

**City of Madison Inspection Unit**  
 215 Martin Luther King Jr Blvd.  
 Madison Wi 53710  
 Room LL 100  
 FAX 266-6522

This Form Must be Completed in its Entirety

# Certificate of Insurance

-To-  
**City of Madison**

**Only This Certificate  
 Of Insurance Form  
 Will Be Accepted**

This certifies to the Municipality the following described Policies have been issued to the insured named below and are in force at this time.

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

This certificate is furnished to the Municipality to induce the Municipality to take official action and may be relied upon by the Municipality.

Description of operations insured \_\_\_\_\_

Policies And Insurers	Limits	Company Name	Expiration Date
Commercial General Liability (Insurer)	Each Occurrence \$ _____ Aggregate \$ _____		
Business Auto Policy Liability Coverage Symbol (Insurer)	Each Person \$ _____ Each Accident \$ _____ Each Accident \$ _____ Combined Single Limit \$ _____		
Umbrella Liability (Insurer)	Occurrence / Aggregate \$ _____		

The following coverage's or conditions are in effect: (MUST BE ANSWERED "YES" FOR APPROVAL)

YES NO

The Municipality, its officials, and employees are named on all liability policies described above as additional insured as respects: \_\_\_\_\_

- (a) activities performed for the Municipality by or on behalf of the insured,
- (b) products and completed operations of the Named Insured, and
- (c) premises owned, leased or used by the Named Insured

Products and completed operations. \_\_\_\_\_

The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits \_\_\_\_\_

Contractual Liability Coverage applying to this Contract \_\_\_\_\_

This certificate is not a policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirements, term or condition of any contractor other document with respect to which this certificate of insurance 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.

Agency or Brokerage \_\_\_\_\_

Address/ City/ State/ Zip Code \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Home Office \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*NOTE: Authorized signature may be the agent's if the agent has placed insurance through an agency agreement with the insurer. If the insurance is brokered, the authorized signature must be that of official insurance.

## ACKNOWLEDGMENT

State: \_\_\_\_\_

County } ss.

Personally came before me, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ the above named Agent of the aforesaid Insurance Company

to me known to be the person who executed the foregoing instrument and acknowledged the same as the act and deed of the Insurance company by its Authority.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, 19\_\_\_\_