

CERTIFICATE OF INSURANCE

This certifies the policies of insurance described below have been issued by the undersigned insurance company to the named insured with limits and liability equal to or greater than the limits of liability set forth, and further that such policies are in full force at this time.

Name and address of Insured: _____

Name and address of Insurer: _____

LIMITS OF LIABILITY

Insurance Type	Check if in effect	Bodily Injury – Each Person or Occurrence	Property Damage – Each Occurrence	Policy Number	Expiration Date
1. Worker’s Comp & Employer’s Liability	<input type="checkbox"/>	Statutory \$100,000.00		_____	_____
2. Auto Liability	<input type="checkbox"/>	\$300,000.00	\$500,000.00	_____	_____
3. General Liability (Includes A – J)					
A. Comprehensive	<input type="checkbox"/>	\$100,000.00	\$300,000.00	_____	_____
B. Premises & Operations	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
C. Independent Contractors	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
D. Contractual Liability	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
E. Products / Completed Oper	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
F. Professional Liability	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
G. Personal Injury	<input type="checkbox"/>	\$100,000.00	\$300,000.00	_____	_____
H. Property Damage	<input type="checkbox"/>	\$50,000.00	\$500,000.00	_____	_____
I. Underground Hazard	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
J. Explosion & Collapse	<input type="checkbox"/>	\$500,000.00	\$500,000.00	_____	_____
4. Excess Liability (Umbrella)	<input type="checkbox"/>	\$1,000,000.00	\$1,000,000.00	_____	_____

It is agreed that none of the above policies will be cancelled or changed so as to materially affect coverage evidenced by this certificate unless thirty (30) days advance, written notice by certified mail is given to the additional insured named below stating the insurer’s intent to cancel, change or not renew.

Additional Insured:
 City of Rochester Hills
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309

Issued By: _____
Authorize Representative

Of: _____

Date: _____