Oakland County Sample Insurance Acord - Maintenance Contract



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Date Created

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)

	e terms and conditions of the policy ertificate holder in lieu of such endor				laorse	ment. A stat	tement on th	is certificate	e does not co	onter r	ignts to the	
PRODUCER Incurrence Commons						CONTACT Insurance Agent Name						
Insurance Company Street Address Email or Phone #						PHONE FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS: Insurance Agent Email Address						
						INSURER(S) AFFORDING COVERAGE						
						INSURER A:						
Company Name (Vender)					INSURER B: When Combin					od:		
Company Name (Vendor) Street Address				INSURER C:				General & Umbrella -				
					INSURER D:							
						INSURER E :			Each Occurren			
					INSURER F:				equal \$3 million			
		NUMBER:	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICING INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WI										ICY PERIOD		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TO											THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											\bot	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT:	S		
	GENERAL LIABILITY							EACH OCCUR DAMAGE TO F	RENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							PREMISES (Ea	occurrence)	\$	100,000	
Α								MED EXP (Any	one person)	\$	10,000	
$\overline{}$				List Policy #		Start Date	Expiration	PERSONAL &	ADV INJURY	\$	1,000,000	
								GENERAL AGO	GREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	Hire	ed 8	ed & Non-Owned Auto		s REQUIRED			COMP/OP AGG	\$	2,000,000	
	POLICY PRO- JECT LOC	4						Fire Damage \$ COMBINED SINGLE LIMIT				
В	X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS		Ally	Any Auto.				(Ea accident)		\$	1,000,000	
									Y (Per person)	\$		
				List Policy #	Start Date	Start Date	Expiration			\$		
				LISE I OIIOy #		Otart Date	LAPITATION	PROPERTY DA (Per accident)	AWAGE	\$		
									\$	\bigvee		
С	WMBRELLA LIAB OCCUR CLAIMS-MADE						Expiration	EACH OCCUR	RENCE	\$	2,000,000	
				List Policy #		AGGREGATE			\$			
	DED RETENTION \$ WORKERS COMPENSATION	∐" ™	"Michigan included in Workers Compensation					₩C STATU- OTH-				
D	AND EMPLOYERS' LIABILITY Y / N	Po	licy'	or All Other States	s (AOS)		↑ TORY LIMITS ER		500,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		List Policy #		Start Date	Expiration	E.L. EACH ACC		\$	500,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								- EA EMPLOYEE		500,000	
_						E.L. DISEASE		- POLICY LIMIT	\$	300,000		
Ε												
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)					
ть	- County of Coldonal and C	` `	4	A	استاس		4\		- "	-11:	a la :11:4II	
The County of Oakland and County Agents (as defined in this contract) are named as "General Liability"											_	
and "Auto Liability" Additional Insured with respect to work performed by Contractor. Contractor												
warrants all insurance coverage and policy limits comply with insurance provisions required by the												
Oa	kland County contract. Mic	chig	gan	is included in th	e Wo	orkers Co	ompens	ation.				
	-						-					
CERTIFICATE HOLDER						CANCELLATION						
The County of Ookland and County Assats						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
The County of Oakland and County Agents					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
2100 Pontiac Lake Rd, Bldg 41 W												
Waterford, MI 48328-0462						AUTHORIZED REPRESENTATIVE Mark hers						