



MASTER PLUMBER'S CERTIFICATE OF INSURANCE

Master Plumber Telephone Number _____
Email _____

Chapter 225-2(2)

Insurance Company _____

Address _____

ISSUED TO THE CITY OF MILWAUKEE PLUMBING INSPECTION

The _____ Insurance Company hereby certifies that it has issued to:

Master Plumber _____

Address _____

City _____ State _____ Zip _____

A contractor's general liability policy covering **the calendar year** _____, providing for limits of not less than \$50,000 for each person injured and/or the property of any person damaged; provided, however, that the insurance afforded the insured is subject to the terms, conditions, limitations and exclusions of the policy.

In accordance with the liability limits hereinbefore enumerated, said policy provides coverage indemnifying and saving harmless the City of Milwaukee, State of Wisconsin according to Chapter 225-2(2) of the Milwaukee Code of Ordinances against any and all liability for injuries and property damage resulting from negligence on the part of the insured, his agents, employees, and subcontractors.

The City of Milwaukee shall be added as an additional insured under said policy. The City, as an additional insured, shall be provided with at least ten (10) days written notice of cancellation for any reason, including non-payment of premium, to the City of Milwaukee Plumbing Inspection at its office, 841 N Broadway. This should be accomplished through the addition of an endorsement to the policy providing Earlier Notice of Cancellation. Otherwise, such insurance as is afforded thereunder shall remain in full force and effect.

Date this _____ day of _____, _____.

Signed _____
(Authorized Representative)

Of _____
(Insurance Company/Surety)

