



THE CORPORATION OF THE
CITY OF WHITE ROCK
15322 BUENA VISTA AVENUE, WHITE ROCK, B.C. V4B 1Y6

DEVELOPMENT SERVICES DEPARTMENT TEL: (604)541-2136 FAX: (604)541-2153

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 16.3 of Building Bylaw No. _____
- 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, expired or terminated at any time during construction.

Signed this _____ day of _____.

Print Name of Registered Professional

Signature of Registered Professional

Professional's Discipline

Professional's seal

or



Signed this _____ day of _____.

Witness Signature