"I-2"

NOTICE OF COMPLIANCE WITH INSURANCE CONDITIONS FORM IS TO BE USED BY ALL CONTRACTORS THAT ARE NOT SUPPLYING CONSULTING AND PROFESSIONAL SERVICES

This Notice, once signed by the Insurance Broker or the Insurer(s) and the Contractor, is considered as sufficient proof that the contractor's insurance policies meet or will meet the specified insurance requirements for the life of the contract, subject to the following paragraph.

In addition to this Notice of Compliance, the Contractor shall supply a **completed "Certificate of Insurance" for the required insurance that will also encompass the *Supplementary Conditions*,** prior to the commencement of the work, **adding The St. Lawrence Seaway Management Corporation, and Her Majesty in Right of Canada as "Additional Insured" according to GIC 4**

CONTRACT: _____ TITLE:_____

I (Insurance Agent/Broker's Name)_____, of (Agent/Broker Company Name)_____, hereby certify that all the Insurance required under *"I" Insurance Conditions* (copy attached) and contained within the contract documents of Contract No. _____, has been subscribed by (Contractor's name)_____and is in force or will be in force for the commencement of the work on the aforementioned contract by the contractor, and any approved subcontractors, which will commence on (date)_____.

The following is to be completed outlining the insurance policies for the amounts specified and any other insurance that may be required in the *Supplementary Conditions*:

POLICY	AMOUNT	INSURANCE COMPANY	POLICY #	EXPIRY DATE
Comprehensive General Liability				
Builder's Risk				
Installation Floater				
Automobile Liability				
Marine Protection & Indemnity				

The above insurance shall remain in effect until the Certificate of Final Completion is issued by the Owner, however, completed Operations Liability Insurance must continue for a further twelve (12) months.

_____ Signature of Insurance Agent/Broker

_____ Signature of Contractor

_____ Date

_____ Date