

## Application for Temporary Encroachment

Engineering & Public Works

3000 Guildford Way, Coquitlam BC V3B 7N2 Tel: 604-927-3500 Fax: 604-927-3505

Email: [engineering-administration@coquitlam.ca](mailto:engineering-administration@coquitlam.ca)

Application Date: \_\_\_\_\_

### Applicant Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

On-Site Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Site / Encroachment Information

Site Address: \_\_\_\_\_

Start Date of Encroachment: \_\_\_\_\_ Expected End Date of Encroachment: \_\_\_\_\_

Description of Encroachment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Justification of Encroachment (Please provide specific information explaining why this encroachment needs to be in the public right-of-way): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Provide an 11" x 17" site plan with the location and dimensions (including area) for: the encroachment, property lines and structures, along which frontage, show components of the right-of-way (e.g. locations of curb and sidewalk, poles, bus stops, etc. If needed, attach additional sheets for reference, sufficient information must be provided to understand the proposal.**

### Insurance Requirements

Must maintain third party liability insurance coverage for Permitted Encroachment Area with,

- a reputable insurer acceptable to the City,
- a minimum per occurrence coverage of \$5 million,
- the City as an additional insured, and
- a 30 day cancellation provision that requires prior notice be given by the insurer to the City.

If application is approved by the City, attached form needs to be filled out by the Insurance Broker.

### Policy

For payment fee information, refer to **Encroachments into City Owned and/or Controlled Lands Policy**, adopted by Council on July 29, 2013, Resolution No. 463.



### City of Coquitlam

## Certificate of Insurance Form - Engineering

(This form is to be completed by the Insurance Broker)

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' notice of cancellation or reduction in applicable limit of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

This Certificate is issued to: **City of Coquitlam**, 3000 Guildford Way, Coquitlam, BC V3B 7N2

<b>Insured</b>	<b>Name:</b>	<b>Email:</b>
	<b>Address:</b>	<b>Phone:</b>

NOTE: INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN BRITISH COLUMBIA.

<b>Broker</b>	<b>Name:</b>		<b>Agent's Name:</b>
	<b>Address:</b>	<b>Email:</b>	<b>Phone:</b>

Address and Project to which this Certificate applies:

<b>Address:</b>	<b>Project Description:</b>
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**COMMERCIAL GENERAL LIABILITY** coverage is required to insure against liability from the activities arising out of operations or work in connection with the above-described project, including liability arising out of the use of City property.

Type of Insurance	Insurer Name and Policy Number	Policy Term dd/mm/yy	Limits of Liability/Amounts
<b>Section 1</b> Commercial General Liability  <input checked="" type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims Made Form		From:  To:	Bodily injury, death & property damage \$ _____ Per Occurrence <input checked="" type="checkbox"/> <b>MINIMUM \$5,000,000</b> \$ _____ Aggregate \$ _____ Deductible
<input type="checkbox"/> Umbrella Liability		From:  To:	\$ _____ Umbrella Limit
<input type="checkbox"/> Excess Liability		From:  To:	\$ _____ Excess Limit
<b>Section 2</b> Other:		From:  To:	\$ _____ Limit \$ _____ Deductible

**Particulars of General Liability Insurance (Sections 1 & 2):  indicates that the coverage is included.**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> City of Coquitlam as Additional Insured    | <input checked="" type="checkbox"/> Coverage is Primary and not contributory   | <input checked="" type="checkbox"/> 12 months Completed Operations |
| <input checked="" type="checkbox"/> Premises & Operations                      | <input checked="" type="checkbox"/> Personal Injury  | <input type="checkbox"/> 24 months Completed Operations            |
| <input checked="" type="checkbox"/> Broad Form Products & Completed Operations | <input type="checkbox"/> Use of explosives for blasting  | <input type="checkbox"/> Aircraft/Aviation Liability               |
| <input checked="" type="checkbox"/> Owners & Contractors Protective            | <input type="checkbox"/> Vibration from pile driving or caisson work   | <input type="checkbox"/> Non-owned aircraft liability              |
| <input checked="" type="checkbox"/> Blanket Contractual                        | <input type="checkbox"/> Removal or weakening of support of property, building or land whether support is natural or otherwise | <input type="checkbox"/> Watercraft liability                      |
| <input checked="" type="checkbox"/> Unlicensed Automobile Liability            | <input type="checkbox"/> Water Ingress Coverage  | <input type="checkbox"/> Non-owned watercraft liability            |
| <input checked="" type="checkbox"/> Cross Liability/Severability of Interests  | <input type="checkbox"/> Work below ground level over 3 meters (XCU extension)   | <input type="checkbox"/> Pollution Liability                       |
| <input checked="" type="checkbox"/> Employees As Additional Insureds           |  | <input type="checkbox"/> Asbestos                                  |
| <input checked="" type="checkbox"/> Non-Owned Automobile                       |  |  |
| <input checked="" type="checkbox"/> Attached Machinery                         |  |  |
| <input checked="" type="checkbox"/> Occurrence Property Damage                 |  |  |
| <input checked="" type="checkbox"/> Contingent Employer's Liability            |  |  |
| <input checked="" type="checkbox"/> Broad Form Loss of Use                     |  |  |

<b>Section 3:</b> <b>Automobile Liability</b> (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From:  To:	Personal Injury & Property Damage \$ _____ Limit <input checked="" type="checkbox"/> <b>MINIMUM \$2,000,000</b>
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These policies comply with the insurance requirements of the governing contract, permit, lease, license or other requirements of the City of Coquitlam. It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured.

Authorized to Sign on Behalf of Insurers  
(Signature, Print Name & Title and Brokers Stamp)

Date Signed

**INTERNAL USE ONLY**

Certificate  Approved  Not Approved

**COMPLETE, SIGN & RETURN TO CITY OF COQUITLAM, Engineering Administration**

Attn: Marie Schultz / Email: [engineering-administration@coquitlam.ca](mailto:engineering-administration@coquitlam.ca)