



BC CERTIFICATE OF INSURANCE

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO <i>(Name of office)</i> BC Timber Sales - Cariboo-Chilcotin Business Area		AGREEMENT IDENTIFICATION NO. IM24TLH005	
PROVINCE'S CONTACT PERSON NAME & TITLE Morgan Klassen, RFT, Operations Technologist		PHONE NO (250) 985-2062	
MAILING ADDRESS 200-640 Borland Street, Williams Lake, British Columbia		FAX NO (250) 992-4403	
CONTRACTOR NAME		POSTAL CODE V2G 4T1	
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 <i>List each separately</i>	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	POLICY START DATE YYYY/MM/DD	POLICY EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT

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