



Department of Public Works  
**City Engineering Division**

608 266 4751

City Engineer  
Larry D. Nelson, P.E.

Deputy City Engineer  
Robert F. Phillips, P.E.

City-County Building, Room 115  
210 Martin Luther King, Jr. Blvd.  
Madison, Wisconsin 53703  
608 264 9275 FAX  
608 267 8677 TDD

Principal Engineers  
Michael R. Dalley, P.E.  
David L. Benzschawel, P.E.  
Christina M. Bachmann, P.E.  
John S. Fahrney, P.E.

Operations Supervisor  
Kathleen M. Cryan  
Hydrogeologist  
Joseph L. DeMorett, P.G.  
GIS Manager  
David A. Davis, R.L.S.

TO: Contractors/Licensure Applicants  
FROM: Larry Nelson, City Engineer  
SUBJECT: Prequalification Application for Contractors/Licensure for 2007-2008

It's that time of year again to renew your Prequalification with the City of Madison.

Please note that revisions have been made to the Prequalification Application from previous years.

Section 66.0901(2) of Wisconsin Statutes authorizes municipalities to approve potential bidders of public works construction prior to the receipt of bids. In addition, the City reviews potential contractors who wish to work within the public right of way prior to permitting that work and sub-contractors who wish to work on private City contracts. This document shall be completed, properly executed, along with the necessary attachments regarding information relating to financial ability, equipment, experience in the work prescribed in the public contract, and other matters that the City requires for the protection and welfare of the public in the performance of a public contract, or for various work within the public right of way.

Subcontractors working on public contracts for the City of Madison are not required to be pre-qualified. Contractors and Subcontractors on Development or Sub-Division agreements contracts with the City of Madison are required to be pre-qualified. It is up to the individual contractor to know which type of project for the City of Madison that they are working on.

The Contractor shall instruct his/her insurance carrier to fill out a Certificate of Insurance or complete the attached City of Madison Certificate of Insurance form. This insurance certificate must show the type, amount, class of operations covered, effective dates and dates of expiration of policies. Contractors should also be aware that unless the coverage limits are those specified on Appendix B approval would not be granted. **Certificates of Insurance must remain current and a copy filed with the City Engineering Division in order to maintain your prequalification status.**

Form 11B - \$5,000 LICENSE BOND requirements have changed. The bond amount has increased to \$5,000. Therefore, for 2007 Prequal year, the City will not be able to accept a Continuation Certificate renewing your concrete Layer's Bond as in previous years. Please have the attached form filled out and return with your application.

Potential bidders/contractors need to complete an Affirmative Action Plan. If you have previously filed an Affirmative Action Plan, please note that these approvals expire January 31, 2007 and you will need to complete a new plan. The Model Affirmative Action Plan for Public Works Contractors, and instructions for completing the plan are available for printing from the Affirmative Action website at: <http://www.ci.madison.wi.us/affact/forms.html>. See Appendix A for further information.

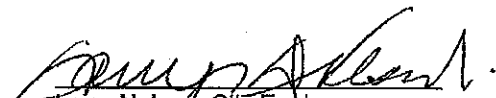
To avoid a lapse in your Prequalification status, please submit your application before January 15, 2007.

The completed Prequalification Forms along with the necessary attachments are to be submitted to:

City of Madison  
Public Works-Prequalifications  
210 Martin Luther King Jr. Blvd. Room 115  
Madison, WI 53703-3342

Phone: 608-266-4620  
Fax: 608-264-9275

If you have any questions, please call Janet Plen at 608-266-4620.

  
Larry Nelson, City Engineer

**City of Madison, Wisconsin  
Bidders Proof of Responsibility for Public Works Construction and to Work in the Public Right of Way  
within the City of Madison Through January 31, 2008**

LOG NO. \_\_\_\_\_ DATE REC'D \_\_\_\_\_ APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_

AA PLAN \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

Name of Firm (Use the legal name of the firm that is to be used on bids and sureties)	
Name of Chief Executive Officer	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-Mail Address	
I would like to be notified by email of:	<input type="checkbox"/> Proposed plans in areas checked below
	<input type="checkbox"/> Proposed plans in all areas
Name of representative we may contact concerning this submittal	
Telephone Number	
	Questions, call (608) 266-4620

**APPROVAL REQUESTED IN THE FOLLOWING CATEGORIES:**

**Categories \*\***

- A.  LICENSED AS CONCRETE LAYER, ASPHALT PAVER OR MUDJACKER FOR PRIVATE PROPERTY OWNERS
- B.  APPROVAL TO BID ON PUBLIC WORKS PROJECTS IN CATEGORIES CHECKED BELOW
- C.  APPROVAL AS CONTRACTOR ON DEVELOPMENTS OR SUB-DIVISION AGREEMENTS
- D.  APPROVAL TO WORK IN PUBLIC RIGHT-OF-WAY FOR UTILITES OR OTHERS

\*\*For the categories checked above, fill out the items below that pertain to that category

**SECTION I**

Category		CONCRETE LAYER, ASPHALT PAVER OR MUDJACKER	Check if Applicable
A	1	Concrete Layer:	<input type="checkbox"/>
	2	Asphalt Paver:	<input type="checkbox"/>
	3	Mud jacking of Concrete Sidewalk and Driveways:	<input type="checkbox"/>
		\$50 Fee is attached for any of above Payable City of Madison	Attached <input type="checkbox"/>

**SECTION II**

Category B-C-D	Item	PUBLIC WORKS AND/OR DEVELOPMENT, SUB-DIVISION AGREEMENTS AND/OR RIGHT OF WAY UTILITY WORK	Check if Applicable
		<b>BUILDING DEMOLITION</b>	
	101	Asbestos Removal	<input type="checkbox"/>
	110	Building Demolition	<input type="checkbox"/>
		<b>STREET, UTILITY AND SITE CONSTRUCTION</b>	
	201	Asphalt Paving	<input type="checkbox"/>
	204	Blasting	<input type="checkbox"/>
	208	Concrete Paving	<input type="checkbox"/>
	212	Concrete Sidewalk, Curb and Gutter, Misc. Concrete Work	<input type="checkbox"/>
	216	Fencing	<input type="checkbox"/>
	220	Grading and Earthwork	<input type="checkbox"/>
	224	Landscaping, Maintenance	<input type="checkbox"/>
	228	Landscaping, Site and Street	<input type="checkbox"/>
	232	Pavement Sealcoating and Crack Sealing	<input type="checkbox"/>
	236	Petroleum Above/Below Ground Storage Tank Removal and Installation (Attach copies of State Certifications.)	<input type="checkbox"/>
	240	Retaining Walls, Pre-cast Modular Units	<input type="checkbox"/>
	244	Retaining Walls, Reinforced Concrete	<input type="checkbox"/>
	248	Sanitary, Storm Sewer and Water Main Construction	<input type="checkbox"/>
	252	Sewer Lining	<input type="checkbox"/>
	256	Soil Borings within the Public Right of Way,	<input type="checkbox"/>
	260	Street Construction	<input type="checkbox"/>
	264	Street Lighting	<input type="checkbox"/>
	268	Traffic Signals	<input type="checkbox"/>
	272	Traffic Signing and Marking	<input type="checkbox"/>
	276	Traffic Control During Construction	<input type="checkbox"/>
	299	Other:	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
	Item	<b>BRIDGE CONSTRUCTION</b>	
	301	Bridge Construction and/or Repair	<input type="checkbox"/>
	Item	<b>BUILDING CONSTRUCTION</b>	
	401	Carpet Installation	<input type="checkbox"/>
	405	Electrical	<input type="checkbox"/>
	410	Elevator	<input type="checkbox"/>
	415	General Building Construction, \$250,000 to \$1,500,000	<input type="checkbox"/>
	420	General Building Construction, Equal or Less Than \$250,000	<input type="checkbox"/>
	425	General Building Construction, Over \$1,500,000	<input type="checkbox"/>

430	Heating, Ventilating and Air Conditioning (HVAC)	<input type="checkbox"/>
435	Masonry	<input type="checkbox"/>
440	Painting	<input type="checkbox"/>
445	Plumbing	<input type="checkbox"/>
450	Pump Repair	<input type="checkbox"/>
455	Pump Systems	<input type="checkbox"/>
460	Roofing	<input type="checkbox"/>
465	Soil/Groundwater Remediation	<input type="checkbox"/>
470	Water Supply Elevated Tanks	<input type="checkbox"/>
475	Water Supply Wells	<input type="checkbox"/>
499	Other:	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Item</b>	<b>WORK IN PUBLIC RIGHT-OF-WAY FOR UTILITIES, PRIVATE BUILDING OWNERS, OR OTHERS</b>	
501	Fiber Optic Cable/Conduit Installation	<input type="checkbox"/>
505	Private Building Sewer (Laterals) Drain Cleaning/Internal TV Inspection	<input type="checkbox"/>
510	Storm and Sanitary Sewer Laterals and Water Services	<input type="checkbox"/>
515	Utility Transmission Lines including Natural Gas, Electrical, and Communications.	<input type="checkbox"/>
599	Other:	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**SECTION III**

<b>Category (Item)</b>		<b>APPROVALS REQUIRING STATE OF WISCONSIN CERTIFICATIONS</b>	<b>Check if Attached</b>
<b>B-C-D Item 204</b>	1	Class 5 Blaster - Blasting Operations and Activities 2500 feet and closer to inhabited buildings for quarries, open pits and road cuts.	<input type="checkbox"/>
<b>B-C-D Item 204</b>	2	Class 6 Blaster - Blasting Operations and Activities 2500 feet and closer to inhabited buildings for trenches, site excavations, basements, underwater demolition, underground excavations, or structures 15 feet or less in height.	<input type="checkbox"/>
<b>B-C-D Item 204</b>	3	Class 7 Blaster - Blasting Operations and Activities for structures greater than 15 feet in height, bridges, towers, and any of the objects or purposes listed as "Class 5 Blaster or Class 6 Blaster".	<input type="checkbox"/>
<b>B-C-D ITEM 236</b>	4	Petroleum Above/Below Ground Storage Tank Removal and Installation (Attach copies of State Certifications.)	<input type="checkbox"/>
	5	Other:	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### SECTION IV

Category (Item)		Proof of Responsibility	Fill out or check as required
<b>A-B-C-D</b>	1	When was the firm organized?	Date: _____
<b>A-B-C-D</b>	2	When and where was firm incorporated?	State: _____ Year: _____
<b>B-C-D</b>	3	Attach schedule of more recent or current projects, value of each, completion or estimated completion date, and, the name and title of the Engineer/Supervisor in charge.  OR  I am renewing my Prequalification from last year with no new categories.	Attached: <input type="checkbox"/>  OR  Renewal (no new categories) <input type="checkbox"/>
<b>B-C-D</b>	4	Attach a list of your major equipment.  OR  I am renewing my Prequalification from last year with no new categories.	Attached: <input type="checkbox"/>  OR  Renewal (no new categories) <input type="checkbox"/>
<b>B-C-D</b>	5	Attach the background/experience of principal your officers or personnel.  OR  I am renewing my Prequalification from last year with no new categories.	Attached: <input type="checkbox"/>  OR  Renewal (no new categories) <input type="checkbox"/>
<b>A-B-C-D</b>	6	Has your firm ever defaulted on or failed to complete any contract or work assigned?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
<b>A-B-C-D</b>	7	Has your firm ever been convicted of violating Section 133.03 of the Wis. Statutes or subsequent amendment thereof?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
<b>A-B-C-D</b>	8	Has your firm ever been debarred, suspended, or disapproved by the State of Wisconsin <u>or</u> the Federal Highway Administration.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
<b>B-C-D</b>	9	Attach your firm's latest complete financial report with the name of the Accountant who prepared it. (If you do not have a financial report, submit an In-house report, end of month, or trial balance until such time as your fiscal year -end report is available, and send that report when prepared.)	Attached: <input type="checkbox"/>
<b>B</b>	10	Provide the name of your bonding company and your firm's current limit of payment and performance bonds.	Name: _____  Limit: \$ _____
<b>B-C-D</b>	11	Attach a letter from a Bank stating you current line of credit.	Attached: <input type="checkbox"/>
<b>A-B-C-D</b>	12	Your Insurance Agent must submit a Certificate of Insurance conforming to the level of insurance required in Schedule "B" attached.	Attached: <input type="checkbox"/>



## APPENDIX "A"

Approval of the Prequalification documents includes approval of the Affirmative Action Plan.

If you have previously filed an Affirmative Action Plan, please note that these approvals expire January 31, 2007 and you will need to complete a new plan.

City Ordinance Section 3.58(9)(a). requires applicants/contractors to complete the City Affirmative Action Plan. You may file an **exemption** for completing the entire Affirmative Action Plan if you meet any of the following:

- a. Contracts for goods, supplies, or services are necessitated by or resulting from an emergency situation as duly determined by the Mayor with the advice of the Council where possible;
- b. Contracts are with contractors who employ fewer than 15 (fifteen) employees;
- c. Contracts are with contractors whose aggregate annual business with the City for the calendar in which the contract takes effect is less than \$25,000 (twenty-five thousand dollars)

To file an **exemption** to completing the entire Affirmative Action Plan, go to the Affirmative Action Division's website at <http://www.cityofmadison.com/affact/forms.html>. Click on **CONTRACT COMPLIANCE FORMS** and scroll to Affirmative Action Plan for City of Madison Public Works Contractors [click either on PDF file or MS Word File whichever your computer can utilize], Print out the cover page and pages 2 and 3 of that Affirmative Action Plan, and complete them, being certain to complete all the information requested. If you need assistance or have questions regarding completion of the Affirmative Action Plan please contact City Affirmative Action Contract Compliance Monitor, Bertha Gaona, at 608—267-8786. Additional information can be found at the above website under the "Frequently Asked Questions" link.

1. Minority/Women/Disadvantaged Business Enterprise (M/W/DBE)

An independent business that is at least 51% owned and controlled by one or more minorities, women, or socially and economically disadvantaged individuals.

2. Small Business Enterprise: (SBE)

An independent business that has annual gross receipts less than \$750,000 when averaged over the past three years.

**PLEASE NOTE:**

These are basic definitions to be used as guidelines for determining whether or not a business desires to pursue certification.

As stated earlier, please contact the City Affirmative Action Office (Contract Compliance Officer 608-267-8759) as soon as possible for assistance in completing the necessary documentation to certify your company/firm as: M/W/DBE or SBE.

**City Affirmative Action**

**Tele: 608-266-4082**

**TDD: 608-266-4083**

Additional information can be found on the Affirmative Action website under the "Frequently Asked Questions" link.

Effective Date \_\_\_\_\_

**FORM 11B - \$5,000 LICENSE BOND**

**CONCRETE LAYERS, ASPHALT PAVERS, MUDJACKERS  
ONLY THIS FORM IS ACCEPTABLE - MUST BE COMPLETED IN ITS ENTIRETY  
CALL JANET ABOUT SUBMITTING A CONTINUATION CERTIFICATE: 608-266-4620**

Return to: City Engineering - Public Works  
210 Martin Luther King Jr. Blvd. Room 115  
Madison, WI 53703-3342  
PHONE: 608-266-4620 FAX: 608-264-9275

BOND NUMBER: \_\_\_\_\_ (Must be filled in)

KNOW ALL MEN BY THESE PRESENTS, THAT: \_\_\_\_\_

Name of Company

as principal, and \_\_\_\_\_

Surety Name

Company of: \_\_\_\_\_

City /State/Zip Code

as surety, are held and firmly bound unto the City of Madison, Wisconsin in the sum of Five Thousand Dollars (\$5,000) lawful money of the United States for the payment of which sum to the City of Madison, we hereby bind ourselves and our prospective executors, and administrators firmly by these presents. WHEREAS, the above bounden \_\_\_\_\_

Company Name

shall faithfully comply with all Ordinances, rules and regulations and specifications adopted by the Common Council of the City of Madison, or made by the City Engineer in relation to the construction and performance of work involving: Concrete Curbs, Curb Openings, Driveways, sidewalks, asphalt driveways and terraces in the City of Madison and will pay all damages, costs and expenses caused by the negligence of himself or his employees or his subcontractor(s), or occasioned by his/her or their failure to comply with such Ordinances, rules, or regulations and specifications, then this obligation to be void and of no effect, otherwise to be in full force, virtue and effect for a period of one year from the date of signing and sealing.

This Bond Expires: \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(SEAL)

Typed Name of Principal of Company Being Bonded

BY: \_\_\_\_\_

(SEAL)

Surety Name

BY: \_\_\_\_\_

Attorney-In-Fact Signature and Typed Name

**THIS SECTION MUST BE COMPLETED WITH LICENSE # & POWER OF ATTORNEY ATTACHED.**

This Certifies that I have been duly licensed as an agent for the above Company in Wisconsin, under License No. \_\_\_\_\_ for year: \_\_\_\_\_ and appointed as Attorney-in-Fact with authority to execute this Bond which Power of Attorney has not been revoked. ATTACH THE POWER OF ATTORNEY.

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Address of Agent

\_\_\_\_\_  
Phone Number of Agent

\_\_\_\_\_  
City /State/Zip

\_\_\_\_\_  
DATE

FAX NUMBER: \_\_\_\_\_

**SCHEDULE "B"**  
**INSURANCE REQUIREMENTS**  
**CITY OF MADISON**

**CERTIFICATES OF INSURANCE:**

The Contractor shall instruct his/her insurance carrier to complete a Certificate of Insurance. The attached City of Madison Certificate of Insurance form may be used. This insurance certificate shows the type, amount, class of operations covered, effective dates and dates of expiration of policies. Contractors should also be aware that unless the coverage limits are those specified below, approval would not be granted. Failure to have proper insurance can result in your prequalification being revoked. It can also stop any work you may be doing on a project.

**A. INSURANCE REQUIREMENTS FOR:**

Public Works Contractors and Contractors Prequalified to work in public right-of-way for construction of storm and sanitary sewer laterals, and water services restricted to terrace; and/or utility construction, i.e., natural gas piping and electrical and telephone transmission facilities; and contractors licensed to work within the public right-of-way for private parties.

**Contractor's Liability Insurance:**

It shall be the contractor's responsibility to see that all of the contract operations incident to the completion of the contract are covered by public liability and property damage liability insurance in order that the general public or any representative of the contracting authority may have recourse against the responsible party for injuries or damages sustained as a result of said contract operations. This requirement shall apply with equal force, whether the work is performed by the Contractor, or by a Subcontractor, or by anyone directly or indirectly employed by either of them.

The Contractor shall not commence work under this Contract, nor shall the Contractor allow any Subcontractor to commence work on its Subcontract, until the insurance requirement has been obtained.

**Worker's Compensation Insurance:**

The Contractor shall procure and maintain during the life of this Contract Worker's Compensation Insurance as required by Wisconsin and other applicable laws on employees to be engaged in work at the site of the project under this Contract and, in case of any such work sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees to be engaged in such work unless such employees are covered by the protection afforded by the Contractor's Compensation Insurance.

**General Liability Requirements:**

The Contractor shall procure and maintain during the life of this contract, commercial general liability insurance including, but not limited, to contractual liability insurance and property damage insurance in the amounts:

**Not less than: \$1,000,000 PER OCCURRENCE, for bodily injury and death, and property damage insurance in an amount not less than \$1,000,000 PER OCCURRENCE, and shall be primary, with the City of Madison as an additional insured. THE CITY OF MADISON MUST BE LISTED AS ADDITIONAL INSURED ON GENERAL LIABILITY POLICY.**

**Automobile Liability Insurance Limits:**

The Contractor shall procure and maintain during the life of this Contract commercial automobile liability insurance covering owned, non-owned and hired automobile for limits of not less than:

**\$1,000,000 PER OCCURRENCE, and shall be primary with the City of Madison as an additional insured for the life of this contract. THE CITY OF MADISON MUST BE LISTED AS ADDITIONAL INSURED ON BUSINESS VEHICLE/AUTO POLICY.**

A copy of the City of Madison's Blank Certificate of Insurance Forms is attached for your use.

**Subcontractor's Insurance:**

The Contractor shall insure the activities of his/her subcontractors in its own policy.

**Insurance for the Construction of City Buildings:**

The City will effect and maintain for the benefit of the parties to Contracts for City Buildings, as their interests may appear Builder's Risk Insurance to the extent of 100% of the value incorporated in the building as well as materials stored on the site, to be incorporated in the building, including form work in place, form lumber on site, temporary structures, equipment and supplies incidental to the construction of the building.

The insured loss, if any, is to be adjusted with and payable to the City as Trustee for the parties to the contract as their interest may appear.

Machinery and construction equipment, owned or rented by the Contractor, such as but not limited to: mixers, hoists, cranes, scaffolding, miscellaneous and small tools, canvasses, tarpaulins, forms and shores (the capital value of which is not wholly included in the cost of the work) and Contractor's job office and warehouse, are not covered in this insurance.

The City, Contractor and all Subcontractors waive all rights each against the others, for damages caused by fire or other perils covered by the Builder's Risk Insurance, except such rights as they may have to the proceeds of insurance held by the City as Trustee. This provision shall only apply to the contracts for the construction of buildings.

**Additional Requirements**

The Municipality, its officials, and employees are named on General Liability and Auto Liability as Additional Insured regarding:

- (a) Activities performed for the Municipality or on behalf of names insured
- (b) Products and completed operations of the Names Insured
- (c) Premises owned, leased or used by the Name Insured

Contractual Liability Coverage Applying to This Contract

The named insured will mail to the City of Madison, 30 days written notice of cancellation or reduction of coverage or limits.

**B. INSURANCE REQUIREMENTS FOR: CONTRACTORS LICENSED AS CONCRETE LAYERS, ASPHALT PAVERS AND/OR MUDJACKERS:**

The Licensed Contractor shall instruct his/her Insurance Carrier to complete a Certificate of Insurance which will specify the limits as stated below, with the City of Madison listed as additional insured on both commercial general liability and commercial general auto.

**Commercial General Liability      Limits to Meet or Exceed**

Bodily Injury & Property Damage` \$1, 000,000 each occurrence

**Commercial General Auto (Including owned, hired, and non-owned)**

Bodily Injury & Property Damage \$1,000,000 each occurrence

Licensed Contractors should note that unless the insurance requirements as stated above are adhered, approval for license cannot be granted.

**Worker's Compensation Insurance:**

The Contractor shall procure and maintain during the life of this Contract Worker's Compensation Insurance as required by Wisconsin and other applicable laws on employees to be engaged in work at the site of the project under this Contract and, in case of any such work sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees to be engaged in such work unless such employees are covered by the protection afforded by the Contractor's Compensation Insurance.

Please ask your insurance agent to send a new certificate of insurance each time the old one expires.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

Return completed certificate to:  
 City Engineering  
 210 Martin Luther King Jr. Blvd.  
 Room 115  
 Madison, WI 53703-3342

**CERTIFICATE OF INSURANCE  
 -TO-  
 CITY OF MADISON**

Questions?  
 Call 608-266-4620  
 Fax: 608-264-9275

Madison, Wisconsin (the Municipality)  
 A Wisconsin Municipal Corporation

This Certifies to the Municipality that the following described policies are issued to the insured named below and are in force at this time.

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

This Certificate is furnished to the Municipality to induce the Municipality to take an official action and may be relied upon by the Municipality  
 Description of operations/locations/products insured

POLICIES AND INSURERS	LIMITS	COMPANY NAME & POLICY NUMBER	EXPIRE DATE
Worker's Compensation _____ (Insurer)	Employer's Liability \$ _____		
Commercial General Liability _____ (Insurer)	Each Occurrence \$ _____ Aggregate \$ _____		
Business Auto Policy Liability Coverage Symbol _____ (Insurer)	Ea. Person \$ _____ Ea. Accident \$ _____ Ea. Accident \$ _____ Combined Single Limit \$ _____		
Umbrella Liability _____ (Insurer)	Occurrence/Aggregate \$ _____ Self-Insured Retention \$ _____		

<u>The following coverage or conditions are in effect:</u>	YES
The Municipality, its officials, and employees are named on General Liability and Auto Liability as Additional Insured regarding	
(a) Activities performed for the Municipality or on behalf of named insured	X
(b) Products and completed operations of the Named Insured,	X
(c) Premises owned, leased or used by the Named Insured	X
<b>Products and Completed Operations</b>	X
The undersigned will mail to the Municipality 30 days written notice of cancellation or reduction of coverage or limits.	X
Contractual Liability Coverage Applying to This Contract	X

This Certificate is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other documents 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: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Home Office: \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_