



License Division Insurance/Bond Checklist

Date of Submission: _____

Licensee: _____ License Type and Number: _____ Meet Requirements

All **Yes No***

The Insurance Company is licensed by the State of Wisconsin.

Insured's Name on Certificate or Bond matches the name of licensee or applicant. (DBA or Additional Names cannot be accepted.)

Policy Number is listed. (To be determined, pending, binder or binding cannot be accepted.)

Effective & Expiration Dates are listed & current. (Home Imp. Contractor Bonds must expire the same date the license will expire.)

The name of the authorized representative and insurance company are listed.

Signatures of the authorized representatives of the insurance or principal company & a witness (if bond) are included.

The Notary has signed, dated and stamped the form. The correct state or county are listed. Notarization has been completed by another person. (A person cannot notarize their own signature.)

Correct Monetary Amount Listed.

Cancellation clause meets the written notice requirements. HIC Bond 20 days, HIC Ins. & SPB 10 days, PPV & SP 30 days NA NA

Insurance:

Affidavit of No Interest Attached. (Not required for WAIP.)

Date that is stated as to when it is signed is the same as the date the notary signed & dated the form.

City of Milwaukee is listed as additional insured. (SP Only.)

Affidavit of No Interest:

State and County that the form was signed and witnessed in is listed.

Name of Authorized Representative is Printed/Typed.

Full name of Insurance Company/Insured's Name is listed and matches exactly the name on certificate.

States: "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 of furnishing said policy."

Signature of authorized representative is included.

The Notary has signed, dated and stamped the form. The correct state or county are listed.

Bonds:

A fully completed, signed and dated power of attorney is attached.

The City of Milwaukee is listed as an additional insured and non-liable for damages that may occur.

Date that is stated as to when it is signed & sealed is the same as the date the notary signed & dated the bond form.

Company seal is affixed.

Power of Attorney:

Name of the Attorney-In-Fact/Authorized Agent is listed and matches the Attorney-In-Fact/Authorized Agent listed on the bond

Signatures and seals of various representatives for the insurance company as listed on the bond.

The Notary has signed, dated and stamped the form. The correct state or county are listed.

Form is dated.

Vehicles:

VIN: Matches the VIN on the vehicle registration.

Certificate lists both "Add" and "Delete" Vehicles on the Car Change.

Special Privileges:

Correct Common Council Number is listed.

Correct Aldermanic District is listed.

If No is checked, corrections are needed as follows:

Office Use Only:

License Specialist Sign and Date: _____

License Coordinator Sign and Date: _____

Date Returned: _____ Insurance Company Licensed - Yes No