

**Contractor Insurance Options for Construction Contracts
Beginning with the Letting Dated October 5, 2007**

The Contractor will have the choice in obtaining one of the two options listed below:

Option 1

Owners Protective Liability Insurance

Policy with agencies shown in contract specifications as named insureds. The minimum limit shall be \$1,000,000 for each occurrence of bodily injury and property damage protection.

Option 2

Commercial General Liability Insurance

Certificate of Liability Insurance shall be provided which exhibits all of the following:

- A. ISO Form CG 20 10, Additional Insured – Owners, Lessees, or Contractors – Scheduled Person or Organization, or its equivalent.
 - 1. MDOT contract number and a brief description of the project must be listed in the Description of Operations section of the certificate.
 - 2. Additional named insureds (see agencies named in contract specifications) must be stated in the Description of Operations section of the certificate.
 - 3. Additional Insured and the endorsement form number must be stated in Description of Operations section of the certificate.
- B. ISO Form CG 25 03, Designated Construction Project(s) General Aggregate Limit, or its equivalent.
 - 1. Per Project Aggregate and the endorsement form number must be stated in the Description of Operations section of the certificate.
- C. Umbrella limit of at least \$2,000,000 must be shown.
- D. Notice. All insurance policies and binders must also include endorsements by which the insurer shall agree to provide the Department, in writing, the following:
 - 1. A 30-day prior notice of any insurer initiated cancellation or reduction in coverage for reasons other than nonpayment of premium.
 - 2. A 10-day prior notice of any cancellation or reduction in coverage for nonpayment of premium.
 - 3. Immediate notice of Contractor's cancellation or reduction of coverage.

The Contractor shall cease operations if any insurance is cancelled or reduced, and shall not resume operations until new insurance is in force.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Anytown Insurance Agency 4567 Elm Street Anytown, MI 48484 Phone: 111-222-3333 Fax: 111-222-3334	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED WXYZ Construction Co. 1234 First Street Anytown MI 48484	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Oak Street Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Oak Street Insurance Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	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	PKG1234567	10/01/07	10/01/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA2345678	10/01/07	10/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UM3456789	10/01/07	10/01/08	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC4567890	10/01/07	10/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Reference: (insert MDOT contract number). The Michigan Department of Transportation, and (insert all agencies listed in contract requirements) are listed as Additional Insureds for General Liability per form (insert form number). The General Liability policy includes a Per Project Aggregate per form (insert form number). A 30-day prior notice (see following page)

CERTIFICATE HOLDER Michigan Department of Transportation Contract Services Division P.O. Box 30050 Lansing MI 48909	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (Insert Authorized Signature Here)
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NOTEPAD:

HOLDER CODE MICHDE2
INSURED'S NAME WXYZ Construction Co.

Description of Operations (continued): of any insurer initiated cancellation or reduction in coverage for reasons other than nonpayment of premium is included or a a 10-day prior notice of any cancellation or reduction in coverage for nonpayment of premium. Immediate notice of Contractor's cancellation or reduction of coverage is required.