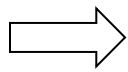


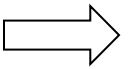
CITY OF ROYAL OAK INSURANCE REQUIREMENTS

Insurance Policy Adopted By the Royal Oak City Commission on 8/14/89

The Permittee shall not commence work under this permit until he has obtained the insurance required under this paragraph. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverage shall be with insurance carriers acceptable to the City of Royal Oak, Michigan.



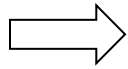
1. **General Liability Insurance:** The Permittee shall procure and maintain during the life of this permit, Commercial General Liability Insurance, on an "Occurrence Basis" with limits of liability not less than **\$500,000** per occurrence and/or aggregate combined single limit Personal Injury, Bodily Injury and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions, or equivalent; (E) Deletion of all Explosion, Collapse and Underground (XCU) Exclusions, if applicable. General Liability shall be "**Per Project**" or an **Owner's & Contractor's Protective Liability** policy will be required as noted in item 6 below.



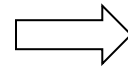
2. **Automobile Liability:** The Permittee shall procure and maintain during the life of this permit, a Motor Vehicle Liability Insurance rider on their general liability insurance to include Michigan No-Fault Coverage, with limits of liability not less than **\$500,000** per occurrence combined single limit Bodily Injury and Property Damage. The required coverage shall include:

All OWNED, NON-OWNED, SCHEDULED and HIRED Vehicles*; *or applicants whom **do not own** or **lease** vehicles on their company name can forgo providing coverage for owned vehicles by submitting a **signed and notarized affidavit** stating "**____ (Applicant) neither owns nor leases any vehicle in its registered company name.**" **and must also provide coverage for NON-OWNED and HIRED VEHICLES.**

The city can notarize documents for a fee of \$10.



3. **Worker's Compensation Insurance***: The Permittee shall procure and maintain during the life of this permit, Worker's Compensation Insurance, including Employers' Liability Coverage, in accordance with all applicable Statutes of the State of Michigan. ***Applicants that are not required to provide Workman's Compensation Insurance as required by State Law must submit a signed and notarized affidavit stating "____ (Applicant) has ____ number of employees and is therefore exempt from providing Workman's Compensation Insurance in accordance with State Law."** The city can notarize documents for a fee of \$10.



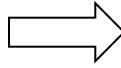
4. **Description of Operations, Locations / Vehicles / Exclusions added by Endorsement / Special Provisions**

- A. **Additional Insured:** Commercial General Liability Insurance and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating:

For the City of Royal Oak ROW Permit the following are listed as additional insured by way of endorsement: The City of Royal Oak, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof with respect to the Commercial General and Automobile Liability policies

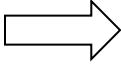
- B. Other information and operations referencing Permits issued by the City of Royal Oak may be added to this area specifically and separately from the additional insured statement. It is NOT recommended to state the permit or type of permit, location or

address of the proposed operation.



5. **Cancellation:**

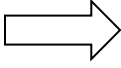
A. The policy for Workers' Compensation Insurance, Commercial General Liability Insurance and Motor Vehicle Liability Insurance, as described above, shall include ***Thirty (30) days Advance Written Notice of Cancellation***, Non-Renewal, and/or Material Change in Coverage will be sent to: City Engineer, Royal Oak City Hall, 211 Williams Street, P.O. Box 64, Royal Oak, Michigan, 48068-0064."



6. **Owner's and Contractor's Protective Liability:** The Permittee shall procure and maintain during the life of this permit, Owner's and Contractor's Protective Liability with the limits of liability not less than **\$500,000** per occurrence and/or aggregate, combined single limit, Bodily Injury and Property Damage. The City of Royal Oak, Michigan shall be "Named Insured" on said coverage. Thirty (30) days notice of cancellation shall apply to this policy. For construction costs over \$100,000, see Table I for required liability amount.

Table I

<u>Construction Cost</u>	<u>Required Liability Amount</u>
\$ 100 - 500,000	\$ 500,000
\$ 500,000 Up	\$ 1,000,000



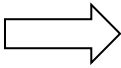
7. **Proof of Insurance Coverage:** The Permittee shall provide the City of Royal Oak, Michigan at the time of the permit application, a certificate summary and policies as listed below:

A. ONE (1) ORIGINAL copy of Certificates of Insurance for: (Original = directly received from insurer) on an ACORD form:

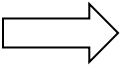
1. Commercial General Liability Insurance;
2. Vehicle Liability Insurance;
3. Worker's Compensation Insurance

B. Original Policy, or original Binder pending issuance of policy, for Owner's & Contractor's Protective Liability Insurance shall be transmitted directly from the agent to the City of Royal Oak;

C. If so requested, Certified Copies of all policies mentioned above will be furnished.



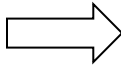
8. **Renewal:** If any of the above coverage's expires during the term of this permit, the Permittee shall deliver renewal certificates and/or policies to the City Engineer of Royal Oak **at least ten (10) days prior to expiration date.**



9. **Certificate Holder:**

The certificate holder shall be as follows:

**The City of Royal Oak
City Engineer
211 Williams St.
Royal Oak, MI 48067**



10. The City of Royal Oak **reserves the right** to DENY or VOID any permit due to any unauthorized change or expiration of any required insurance coverage, inclusion of conflicting, confusing or unauthorized language inclusion



EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

00/00/0000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent Name Address Telephone Number	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurance company name</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>As required</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>" "</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>" "</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>" "</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td>" "</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance company name		INSURER B:	As required		INSURER C:	" "		INSURER D:	" "		INSURER E:	" "		INSURER F:	" "
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INSURER D:	" "																				
INSURER E:	" "																				
INSURER F:	" "																				
INSURED Contractor Name Address																					

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Policy number	Effective date	Expiration date	EACH OCCURRENCE \$ 500,000 (min) DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <small>(See insurance requirements for alternate options)</small>			Policy number	Effective date	Expiration date	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 (min) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	Policy number	Effective date	Expiration date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

For the City of Royal Oak ROW Permit the following are listed as additional insured by way of endorsement:

The City of Royal Oak, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof with respect to the Commercial General and Automobile Liability policies.

CERTIFICATE HOLDER City of Royal Oak City Engineer 211 S. Williams Street Royal Oak, MI 48067	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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