



**Motor Carrier Certificate of Insurance**

**Public Passenger Vehicle (Third Party Coverage)  
and Passenger Liability and Property Damage**

The Company signatory hereto, duly authorized to do business in the Province of Nova Scotia, Canada,  
**Hereby Certifies** that it has issued to

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*Name of insured as per policy*

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*Address of insured*

a motor vehicle liability Insurance Policy as noted below providing

- (1) Third Party inclusive coverage in respect to liability for injury or death to persons (other than passengers) and for damage to property of others and
- (2) Inclusive coverage for the protection of passengers and property of passengers carried by the insured

in respect to each of the public passenger vehicles (buses) listed below in the limits per single accident set out below, and that said policy is in full force and effect on the date hereof;

**And Hereby Undertakes** that it will notify the  
Clerk, Nova Scotia Utility and Review Board  
Suite 300, 1601 Lower Water Street  
Postal Unit "M"  
P. O. Box 1692  
Halifax, Nova Scotia  
B3J 3S3

in writing of any cancellation, alteration or expiry of any policy referred to herein (including continuing policies) at least 15 days before the effective date of the cancellation, alteration or expiry and that if such notice is not given the policy shall, notwithstanding any provision in the policy including any provision as to the term thereof, remain in full force and effect and unaltered until 15 days after the date when a notice in writing of such cancellation, alteration or expiry is given to the Clerk of the Board at the address as shown above.

**And the Company Further Certifies** that the Policy covers (*check one*)

- All vehicles owned, operated or leased by the insured.
- The public passenger vehicles described below

**Describe Public Passenger Vehicles Only**

Seating Capacity (Excluding Driver) and Kind of Vehicle	Year	Maker's Name	Serial Number	Third Party Liability Limit (Inclusive)	Passenger Liability and Property Damage Limit (Inclusive)

*If space above is insufficient, attach list*

Name of Insurance Company \_\_\_\_\_

Date \_\_\_\_\_

*Signed by an Officer of Insurer*

\_\_\_\_\_  
*Name and Position of Signing Officer*

\_\_\_\_\_  
*Address of Insurer*

\_\_\_\_\_  
*Telephone No.*

\_\_\_\_\_  
*Fax No.*

Email \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective From \_\_\_\_\_ and all continuing policies.