

**DISTRICT OF CHETWYND  
BUILDING BYLAW NO. 973, 2012**

**SCHEDULE 'M'**

**REPORT ON PROFESSIONAL INSURANCE**

Permit (File) No. \_\_\_\_\_

**PROJECT**

Described as: \_\_\_\_\_

Legal Description: \_\_\_\_\_  
(Lot #, Plan #, Section #, etc)

Street Address: \_\_\_\_\_  
\_\_\_\_\_

**REGISTERED PROFESSIONAL**

Pursuant to the District of Chetwynd Building Bylaw No. 973, 2012 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. 973, 2012.
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 construction of the above noted project.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_