



An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

Certificate of Insurance Coverage Grain Financial Protection Program

Information about the insured elevator operator		
Name of elevator operator	Operating as	Client number
Insurance policy information		
Policy number	Expiration date	Issued to
<p>1. Total amount of insurance coverage on grain (inventory, stock) including branches under the above named policy: \$_____ (Indicate branches on a separate sheet)</p> <p>2. Is this policy reporting monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. The coverage under the above-named policy is for all broad form named perils including fire, explosion, lightning, windstorm, hail and such coverage applies to all grain stored for owners in the operator's grain elevator or stored by the operator on unlicensed premises or for which the licensee is otherwise liable.</p> <p>4. Grain insured under the above-named policy is insured to full market value at all times.</p> <p>5. Proceeds for grain insured under the above-named policy are payable to the holders of grain storage receipts or weigh tickets for grain as their interests may appear pursuant to the <i>Grains Act</i>, in priority to any claim by the grain elevator operator or any person acting as an assignee or representative of the grain elevator operator.</p> <p>6. The above-named policy provides that no payment shall be made under the policy in respect of grain without the written consent of the Chief Inspector appointed under the <i>Grains Act</i>.</p> <p>I hereby certify that the policy is in effect and that the information contained in this certificate is a true and accurate representation of the contents and provisions of that policy.</p> <p>The grain elevator operator has directed us and we undertake to give you immediate written notice of any lapse or other alteration in the above-named policy and to give you written notice at least 30 days prior to termination of the above-named policy.</p>		
Insurance company details		
Name of insurance company	Telephone number	
Address including postal code		
Name of authorized representative of insurer (<i>please print</i>)	Title	
Signature of authorized representative of insurer	Date	
Broker (<i>please print</i>)	Broker email	
Broker phone	Broker fax	

Personal information on program forms is collected under the authority of the *Grains Act*. The information will be used to determine eligibility for a licence as a grain elevator operator. Questions about this collection should be directed to: Agricorp, PO Box 3660, Station Central, Guelph, ON N1H 8M4 1-888-247-4999 Fax (519) 826-3367.