

CERTIFICATE OF INSURANCE FOR STATE HIGHWAY MAINTENANCE CONTRACT

Information required by MDOT to report insurance coverage.

DISTRIBUTION:

Original - Maintenance Div.
Copy - Insured Party
Copy - Insurance Agency
Copy - Insurance Company

TO MICHIGAN DEPARTMENT OF TRANSPORTATION: The subscribing insurance company certifies that the motor vehicle insurance for limits of liability as indicated, herein, has been procured by and furnished in behalf of the named insured.

NAME OF INSURED	ADDRESS
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TYPE OF INSURANCE

INSURANCE	POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COVER-AGE	* LIMITS OF LIABILITY		
					EACH PERSON	EACH ACCIDENT	AGGREGATE
Automobile Liability Insurance with respect to owned, hired and non-owned automobiles.				B. 1.			
				P. D.			

The subscribing company agrees that the policy referred to herein shall not be changed or cancelled until thirty (30) days written notice has been given to the MICHIGAN DEPARTMENT OF TRANSPORTATION, Lansing, Michigan.

INSURANCE COMPANY	ADDRESS
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AUTHORIZED REPRESENTATIVE SIGNATURE <u>(Do not stamp.)</u>	DATE
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* This limits of liability shall be no less than \$250,000 each person and \$500,000 each accident for Bodily Injury.