

ATTACHMENT A
CITY OF MILWAUKEE INSURANCE REQUIREMENTS

- A. The “City of Milwaukee” must be named as additional insured.
- B. The insurance certificate must be an **original and** issued by companies licensed to do business in the State of Wisconsin or signed by an agent licensed by the State of Wisconsin.
- C. The original insurance certificate must be accompanied by an **original** “Affidavit of No Interest” setting forth that: No City Official or employee has or will receive anything of value in connection with the furnishing of said insurance certificate.
 - 1. The affidavit must be notarized and signed by the same Wisconsin Agent or Surplus Lines Intermediary who signed the insurance certificate.
- D. The corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate. **(BID #2175)**
- F. The certificate holder shall be noted as:
 - City of Milwaukee-DOA-Procurement Services
 - Attn: Winona C. Marshall **(BID #2175)**
 - 200 E. Wells Street, Room 601
 - Milwaukee, WI 53202

COVERAGE	AMOUNT
Worker’s Compensation	Statutory Limits
Comprehensive General Liability	Bodily Injury: \$500,000 per occurrence \$1,000,000 aggregate Property Damage: \$500,000 per occurrence \$500,000 aggregate
Automobile Liability	Bodily Injury: \$500,000 per person \$1,000,000 per occurrence Property Damage: \$500,000 per occurrence
Professional Liability (when applicable)	\$1,000,000 per occurrence

The City of Milwaukee shall be named as an additional insured with respect to liability coverage other than professional liability, and shall be given 10 days notice in advance of cancellation, non-renewal, or material change in any coverage. A certificate of insurance evidencing such coverage shall be approved by the City Attorney and placed on file with the City of Milwaukee prior to commencement of work under this contract. **The City Purchasing Director reserves the right to examine and approve the actual policy of insurance before the City executes any Contract for this purchase.**

CONTRACT(BID #2175)

AFFIDAVIT OF NO INTEREST
AFFIDAVIT MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE
ISSUED, INCLUDING NEW AND RENEWALS

_____, being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)¹

says that he/she is the agent of the

_____, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply
-listed under Insurers Affording Coverage)

to _____
(Name of Insured/Contractor listed on insurance certificate)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee
has any interest, directly or indirectly, or is receiving any premium, commission, fee or other
thing of value in connection with the furnishing of said insurance certificate.

(Agent's Signature)

STATE OF _____
SS
_____ COUNTY

Subscribed and sworn to before me this _____ day of _____,
20 _____.

_____, Notary Public

My Commission expires: _____.

**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED AND
SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF
INSURANCE, NOTARIZED, AND SUBMITTED WITH YOUR CERTIFICATE OF
INSURANCE.**

¹ The name of the insurance agent signing this affidavit – not the name of the insurance company. The same agent
whose name/signature is on the insurance certificate must complete this affidavit, and their signature must be
notarized.