BC CERTIFICATE OF INSURANCE

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(Name of office)* BC Timber Sales - Cariboo-Chilcotin Business Area	AGREEMENT IDENTIFICATION NO. IM24TLE002
PROVINCE'S CONTACT PERSON NAME & TITLE Todd Fradsham, RFT, Operations Technologist	PHONE NO (250) 302-5617 FAX NO (250) 398-4836
MAILING ADDRESS 200-640 Borland Street, Williams Lake, British Columbia	POSTAL CODE V2G 4T1
CONTRACTOR NAME	
CONTRACTOR ADDRESS	POSTAL CODE

Part 2 To be completed by the Insurance Agent or Broker

INSURED		NAME	
		ADDRESS	POSTAL CODE
OPERATIONS INSURED		PROVIDE DETAILS	

TYPE OF INSURANCE *List each separately*	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	POLICY START DATE YYYY/MM/DD	POLICY EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT

SPECIMEN

This certificate certifies that policies of insurance described herein are in full force as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

AGENT OR BROKER	ADDRESS	PHONE NO
		( )
SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)		DATE SIGNED