



Vendor Insurance Form

All vendors, commercial or non-commercial, are required to have a valid liability insurance certificate which names both the City of Mississauga and Festive Currents as additional insured. Insurance is available from Festive Currents for an additional cost of \$ **54 (fifty-four) CDN for non-food vendors** and **\$85 (eighty-five) for food vendors** for the duration of the festival.

Should commercial Vendors choose to provide their own insurance, the City of Mississauga Insurance Form **MUST** be completed, signed and stamped by the insurance company.

Please get your insurance company to fill out the Proof

1. Add the Corporation of the City of Mississauga **as additional insured**

Event Name: MuslimFest; Dates: August 4th, August 5th and August 6th 2017; Location: Mississauga Celebration Square, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1

2. Add Festive Currents, 2570 Haines Road, Mississauga ON, L4Y 4A3 **as additional insured**

Have the Broker/Insurance Company stamp and sign the form and have them e-mail it directly to mobile.licensing@mississauga.ca. Make sure to Cc MuslimFest Bazaar Management at bazaar@muslimfest.com as well. **It is very important that you include Bazaar email when sending this out.**

Please note: By default MuslimFest will be charging all vendors insurance fee to avoid any confusion and delay in application. Upon providing proof of Insurance certificate with City of Mississauga and Festive Currents as additional insured, this fee will be reverted back to you with your deposit.

This form **MUST be filled by vendors that are providing their own insurance and **NOT** buying from MuslimFest**

For any further questions, feel free to contact Bazaar Management Team at

bazaar@muslimfest.com



CERTIFICATE OF INSURANCE COVERAGE

(This Form must be completed, if not purchasing insurance through the City, in order to book any City property or facility.)

Name of Insured:		Postal Code:	
Address of Insured:			
Telephone Number: ()	Email Address:		

GENERAL LIABILITY INSURANCE COVERAGE

(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)

Name of Insurance Company: _____

Policy Number: _____ Effective from (d/m/y): _____ Expiry (d/m/y): _____

Description of Activity/Event/Use: _____

Location(s) and/or Name of City Facility: _____

Start Date (including set-up if any): _____ End Date (include tear down if any): _____

This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):

Commercial General Liability Limit per Occurrence; \$ 2,000,000 (all other activities) \$ 5,000,000 (Festivals, Parades, High Risk Sports, or as indicated under contract)

Aggregate Limit: \$ _____

Umbrella Liability Limit: \$ _____

Coverage Above MUST Include:

- Third Party Bodily Injury and Property Damage Yes
- Products & Completed Operations Yes
- Owners and Contractors Protective Liability Yes
- Cross Liability/Severability of Interests Clause Yes
- Employees &/or Volunteers added as Additional Insureds Yes

Answer below, ONLY if applicable:

- If Event includes Sport Activity - Bodily Injury to Participant** Yes No
- Participant to Participant Yes No
- If Event includes Vendors - Independent Blanket Vendor coverage** Yes No
- If Event includes the serving of Alcohol - Liquor Liability** Yes No

It is understood and agreed that this policy includes **ADDITIONAL INSUREDs** with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the City of Mississauga, its employees and authorized agents. 2) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. **If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: City of Mississauga, Risk Management - Proof of Insurance, 10th Floor, 300 City Centre Drive, Mississauga, ON, L5B 3C1.**

Dated this Day of , 20 at , , Canada

Authorized Representative: _____

(Signature & Stamp of Insurer or Authorized Broker)

Name of Broker: _____

Address of Broker: _____ Prov.: _____ Postal Code: _____