

**RDA 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:

- |                                       |   |                                     |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Blasting     | <input type="checkbox"/> Explosives       | <input type="checkbox"/> Caisson    |
| <input type="checkbox"/> Shoring      | <input type="checkbox"/> Underpinning     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Pile driving | <input type="checkbox"/> Asbestos Removal |                                     |

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