

PERMIT / LICENSE BOND

Application # _____

Permit # _____

Bond # _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ of
(address) _____, as Principal,
and _____ of
(address) _____

are duly authorized to transact business in the State of Michigan, as surety, are held and firmly bound onto the CITY OF ROCHESTER HILLS, COUNTY OF OAKLAND, STATE OF MICHIGAN, in the penal sum of:

_____ (\$ _____)
DOLLARS, lawful money of the United States of America, to be paid to the said City of Rochester Hills, or to its attorney, successor or assigns, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns and each and every one of them.

SEALED with our seals and dated this _____ day of _____, 2_____.

WHEREAS,
the Principal has made application to the City of Rochester Hills for a permit to construct, operate or maintain within the right-of-way as stated in the application for said permit.

NOW, THEREFORE,
the condition of this obligation is such that in case said permit is granted, if the said Principal, shall construct and maintain such work in the manner prescribed in the permit therefore issued by said CITY OF ROCHESTER HILLS and shall well and truly pay all damages on account of such construction and maintenance, and all other damages, fines and penalties which he shall become liable to pay, and shall save said CITY OF ROCHESTER HILLS harmless from all suits, claims, damages and proceedings of every kind arising out of the construction and maintenance of said work, and shall observe all the terms and conditions of the permit to be issued, then this obligation to be void, otherwise of full force and virtue.

THIS BOND SHALL NOT EXPIRE UNTIL SUCH TIME AS THE APPLICABLE PERMIT IS RELEASED.

Signed, sealed and delivered in the presence of:

Principal _____
Signature _____
Print Name & Title _____
Address _____

Surety _____
Signature _____
Print Name & Title _____
Local Address _____

First Witness _____
Print/Type Name _____
Second Witness _____
Print/Type Name _____

First Witness _____
Print/Type Name _____
Second Witness _____
Print/Type Name _____

Note: Incomplete or invalid surety address delays release of bond, in which case we will release to the principal for their records.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/9999

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).

PRODUCER ABC INSURANCE AGENCY 123 MAIN STREET SOMEWHERE, U.S.A.	CONTACT NAME:
	PHONE (A/C, No, Ext): 555-555-1234 FAX (A/C, No): 555-555-1235 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED XYZ CONSTRUCTION COMPANY 456 MAIN STREET ANYWHERE, U.S.A.	INSURER(S) AFFORDING COVERAGE INSURER A : ABC INSURANCE COMPANY NAIC # 00000
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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	ADDE INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			00-00-00-00-000	09/09/9999		EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						WC STATUTORY LIMITS OTH-ER 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)

30 day notice of cancellation applies except for cancellation for non-payment of premium. PROJECT NAME:

Additional Insured: City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof.

CERTIFICATE HOLDER CITY OF ROCHESTER HILLS 1000 ROCHESTER HILLS DRIVE ROCHESTER HILLS, MI 48309	CANCELLATION 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 Agent Signature
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