

Waiver of Insurance Requirements

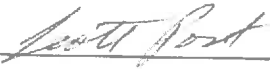
Pursuant to the provisions of Policy 1102, section 5.4.2, the undersigned hereby consent to waive workman compensation insurance requirements for Brian Jongetjes and Ron Jongetjes, partners for John's Disposal Service, Inc.



City Administrative Officer

8-14-17

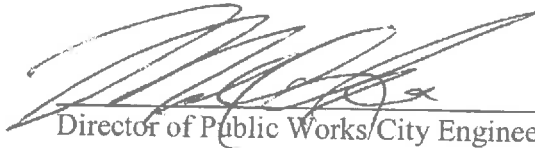
Date:



City Attorney

8-11-17

Date:



Director of Public Works/City Engineer

8/8/2017

Date:

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

	Schedule	
Partners	Officers	Others
	Brian Jongetjes	
	Ron Jongetjes	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
 Insured
 Johns Disposal Service, Inc
 Insurance Company
 West Bend Mutual Insurance Company

Policy No.
 A261798

Endorsement No.
 Premium Included

Countersigned by _____

Insurance Requirements Check List

A. Certificate of Insurance

1. Is the Insured the same entity as the entity that we are contracting with? Must match exactly.

2. Is the Certificate dated?

3. General Liability

a. Occurrence box checked?

b. Project box checked (if applicable)?

c. Do policy effective dates cover contract period? If not, will adequate steps be taken to ensure coverage?

d. Is coverage (for each type) at least as high as the required minimums?

4. Auto Liability

a. Is "Any Auto" checked?

b. Is coverage at least as high as the required minimums?

c. Do policy effective dates (if different from General Liability) cover contract period?

5. Umbrella Coverage

a. Is "Umbrella Liab" box checked? If "Excess Liab" is checked, do not accept.

b. Is the "Occur" box checked?

c. Is the coverage at least as high as the required amount?

d. Do policy effective dates cover contract period?

6. Workers Compensation

a. Is the Exclusion box filled in? There should be an "N" in the box. If not, need to determine who is excluded and why and have City Attorney determine if it is acceptable.

b. Is "WC Statutory Limit" box checked? Other required limits (if any) met?

c. Do policy effective dates cover contract period?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Johannesen Farrar, Inc. 512 E. Walworth Avenue P.O. Box 347 Delavan WI 53115		CONTACT NAME: Irina Ertl PHONE (A/C, No, Ext): (262) 728-2631 E-MAIL ADDRESS: irinae@jffinsurance.com FAX (A/C, No): (262) 728-2312	
INSURED Johns Disposal Service, Inc. 7311 Omega Cir Franksville WI 53126-9160		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15350	

COVERAGES **CERTIFICATE NUMBER:** 6/1/2017-1/1/2019 WBM **REVISION NUMBER:**

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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	A261281	6/1/2017	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Y	A261281	6/1/2017	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ waived	X	X	A261281	6/1/2017	1/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A261798	6/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of West Allis, its officers (elected and appointed), employees, agents and volunteers are included as additional insured for General Liability and Automobile liability on a primary and non-contributory basis. A waiver of subrogation is afforded on behalf of the additional insureds on the General Liability, Auto and Workers Compensation policies. Umbrella follows form. The policy provides a 30-day notice of cancellation.

CERTIFICATE HOLDER mlewis@westalliswi.gov City of West Allis Attn: Michael Lewis 6300 W. McGeoch Ave. West Allis, WI 53219	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joseph Mulder/IER
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West Bend Mutual Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

New Business

Commercial General Liability Endorsements and Miscellaneous Premiums

Customer Number: 1000100726
Policy Number: A261281 00

Policy Period: 06/01/2017 to 01/01/2019
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Johns Disposal Service, Inc
7311 Omega Cir
Franksville, WI 53126-9160

Agency Name and Address: 48480
JOHANNESSEN-FARRAR INC
PO BOX 347
DELAVAN, WI 53115
262-728-2631

Additional Insureds			
Description	Form Number	Premium	
Owners, Lessees or Contractors – Scheduled	CG2010Y	\$1,200	
Owners/Contractors Completed Ops	CG2037	\$250	
Lessor of Leased Equipment	CG2028	\$50	
Designated Person	CG2026	\$50	
State/Governmental/Subdivision or Political (Permits)	CG2012	\$0	

Endorsements			
Description	Form Number	Premium	
Voluntary Property Damage Coverage	WB144	Included	
Amendment - Who Is An Insured	WB1460	Included	
Employee Benefits Liability	CG0435	\$44	
Plus Pak - Liability	WB2000GL	\$71	

Miscellaneous Premiums			
Description	Form Number	Premium	
Terrorism Risk Insurance Act		\$14	

Total General Liability Premium: \$38,23

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

D. If a written contract between you and the additional insured specifically requires that this insurance be primary, then the insurance afforded by this endorsement is primary insurance and we will not seek contribution from any other insurance available to the additional insured named in this schedule unless the other insurance is provided by a contractor other than the named insured. Then we will share with that other insurance by the method described below.

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

If no contract between you and the additional insured requires that this insurance be primary, then the coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance.

POLICY NUMBER: A261281

COMMERCIAL AUTO
CA 04 44 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Johns Disposal Service, Inc

Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any party with whom the insured agrees to waive subrogation in a written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of West Allis, 6300 W. McGeoch Ave., West Allis, WI 53219.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06-01-2017
Insured

Policy No.
A261798

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____