

*****DFCC: OF INSURANCE FOR CITY OF LIVONIA PROJECTS

Information required by the Federal specifications for Highway construction and/or Act 327, P.A. of 1945 to verify insurance.



The subscribing insurance company certifies that insurance of the types and for limits of liability covering the work under contract with the City of Livonia has been obtained by the contractor named below.

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 rates, except (1) the insurance shall not be subject to the usual "x" - explosion, "c" - collapse or "u" - underground property damage exclusions.



NAME OF INSURED				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.		FAX NO.		

TYPE OF INSURANCE	POLICY NUMBER & NAME OF INSURANCE COMPANY (If more than one)	POLICY DATES (MM/DD/YY)		LIMITS: Each Occurrence: \$1,000,000 Aggregate: \$2,000,000 BODILY INJURY AND PROPERTY DAMAGE LIABILITY	
		EFFECTIVE	EXPIRATION		
General Liability				General Aggregate	\$
Commercial General Liability				Prods. comp/ops Aggregate	\$
Claims Made Occurrence				Personal & Advertising Inj.	\$
\$_____P.D. Deductible				Each Occurrence	\$
XCU Exclusion				Fire Damage (any one fire)	\$
Contractual Exclusion				Medical Exp. (any one person)	\$
AUTOMOTIVE LIABILITY					
Any Auto				Combined Single Limit (Minimum \$2,000,000.00)	\$
All Owned Autos				Bodily Injury (per person) (Minimum \$500,000.00)	\$
Scheduled Autos				Bodily Injury (per accident) (Minimum \$1,000,000.00)	\$
Hired Autos				Property Damage (Minimum \$1,000,000.00)	\$
Non-Owned Autos					
Garage Liability					
Umbrella				Each Occurrence	\$
				Aggregate	\$
Excess Liability Other Than Umbrella				Each Occurrence	\$
				Aggregate	\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY	
				\$	(Each Accident)
				\$	(Disease - Policy Limit)
				\$	(Disease - Each Empl.)
Other					

NAME OF AGENCY		NAME OF INSURANCE COMPANY (If only one for all policies)		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.		FAX NO.		
AUTHORIZED REPRESENTATIVE SIGNATURE (Required)				DATE