

# CERTIFICATION OF INSURANCE FOR PERMITTED ACTIVITIES

## IN RIGHT-OF-WAY / EASEMENTS IN THE CITY OF STERLING HEIGHTS

**ALL INSURANCE INFORMATION MUST BE SUBMITTED ON FORM 2021 - SH. ANY OTHER FORM IS INVALID**

The subscribing insurance company certifies that insurance of the types and limits of liability below have been issued to the insured named below for the policy period indicated. Such insurance, here certified, is written in accordance with the company's regular policies and endorsements subject to the company's applicable manuals of rules and rate, and when indicated below, an endorsement has been added to the policy in conformance with the additional insured language below.

- 1) The subscribing company agrees to give 30 days prior written notice to the City of Sterling Heights in the event of cancellation or reduction in coverage by the Insurance Company for reasons other than for non-payment of premium.
- 2) The subscribing company agrees to give 10 days prior written notice to the City of Sterling Heights in the event of cancellation by the insurance company for non-payment of premium.
- 3) The subscribing company agrees to give immediate written notice to the City of Sterling Heights in the event the insured cancels, reduces or materially changes any of the insurance coverages certified below.

Send notices to: City of Sterling Heights 40555 Utica Rd., P.O. Box 8009 Sterling Heights, MI 48311-8009

NAME OF INSURED

ADDRESS

CITY

STATE

ZIP

MINIMUM ACCEPTABLE LIABILITY LIMITS

\$

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY DATES		LIMITS	
			EFFECTIVE	EXPIRATION	(in thousands)	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> PROD/COMPLETED OPER. <input type="checkbox"/> X C & U HAZARDS COVERAGE				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL AND ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXP (Any one person)	\$ \$ \$ \$ \$ \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	\$ \$
	WORKERS COMPENSATION				<input type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER THAN STATUTORY	\$ \$

☐ **ADDITIONAL INSURED ON COMMERCIAL GENERAL LIABILITY: THE CITY OF STERLING HEIGHTS, INCLUDING ALL ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, VOLUNTEERS, AND ALL OTHER INDIVIDUALS WORKING ON BEHALF OF THE CITY FOR CLAIMS ARISING OUT OF, UNDER, OR BY REASON OF OPERATIONS COVERED BY THE PERMIT ISSUED TO THE PERMITTEE**

NAME OF INSURANCE COMPANIES AFFORDING COVERAGE			NAME OF INSURANCE AGENCY
CO LTR	COMPANY	AM BEST RATING	
			ADDRESS
			PHONE/FAX
			CONTACT PERSON

BY: (Authorized Insurance Representative Signature)

PRINT NAME:

TITLE:

DATE:

PERMIT NUMBER

PROJECT

QUESTIONS CONCERNING THIS CERTIFICATE SHOULD BE DIRECTED TO THE STERLING HEIGHTS OFFICE OF ENGINEERING AT (586) 446-2580.