



**District of Pitt Meadows
12007 Harris Road
Pitt Meadows, B.C., V3Y 2B5**

**Telephone: (604) 465-5454
Fax: (604) 465-2404**

PROOF OF LIABILITY INSURANCE

This form must be submitted along with Schedule "A" (if applicable) and each Schedule "B" from the BC Building Code from all other Design Professionals, prior to issuance of a building permit. A separate form must be submitted by each registered professional.

Attention: Building Official

Re: _____
Address of Project (Print)

Legal Description of Project (Print)

The undersigned hereby gives assurance that:

1. I have fulfilled my obligation for insurance coverage as outlined in the District of Pitt Meadows Building Bylaw No. 2131, 2003.
2. I have enclosed a copy of my certificate of insurance coverage indicating particulars of such coverage.
3. I am a registered professional as defined in the District of Pitt Meadows Building Bylaw No. 2131, 2003.
4. I will notify the building official in writing immediately if the undersigned's insurance coverage is reduced or terminated at any time during construction.

Name (Print)

Date

Signature (of Registered Professional)

Address (Print)

(Affix Professional Seal Here)

(If the registered professional is a member of a firm complete the following)

I am a member of the firm of _____
(print name of firm)

and I sign and seal this letter on behalf of the firm.