SCHEDULE D
Registered Professional's Proof of Insurance
PERMIT #: _____

Date: _____

District of Kitimat
270 City Centre
Kitimat, BC V8C 2H7

Attention: Building Official

RE:

LOT: _____ PLAN: _____

CIVIC ADDRESS: _____

The undersigned herby gives Assurance that:

a) I have fulfilled my obligation to obtain a policy of professional liability insurance as outlined in *Section 13.2.2.1b* of the *Kitimat Municipal Code Building Regulation, Part 13 Division 2;*
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 (Print)

_____
Name of Registered Professional (Signature)

_____
Name of Firm

Date Signed: _____

Contact Number: _____ Email: _____