TO: 780-444-2152

This is to certify that the Insured, named below, is insured as described.

This form, or your insurance broker's form, must be completed and signed by your insurer or insurance broker.						
Note:  1. Proof of liability insurance will be accepted on this form or one generated by your insurer (with no amendments)  2. Insurance company must be licensed to operate in Canada						
Named Insured				[	elephone (including area code)	
				F	fax )	
Insured address (Street name, city, province and postal code)						
Type of insurance	Insurance company (full legal name)	Policy number	Effective date Year Month Day	Expiry date Year Month Da		
General Liability					\$	
☐ Umbrella☐ Excess					\$	
Commercial General Liability: Occurrence Basis, Including Personal injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest clause.  Landscape Alberta who own and operate the Green Industry Show (GIS) have been added as an additional Insured but only with respect to their interest in the operations of the Named Insured.						
Type of insurance	Insurance company (full legal name)	Policy number	Effective date	Expiry date		
Motor Vehicle Liability					\$	
Motor Vehicle Liability — must cover all vehicles owned, operated by, or on behalf of the insured.						
This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.						
If cancelled or changed in any manner that would affect Landscape Alberta and the Green Industry Show (GIS) or other scheduled additional Insured for any reason so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the Insurer(s) to:						
18051 - 107 Avenue NW Edmonton, AB T55 1K3  Fav: (780) 444-2152				ent Location: IO Centre at Stamp Roundup Way SE Igary, AB T2G 2W	Centre at Stampede Park bundup Way SE	
This certificate is executed and issued to the aforesaid Landscape Alberta the day and date herein written below.						
Named of insurance company or broker (completing form)					elephone (including area code)	
Address					Fax with area code	

Signature of authorized representative or official

Date (year, month, day)