

Return completed certificate to:
City of Madison Community Development Authority
 Attn: Kris Koval
 kkoval@cityofmadison.com
 30 W. Mifflin, suite 502
 P.O. Box 2983
 Madison, WI 53701-2983

This Form Must be Completed in its Entirety

Certificate of Insurance



-To-
the City of Madison (“Municipality”)
 - and the -
Community Development Authority of the City of Madison (“Authority”)
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, YES NO
 - (b) products and completed operations of the Named Insured, and YES NO
 - (c) premises owned, leased or used by the Named Insured YES NO
- Products and completed operations. YES NO
- The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits YES NO
- Contractual Liability Coverage applying to this Contract YES NO

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 _____

Email _____

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.