

City of Royal Oak Insurance Requirements for Permittees

Insurance Policy Adopted by the Royal Oak City Commission on 02/28/22

The Permittee, and any and all of their subcontractors, shall not commence work under this permit until they have obtained the insurance required under this paragraph. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan acceptable to the City of Royal Oak, Michigan. The requirements below should not be interpreted to limit the liability of the Permittee. All deductibles and Self-Insured Retentions (SIRs) are the responsibility of the Permittee. The Permittee shall procure and maintain during the life of this permit the following insurance coverage:

1. **General Liability Insurance** on an "Occurrence Basis" with limits of liability not less than **\$1,000,000** per occurrence and aggregate. Coverage shall include, but not be limited to, the following: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions, or equivalent; (E) Explosion, Collapse and Underground, if applicable; (F) A "**Per Project**" Aggregate.
2. Commercial General Liability limits may be obtained by using an Excess/Umbrella Liability policy in addition to the primary liability policy(ies). If coverage limits are satisfied by an Excess and/or Umbrella policy, coverage must follow form of the primary liability policy(ies), including but not limited to additional insured and primary/non-contributory coverage.
3. **Workers' Compensation Insurance*** including Employers' Liability Coverage, in accordance with all applicable Statutes of the State of Michigan.

Applicants that **are not required to provide Workman's Compensation Insurance as required by State Law must submit a signed and notarized affidavit stating " (Applicant) has number of employees and is therefore exempt from providing Workman's Compensation Insurance in accordance with State Law."*

4. **Additional Insured:** Commercial General Liability Insurance, as described above, shall include an endorsement stating:

For the City of Royal Oak Right-of-Way Permit the following are listed as additional insured by way of endorsement: The City of Royal Oak, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. Coverage afforded is considered primary and any other insurance the City of Royal Oak may have in effect shall be considered secondary and/or excess.

- A. Other information and operations referencing Permits issued by the City of Royal Oak may be added to the Description of Operations on a Certificate separately from the additional insured statement. It is NOT recommended to state the permit or type of permit, location or address of the proposed operation.
5. **Cancellation Notice:** Policies, as described above, shall be endorsed to include ***Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation or Non-Renewal*** sent to: City Engineer, Royal Oak City Hall, 203 S. Troy St., Royal Oak, Michigan, 48067.
6. **Proof of Insurance Coverage:** The Permittee shall provide the City of Royal Oak, Michigan at the time of the permit application, a Certificate of Insurance on an Acord form as well as the required endorsements. In lieu of required endorsements, a copy of the policy sections, where coverage is provided for additional insured and cancellation notice, may be acceptable. Copies of all policies mentioned above shall be furnished, if so requested.

7. **Renewal:** If any of the above coverage's expires during the term of this permit, the Permittee shall deliver renewal certificates and/or policies to the City Engineer of Royal Oak **at least ten** (10) days prior to expiration date.
8. **Certificate Holder:** The certificate holder shall be as follows: **The City of Royal Oak
City Engineer
203 S. Troy St.
Royal Oak, MI 48067**
9. The City of Royal Oak **reserves the right** to DENY or VOID any permit due to any unauthorized change or expiration of any required insurance coverage, inclusion of conflicting, confusing or unauthorized language inclusion



EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

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).

PRODUCER Insurance Agent Name Address Telephone Number	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Contractor Name Address	INSURER A : Insurance company name	
	INSURER B : As required	
	INSURER C : " "	
	INSURER D : " "	
	INSURER E : " "	
	INSURER F : " "	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			Policy number	Effective date	Expiration date	EACH OCCURRENCE \$ 1,000,000 (min)
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy number	Effective date	Expiration date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

For the City of Royal Oak Right-of-Way Permit the following are listed as additional insured by way of endorsement: The City of Royal Oak, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. Coverage afforded is considered primary and any other insurance the City of Royal Oak may have in effect shall be considered secondary and/or excess.

CERTIFICATE HOLDER

CANCELLATION

City of Royal Oak City Engineer 203 S. Troy Street Royal Oak, MI 48067	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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