

## **Certificate of Insurance Instructions**

- 1. Insurance Agent:** List the agent (not the Insurance Company) producing the policy for the insured.
- 2. Insurance Company:** List the full name of the company providing the insurance coverage.
- 3. Insured:** List the full name of the legal entity covered by the insurance policy, which must be in the exact same name of the legal entity holding or applying for the license or permit. Example: If the applicant is a corporation, then the Insured is the corporation. If the applicant is an individual, then insured is the applicant's full legal name. Individual, corporate and LLC names are not interchangeable.
- 4. Policy Number:** List the insurance policy number. "Binder" or "Pending" are not accepted.
- 5. Effective Date:** List the date the insurance policy starts.
- 6. Expiration Date:** List the date the insurance coverage ends.
- 7. Limits:** List the amounts of insurance coverage for each category. Do not provide a combined total. The amounts listed on the sample sheet are the minimum amount required under the Milwaukee Code of Ordinances.
- 8. Description of Vehicles/Year:** List the model year of the covered vehicle.
- 9. Description of Vehicles/Make:** List the vehicle make i.e. Ford, Chevrolet, etc.
- 10. Description of Vehicles/Permit #:** List the City of Milwaukee permit number to which the insurance coverage is related.
- 11. Description of Vehicles/VIN:** List the complete vehicle identification number for the insured vehicle.  
  
[!] If necessary, attach a separate sheet to the certificate of insurance listing the Year, Make, Permit #, and VIN for each vehicle covered by the insurance policy.
- 12. Certificate Holder:** List "The City of Milwaukee" and use the mailing address as shown in the example.
- 13. Authorized Representative:** List the name and provide the signature of the authorized representative of the insurance company.
- 14. Affidavit of No Interest:** Unless the Insurer is a WAIP company, attach an Affidavit of No Interest signed by the Authorized Representative.

**CERTIFICATE OF LIABILITY INSURANCE**

Insurance Agent  <p align="center" style="color: green; font-weight: bold;">1.</p>	Insurance Company  <p align="center" style="color: green; font-weight: bold;">2.</p>
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Insured  <p align="center" style="color: green; font-weight: bold;">3.</p>
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Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits								
	4.	5.	6.	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">Combined Bodily Injury Limit - each accident</td> <td align="right">100,000</td> </tr> <tr> <td style="padding-left: 20px;">Bodily Injury - per person</td> <td align="right">50,000</td> </tr> <tr> <td style="padding-left: 20px;">Property Damage - per accident</td> <td align="right">10,000</td> </tr> <tr> <td style="padding-left: 20px;">Uninsured Motorist</td> <td align="right">100,000</td> </tr> </table> <p align="center" style="color: green; font-weight: bold; margin-top: 10px;">7.</p>	Combined Bodily Injury Limit - each accident	100,000	Bodily Injury - per person	50,000	Property Damage - per accident	10,000	Uninsured Motorist	100,000
Combined Bodily Injury Limit - each accident	100,000											
Bodily Injury - per person	50,000											
Property Damage - per accident	10,000											
Uninsured Motorist	100,000											

Description of Vehicles:

Year	Make	Permit #	VIN	
8.	9.	10.	11.	

Certificate Holder:  City of Milwaukee 200 East Wells St Room 105 Milwaukee, WI 53202  <p align="center" style="color: green; font-weight: bold; font-size: 1.2em;">12.</p>	Cancellation Clause:  Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.  Authorized Representative <span style="color: green; font-weight: bold; font-size: 1.2em;">13.</span>  <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-top: 1px solid black; padding-top: 5px;">Print Name</td> <td style="width:50%; border-top: 1px solid black; padding-top: 5px;">Sign Name</td> </tr> </table>	Print Name	Sign Name
Print Name	Sign Name		

**14. Attach an Affidavit of No Interest unless the policy is WAIP**

**AFFIDAVIT**

STATE OF WISCONSIN}
} SS
\_\_\_\_\_ County}

\_\_\_\_\_, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the \_\_\_\_\_, insurer
(Company name)

on the attached certificate issued to \_\_\_\_\_
(Legal entity 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 any other thing of value on account of the sale of furnishing of said insurance certificate.

\_\_\_\_\_  
(Signature of above Agent)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public-State of Wisconsin

My Commission expires \_\_\_\_\_

Notary Seal Must Be Affixed.

Please note the following requirements:

- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
4) The Notary must sign, date and stamp the form.
5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)