HOME IMPROVEMENT CONTRACTOR'S CERTIFICATE OF INSURANCE

ccl-134e (4/12/11)

_____

(Herein called Insurance Company)

Address_____

(Include CITY, STATE & ZIP CODE)

ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm. 105, Milwaukee, WI 53202

The company hereby certifies that it has issued to:

NAME_____

(Full Legal Name of Insured)

a general liability **POLICY NO**_____**EFFECTIVE**_____,**20**____,

EXPIRES_____, **20**____, providing for limits of not less than $25,000 per person, $50,000 per accident, bodily injury liability, and $10,000 property damage liability or combined single limit of not less than $60,00 per occurrence; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy.

Said policy provides that notwithstanding any other provision therein, ten days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this_____day of_____,20____*

Signed_____

Authorized Representative of Insurance Company

AFFIDAVIT

STATE OF WISCONSIN)
)ss
_____ County)

_____,being first duly sworn, on oath deposes and says that

he/she is the agent of _____, insurer

(InsuranceCompany)

on the attached certificate issued to _____.

(Full Legal Name of Insured)

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 on account of the sale or furnishing of said policy.

Signed_____

Authorized Representative of Insurance Company
(same person as above)

Subscribed and sworn to before me this

_____day of _____,20_____*

_____

Notary Public, State of Wisconsin
My Commission expires_____
Notary Seal must be affixed

*The date the Notary Public signs and dates the form must be the same as the date that the certificate is dated.