

ROCCA DICKSON ANDRES INC.
Insurance & Financial Services
290 Rowntree Dairy Road
Woodbridge, Ontario L4L 9J7
Tel.: (905) 652-8680 Fax: (905) 652-8688

CERTIFICATE OF INSURANCE REQUEST FORM

Please issue certificate to: _____

Mailing address: _____

Name of insured on this contract:

(Some Insured's operate under more than one name)

Contract Price:

Location of project:

Describe Nature of work performed on the project:

Check if applicable:

Blasting

Shoring

Pile driving

Explosives

Underpinning

Asbestos Removal

Caisson

Demolition

Commencement date: _____

Completion date: _____

Additional insured names & addresses: _____

Subcontractors as named insured Yes No
(If yes, wrap up policy will be required)

Are C.C.D.C. Policy Wordings Required? Yes No

If yes which Forms:

CCDC Contract Used: _____ (e.g. CCDC2 - 1994, etc.)

(If modified, attach Supplementary General conditions pertaining to the Insurance Requirements)

Period of Completed Operations Coverage Required: 1 year 2 year

Number of days Notice of Cancellation required: 30 Days 60 days 90 Days

Limits required are:

1. CGL / NOA _____
2. Automobile _____
3. Builders Risk _____
4. Installation Floater _____
5. Other _____

ATTACHMENT OF CONTRACT PAGES OUTLINING THE INSURANCE REQUIREMENTS IS RECOMMENDED TO ENSURE ACCURACY.

How would you like to receive the Certificate of Insurance?

By: FAX MAIL PICKUP