

**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 cancellation clause must be amended to read as follows: *“Should any of the above – described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left.” (See attached sample)*
- D. 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.
- E. The corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate. **RFP 0000002030**
- F. The certificate holder shall be noted as:
  - City of Milwaukee-DOA-Procurement Services
  - Attn: Name of Purchasing Agent
  - 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 will 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.**

## **CERTIFICATE OF INSURANCE REQUIREMENTS**

To comply with the requirements as issued by Risk Manager, Office of City Attorney, the CANCELLATION CLAUSE on the certificate MUST be modified and revised as shown below.

If this CANCELLATION CLAUSE is not modified according to the sample below, the Certificate of Insurance will be rejected by the City and will cause delay in the commencement of your Contractor's activities.

### **REQUIRED CANCELLATION LANGUAGE**

***“SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~”***

**NOTE: THE CITY OF MILWAUKEE MUST BE NAMED AS ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE.**

If the insurance company(ies) listed on the insurance certificate do not allow modifications to the Cancellation Clause, include a letter with the insurance certificate to explain the reason why the cancellation clause cannot be changed as requested above. This letter should contain the following language:

We have been informed by our insurance agent that the cancellation clause cannot be modified on our firm's certificate for General and Automobile Liability, and Workers' Compensation and Employers' Liability coverage. Therefore, we agree by my signature below to take responsibility for providing the City of Milwaukee, Department of Administration, Business Operations Division, Procurement Services Section with 30 days written notice should any of the policies applicable to Contract # \_\_\_\_\_ be cancelled before the policy expiration dates noted on the certificate.

**Please forward this information to your Insurance Company.**

The Corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate.

The Certificate holder shall be noted as:

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Attn: Name of Purchasing Agent  
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