



**THE DISTRICT OF COLDSTREAM
BUILDING INSPECTION DEPARTMENT**

REPORT ON PROFESSIONAL INSURANCE

File No. _____

PROJECT:

Described as: _____

Legal description: _____
(Lot #, Plan #, Section #, etc.)

Street Address: _____

REGISTERED PROFESSIONAL:

Pursuant to the “District of Coldstream Building and Plumbing Bylaw No. 1442, 2004” the undersigned hereby gives assurance that:

1. I have fulfilled my obligation to obtain professional liability or errors and omissions insurance as outlined in Bylaw No. 1442, 2004.
2. I have attached a copy of my certificate of insurance indicating the particulars of such coverage.
3. I am a registered professional as defined by Section 1.1.3.2 of the *BC Building Code*.
4. I will notify the Building Official immediately if this insurance coverage is reduced or terminated at any time during the construction of the above-noted project.

Name: _____

Company: _____

Mailing Address: _____

Postal Code

Phone: (home) _____ Phone: (work) _____

Email: _____

Signature: _____ Date: _____