



Proof of Professional Liability Insurance

Planning and Development Services Department
15322 Buena Vista Ave., White Rock, B.C. V4B 1Y6
Phone: 604 541 2136 Fax: 604 541 2153
Website: www.whiterockcity.ca

SCHEDULE "2"

FORM B – Proof of Professional Liability Insurance

RE: Address: _____

Building Permit Application No.: _____

The undersigned hereby gives assurance that:

- a) I have fulfilled my obligation to obtain a subsisting policy of professional liability or errors and omissions insurance as outlined in section 16 of the City of White Rock **Building Bylaw No. 1928**.
- b) I have enclosed a copy of my certificate of insurance indicating the particulars of such coverage.
- c) I am a registered professional as defined under Section 1.1.3.2 of the British Columbia **Building Code**.
- d) I will notify the **Building Official** immediately if this insurance coverage is reduced or terminated at any time during **construction**.

Signed this _____ day of _____.

Print Name of Registered Professional

Signature of Registered Professional

Signed this _____ day of _____.

Witness Signature

Occupation