



DEPARTMENT OF
**NEIGHBORHOOD
SERVICES**

**Master Plumber's
Certificate of Insurance**

Plumbing Section

841 N. Broadway, 10th Floor, Milwaukee, WI 53202 | (414) 286-3361 | milwaukee.gov/plumbing | adbell@milwaukee.gov

Master Plumber Telephone Number: _____

Email: _____

Chapter 225-2(2)

Insurance Company: _____

Address: _____

ISSUED TO THE CITY OF MILWAUKEE PLUMBING INSPECTION SECTION

The _____ Insurance Company hereby certifies

that it has issued to:

Master Plumber: _____ License #: _____

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, their agents, employees and subcontractors.

The City of Milwaukee shall be added as 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 Section at its office, 841 N Broadway, 10th Floor, Milwaukee, WI 53202. This should be accomplished through the addition of an endorsement to the policy providing Earlier Notice of Cancellation. Otherwise, such insurance is afforded thereunder shall remain in full force and effect.

Date: _____

Signed: _____

(Authorized Representative)

Of: _____

(Insurance Company/Surety)