



Healthcare Materials Management Services

Certificate Of Insurance

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

This form must be completed and signed by your insurer or insurance broker.

- Note:
1. Proof of liability Insurance will be accepted on this form only (with no amendments).
 2. If a facsimile has been transmitted, the original certificate must follow.
 3. Insurance company must be licensed to operate in Canada.

Name of Insured	Telephone Number (including area code)	Fax Number (including area code)
Insured's Address (Apartment/Suite Number, Street Number, Street Name, City, Province, Postal Code)		

Type of Insurance	Insurance Company (Full Legal Name)	Policy Number	Effective Date Year/Month/Day	Expiry Date Year/Month/Day	Limits of Liability (Bodily Injury & Property Damage Inclusive)
Commercial General Liability					\$
<input type="checkbox"/> Umbrella <input type="checkbox"/> Excess					\$
<input type="checkbox"/> Other (Explain)					\$

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.

Tenant's Legal Liability: NO or YES (Limit) \$ _____

MOTOR VEHICLE LIABILITY					\$
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Motor Vehicle Liability - must cover all vehicles owned, or operated by, or on behalf of the Insured.

Healthcare Materials Management Services (HMMS), a joint venture between the London Health Sciences Centre and St. Joseph's Health Care, London; and Lawson Health Research Institute and their Affiliates have been added as an additional insured, but only with respect to their interest in the operations of the Named 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 HMMS and their Affiliates as outlined in coverage specified herein 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:

Healthcare Materials Management Services
 188 Stronach Crescent
 LONDON, Ontario N5V 3A1
 Phone: (519) 453-7888
 Fax: (519) 455-4495

This certificate is executed and issued to the aforesaid Healthcare Materials Management Services on the day and date herein written below.

Name of Insurance Company or Broker (completing form)	Telephone Number (including area code)
Address (Apartment/Suite Number, Street Number, Street Name, City, Province, Postal Code)	Fax Number (including area code)
Name of Authorized representative or Official and Position (Please type or print)	Signature of Authorized Representative or Official
	Date (Year/Month/Day)