

DETROIT METROPOLITAN WAYNE COUNTY AIRPORT INSURANCE REQUIREMENT FOR UNESCORTED ACCESS

INSURANCE REQUIREMENTS

See attached Sample of the ACORD Certificate. The Requirements below are identified on the sample with the corresponding number designations.

1. GENERAL LIABILITY - Coverage must be for *Commercial General Liability, per Occurrence*
 - a) A minimum of five million dollars (\$5,000,000) umbrella liability coverage is required for unescorted airfield access. OR,
 - b) A combination of General Liability and Excess Liability (Umbrella Form) that is equal to or greater than five million dollars for unescorted airfield access.

2. AUTOMOBILE LIABILITY - Coverage must be for *All Owned Autos, Hired Autos and Non-owned Autos*.
 - a) A minimum of five million dollars (\$5,000,000) umbrella liability coverage is required for unescorted airfield access. OR,
 - b) A combination of Combined Single Limit and Excess Liability (Umbrella Form) that is equal to or greater than five million dollars for unescorted airfield access.

3. WORKER'S COMPENSATION AND EMPLOYEE LIABILITY – Coverage, as a minimum, must be five hundred thousand dollars (\$500,000) for Airfield unescorted access as required by the State of Michigan.

4. EXPIRATION DATE - Policy must be current and cover at least a one-year period.

5. ADDITIONAL INSURED – 'The County of Wayne' and 'Wayne County Airport Authority' are included as additional insured on both General Liability and Automobile Liability. (May be noted in description box).

6. CERTIFICATE HOLDER – Wayne County Airport Authority, Building 610, 31399 East Service Drive, Detroit Metropolitan Airport, Detroit, MI 48242

7. CANCELLATION – This clause must provide for at least 30 days unconditional advance written cancellation notice to the Certificate Holder.
 - All insurance certificates must be submitted on an ACORD Form.
 - Insurance policies will be reviewed for verification of the policy information. Please allow sufficient time for approval.

INSURANCE REQUIREMENT FOR UNESCORTED ACCESS

RECORD FORM		CERTIFICATE OF INSURANCE			ISSUE DATE	
					MM/DD/YYYY	
PRODUCER Insurance Company Name Address		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW				
		COMPANIES AFFORDING COVERAGE				
		Company Ltr	A	Company Name		
		Company Ltr	B			
INSURED Vendor Company Name Address		Company Ltr	C			
		Company Ltr	D			
		Company Ltr	E			
COVERAGE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN AMY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTORS PROT. <input type="checkbox"/> _____	## - #####	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	\$ 5,000,000
			4	1-a	PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY	
				1-b	EACH OCCURRENCE	
		2			FIRE DAMAGE (ANY ONE)	
					MED. EXPENSE (ANY ONE)	2-a
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	## - #####	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT	\$ 5,000,000
					BODILY INJURY (PER PERSON)	
					BODILY INJURY (PER ACCIDENT)	2-b
					PROPERTY DAMAGE EACH OCCURRENCE	
					AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY OTHER	## - #####	MM/DD/YY	MM/DD/YY	X STATUTORY LIMITS	
				3	EACH ACCIDENT	\$ 500,000
					DISEASE - POLICY LIMIT	\$ 500,000
					DISEASE - EACH EMPLOYEE	\$ 500,000
		5				
CERTIFICATION OF OPERATIONS/LOCATIONS/VEHICLES(SPECIAL ITEMS) Additional Insured:						
6		County of Wayne and Wayne County Airport Authority Detroit Metropolitan Airport Building 610 - 31399 East Service Drive Detroit, MI 48242				7
CERTIFICATE HOLDER WAYNE COUNTY AIRPORT AUTHORITY DETROIT METROPOLITAN AIRPORT BUILDING 610 - 31399 EAST SERVICE DRIVE DETROIT, MI 48242			CANCELATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
			AUTHORIZED REPRESENTATIVE SIGNATURE OF REPRESENTATIVE			