

**CERTIFICATE OF INSURANCE**

**PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY**

This is to certify that policies of insurance, subject to their terms, conditions and exclusions, are at present in force for the insured named below with the insurer specified.

NAME OF INSURED: \_\_\_\_\_

ADDRESS OF INSURED: \_\_\_\_\_

PROJECT: \_\_\_\_\_

TYPE	INSURER AND POLICY NO.	EFFECTIVE & EXPIRY DATES	LIMITS OF LIABILITY (Not less than \$2,000,000)
COMPREHENSIVE GENERAL LIABILITY including NON-OWNED AUTO LIABILITY			_____ Inclusive Limit, per occurrence _____ Aggregate Limit, Products & Completed Operations
EXCESS OR UMBRELLA LIABILITY			_____ Inclusive Limit, per occurrence

**EMCON SERVICES INC.** has been added as an Additional Insured to the Comprehensive General Liability Insurance Policy, but **ONLY** with respect to liability arising out of operations performed by or on behalf of the named insured. The policy provides Products and Completed Operations, Blanket Written Contractual, Owners and Contractors Protective, Severability of Interest or Cross Liability; and where performed by the Named Insured, coverages include Piledriving, Demolition, Excavation Hazard, Shoring/Underpinning Hazard and Blasting Hazard.

This is to certify that Policies (including endorsements) or insurance as described above has been issued by the undersigned to the named insured above and are in force at this time. If cancelled or changed in any manner for any reason, during the period of coverage stated herein so as to affect this certificate, thirty (30) days prior written notice will be given by this Insurance Company to. Emcon Services Inc., Unit 105 - 1121 McFarlane Way, Merritt, BC V1K 1B9

DATE: \_\_\_\_\_

Signed by: \_\_\_\_\_

Authorized Representative/Official