



# City of Ann Arbor

## CUSTOMER SERVICE

301 E. Huron St. | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647  
 Ph: 734.794.6320 | Fax: 734.994.8991 customerservice@a2gov.org

### Attachment A: INSURANCE REQUIREMENTS

The City of Ann Arbor requires that you provide evidence of proper liability insurance coverage in order to obtain this permit. You or your insurance company must submit a valid certificate of insurance with the following information:

- The City of Ann Arbor is the Certificate Holder.
- The City of Ann Arbor named as additionally insured.
- The insurance must be valid throughout the entire project.
- The policy must be signed and dated by the authorized agent. If your agent is faxing this information to the Customer Service Unit, they should send it to the attention of Customer Services at (734) 994-8991. We will only accept a faxed copy from the agent and not from your office. Both the front and back sides of the form must be faxed, even if it is blank.
- The cancellation clause must be amended to meet the City Attorney’s office requirements including:
  - Remove the words “endeavor to”.
  - Provide for “10 days written notice to the certificate holder named to the left”.
  - Remove all language beginning with “but failure to mail...” to the end of the clause ending with “agents or representatives.”

The required level of insurance, outlined below, is prescribed by City Code.

CHAPTER APPLICATION	LIABILITY AMOUNTS
14 – City Contractor .....	\$500,000 per contract
47 – Banner.....	\$500,000; \$50,000
47 – Excavator – General.....	\$500,000; \$50,000
47 – Excavator – Single Family Residence .....	\$100,000
47 – House Mover .....	\$500,000; \$1,000,000; \$50,000
47 – Sidewalk Occupancy .....	\$500,000; \$50,000
61 – Sign Owner or Erector .....	\$50,000; \$100,000; \$25,000
79 – Peddler/Solicitor .....	\$500,000; \$50,000
93 – Fire Alarm Installer .....	\$200,000; \$400,000, \$100,000

Please submit this information along with your application or processing may be delayed until the necessary information is received.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Sample Insurance Agency 123 N Main St Ann Arbor, MI 48104	<b>CONTACT NAME:</b> State Farm Insurance															
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>														
<b>E-MAIL ADDRESS:</b>																
<b>INSURED</b> ABC Company 123 S Main St Ann Arbor, MI 48104		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A :</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		BND-JXXXXX01-1234	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
City of Ann Arbor is listed as additionally insured.

<b>CERTIFICATE HOLDER</b> City of Ann Arbor 301 E Huron St Ann Arbor, MI 48104	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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