

Return completed certificate to:  
**City of Madison Risk Management**  
 Attn: Risk Manager  
 210 Martin Luther King, Jr. Blvd., Rm. 406  
 Madison, WI 53703-3345  
**608-267-8705 (FAX)**  
**608-266-5965 (PHONE)**

This Form Must be Completed in its Entirety

# Certificate of Insurance



-To-  
**City of Madison**  
**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	Policy Number	Policy Period
Commercial General Liability	Each Occurrence \$ _____		
	Aggregate \$ _____		
(Insurer)			
Business Auto Liability	Coverage Symbol _____		
	Combined Single Limit \$ _____		
(Insurer)			
Umbrella Liability	Occurrence/Aggregate \$ _____		
	Retention \$ _____		
(Insurer)			
Worker's Compensation	Employer's Liability \$ _____		
	Statutory (states) _____		
(Insurer)			
Professional/Other Liability	Per Claim/Other \$ _____		
	Aggregate \$ _____		
(Insurer)			

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 the Commercial General Liability policy(ies) 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, terms or conditions 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 \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

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

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.