

SCHEDULE D

**DISTRICT OF KITIMAT
REGISTERED PROFESSIONAL'S PROOF OF
INSURANCE**



BUILDING INSPECTION DEPARTMENT
Ph. 250-632-8900 Fax: 250-632-4995

District of Kitimat
270 City Centre
Kitimat BC V8C 2H7

Attention: Building Inspection Department

RE: _____

P.I.D. _____
(civic address of project)

The undersigned hereby gives Assurance that:

- (a) I have fulfilled my obligation to obtain a policy of professional liability insurance as outlined in *Section 13.2.2.b of the Kitimat Municipal Code Building Regulation, Part 13 Division 1*;
- (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 in the current edition 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.

Name of Registered Professional (please print)

Signature of Registered Professional

[affix seal]

Name of Firm

Date