

CERTIFICATE OF INSURANCE FOR CONSTRUCTION AND RECONSTRUCTION PROJECTS

NOTE: INSURANCE COMPANY MUST BE LICENSED IN THE STATE OF MICHIGAN

The subscribing insurance company certifies to the Macomb County Department of Roads that insurance of the kinds and types and for limits of liability covering the work herein designated, has been procured by and furnished on behalf of the insured contractor named in item one (1).

1. NAME OF INSURED: _____
ADDRESS OF INSURED: _____
2. LOCATION and DESCRIPTION OF WORK _____
3. Type of Insurance (indicate policy amount if other than Minimum Limits shown*)
 - A. Comprehensive General Liability – including coverage for Contractual Liability Insurance, Completed Operations and/or Product Liability, X, C, and U.
 - B. Comprehensive Auto Liability Insurance including coverage for owned, hired and non-owned vehicles.
 - C. Owners & Contractors Protective Public Liability & Property Damage Insurance.
 - D. Workmen’s Compensation.
 - E. Umbrella or Excess Liability.

TYPE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGE	EACH OCCURANCE	AGGREGATE
A.				B.I. & P.D.	1,000,000	2,000,000.*
B.						
C.				Combined Single Limit B.I. & P.D.	\$1,000,000* \$1,500,000.*	\$3,000,000*
Named Insured for (C) shall include the following: <u>Macomb County Department of Roads</u> <u>(Furnish three (3) copies of policy with this certificate)</u>						
D.	Coverage A – Compensation			MI STATUTORY	\$500,000.*	
	Coverage B – Employer’s Liability				\$500,000./\$500,00.*/\$500,00.*	
E.					\$2,000,000.*	\$2,000,000.*

Named Insured for (C) shall include the following: **MACOMB COUNTY DEPARTMENT OF ROADS AND ITS EMPLOYEES, ELECTED AND APPOINTED OFFICIALS, AND ALL CITIES, TOWNSHIPS IN MACOMB COUNTY. SUCH COVERAGE SHALL BE PRIMARY.**

Certificate holder is scheduled as additional insured with regards to GL coverages.

The coverage herein certified is written in accordance with the company’s regular policies and endorsement, subject to the company’s applicable manual of rules and rates, except:

- (A) The insurance shall not be subject to the usual “X” – explosion, “C” – collapse, or “U” underground property damage exclusions.
- (B) In the event of cancellation or reduction in coverage by the Insurance Company, 30 days prior written notice shall be given the Macomb County Department of Roads.
- (C) The Subscribing Company and the insured contractor agrees to give 30 day prior written notice to the Macomb County Department of Roads in the event the contractor cancels or reduces the coverage of any insurance certified above.

DATE: _____ BY: _____
Authorized Representative