

Return completed certificate to:
Office of Real Estate Services
 Attn: Jerry Lund
 P.O. Box 2983
 Madison, WI 53701-2983
 608-267-8739 (FAX)
 608-267-8718 (PHONE)

This Form Must be Completed in its Entirety

**Only This Certificate
 of Insurance Form
 Will be Accepted.**

Certificate of Insurance

-To-
 the City of Madison ("Municipality")
 Madison, Wisconsin

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 \$ _____		
Worker's Compensation (Insurer)	Employer's Liability \$ _____		

The following coverages 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

ACKNOWLEDGMENT

State: _____ County. }ss.

Personally came before me, this _____ day of _____, 20 _____ 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.

*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 an official of the insurance company.

Notary Public _____ County _____

My Commission Expires: _____, 20 _____