

Exhibit A

City of New Berlin Insurance Requirement Checklist

Certificate of Insurance - Certificates of insurance are typically issued by an insurance broker and their purpose is to identify coverage that is held at the time the certificate is issued by a particular insurer. Under Wisconsin laws, such a certificate cannot extend coverage or modify coverage; that may only be done through an insurance endorsement. Therefore any changes to coverage, additions or modifications must be handled through an insurance endorsement.

Minimum Limits

	Contractor^(a)	Consultant^(a)	Vendor/Supplier^(b)	Work in ROW^(c)
General Liability:				
General Aggregate	\$2,000,000	Same	Same	\$500,000
Products Comp/Ops Aggregate	\$2,000,000	NA	\$2,000,000	\$500,000
Personal/Advertising Injury	\$1,000,000	Same	Same	\$500,000
Each occurrence	\$1,000,000	Same	Same	\$500,000
Medical Expense (Any One Person)	\$ 5,000	Same	Same	Same
*Fire Damage (Any One Fire)	\$ 50,000	Same	Same	Same
*Watercraft Liability	\$1,000,000	Same	Same	Same
Automobile Liability:				
Combined Single Limit	\$1,000,000	Same	Same	Same
Bodily Injury (Per accident)	\$1,000,000	Same	Same	Same
Property Damage (Per accident)	\$1,000,000	Same	Same	Same
Umbrella Liability:				
Umbrella Form - Each Occurrence	\$2,000,000	\$2,000,000	\$2,000,000	NA
Umbrella Form - Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	NA
Self-Insured Retention	\$ 10,000	Same	Same	NA
Workers' Compensation and Employers' Liability				
Each Accident	\$ 500,000	Same	Same	\$100,000
Disease Policy Limit	\$1,000,000	Same	Same	\$500,000
Disease Each Employee	\$ 500,000	Same	Same	\$100,000
Professional liability (optional)				
Aggregate/Occurrence	NA	\$1,000,000	NA	NA

(a) from Contractual Risk Transfer Policy 12/1/2016, except Umbrella Liability change to \$2,000,000

(b) not specifically listed in (a) but used same values

(c) from CVMIC model contract language

A. Certificate of Insurance Requirements (Exhibit A-1)

- 1. There is a date on the certificate.
- 2. The insured listed on the certificate is the same entity as the entity on the Contract/Agreement. These names must match exactly.
- 3. For each section, "INSR LTR" should have the letter (A,B,C,...) matching the insurance company providing the coverage.
- 4. "ADDL INSD" and "SUBR WVD" shall be checked for all except worker's compensation.

General liability

- 5. The commercial general liability box is checked.
- 6. The occurrence box is checked.
- 7. The project box is checked, meaning that the limits of coverage would apply just to this project, not to all other projects the company may be working on.
- 8. The policy effective dates cover the entire period of the contract in issue. If the policy will expire before the anticipated completion date of the contract, supplemental steps must be taken to ensure coverage.
- 9. The coverage listed in the general liability section is at least as high as the minimums required by the City. (listed above)

Auto Liability

- 10. The “any auto” box is checked.
- 11. The policy effective dates cover the entire period of the contract in issue..
- 12. The coverage listed in the automobile liability section is at least as high as the minimums required by the City. (listed above)

Umbrella Coverage

- 13. The umbrella liability box is checked.
- 14. The “excess liability” box is **NOT** checked.
- 15. The occurrence box is checked.
- 16. The claims made box is **NOT** checked.
- 17. The deductible or self-insured retention limit box is **NOT** checked. If the box is checked and the limit exceeds Ten Thousand Dollars (\$10,000.00) it is not acceptable.
- 18. The policy effective dates cover the entire period of the contract in issue.
- 19. The coverage listed in the umbrella liability section is at least as high as the minimums required by the City. (listed above)

Workers Compensation

- 20. There is a letter “N” in the exclusion box.
- 21. The policy effective dates cover the entire period of the contract in issue.
- 22. The Worker’s Comp Statutory Limit box is checked. Other required limits, if any, must be met.

Professional Liability (for Professional Services contracts only)

- 23. The policy effective dates cover the entire period of the contract in issue.
- 24. The coverage listed in the professional liability section is at least as high as the minimums required by the City. (listed above)

Description of Operations

- 25. The project that the certificate applies to is listed.
- 26. The following statement is included “The City of New Berlin, it’s officers, elected and appointed employees, agents and volunteers are listed as an additional insured on a primary and non-contributory basis.”
- 27. The following statement is included “The City of New Berlin shall receive 10 days written notice if policies are cancelled for nonpayment, and 30 days written notice if cancelled for other reasons.

General Matters

- 28. The proper entity listed is the certificate holder. Typically the City of New Berlin.
- 29. The certificate is signed.

B. Endorsements

- 1. CG 20 10 07 04 – naming the City of New Berlin as additional insured. (Exhibit A-2)
- 2. CG 20 37 07 04 - naming the City of New Berlin as additional insured. (Exhibit A-3)
- 3. CG 20 01 04 13 – this endorsement verifies that the coverage is primary and noncontributory to the coverage of any other entity or person. (Exhibit A-4)
- 4. Notice of Cancellation - provides that the City will be advised of a cancellation of the policy not less than 30 days prior to cancellation or ten (10) days for non-payment (Exhibit A-5)

Any deviations from the above should only be approved after consultation with the City Attorney’s Office and when approved by the Mayor.

Reviewer

Date



CERTIFICATE OF LIABILITY INSURANCE

EXHIBIT A-1

1 DATE (MM/DD/YYYY)
Check Date

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 have ADDITIONAL INSURED provisions or 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 Agency		CONTACT NAME: Insurance Agent	FAX (A/C, No):
		PHONE (A/C, No, Ext): Insurance Agent Phone	
		E-MAIL ADDRESS: Insurance Agent Email	
		INSURER(S) AFFORDING COVERAGE	
INSURED 2 Contractor Name (must be same as entity on Contract)		INSURER A: Insurance Company	NAIC # XXXXX
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS	
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	5 TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
3 A	<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 <input type="checkbox"/> OTHER: 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy # 4	Check Date 8	Check Date	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 9 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
10 A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	Check Date 11	Check Date	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ 12 BODILY INJURY (Per accident) \$1,000,000 PROPERTY DAMAGE (Per accident) \$1,000,000
13 A	<input checked="" type="checkbox"/> UMBRELLA LIABILITY <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ max 10,000 <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	Check Date 18	Check Date	EACH OCCURRENCE \$2,000,000 19 AGGREGATE \$2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 20	Y/N N	N/A	Policy #	Check Date 21	Check Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 22 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liability (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	Check Date 23	Check Date	1,000,000 (if applicable) 24

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

Project Description: XXXXXXXXXX 25

The City of New Berlin, it's officers, elected and appointed employees, agents and volunteers are listed as an additional insured on a primary and non-contributory basis. The City of New Berlin shall receive 10 days written notice if policies are cancelled for nonpayment, and 30 days written notice if cancelled for other reasons..

26 27

CERTIFICATE HOLDER City of New Berlin 28 3805 S Casper Dr New Berlin, WI 53151	CANCELLATION 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 29 SIGNATURE
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COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>City of New Berlin 3805 S Casper Dr New Berlin, WI 53151</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>City of New Berlin 3805 S Casper Dr New Berlin, WI 53151</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

Policy Number:

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PARTThe following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and**(2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

- BUSINESSOWNERS COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL AUTOMOBILE COVERAGE PART
- COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART

Notice of Cancellation and/or Nonrenewal to other Person(s) or Organization(s)

SCHEDULE

Name of Person(s) or Organization(s): City of New Berlin 3805 S Casper Dr New Berlin, WI 53151		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	30 Days
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	10 Days
Notice of Nonrenewal	Number of Days Notice	60 Days
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.