

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 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. (Note 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

AC	ORD FORM (PERSONAL PROPERTY.				ISSUE DATE MM/DD/YYYY
PRODUCER			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			
Insurance Company Name			COMPANIES AFFORDING COVERAGE			
Address			Company Ltr A Company Name			
			Company Ltr B			
INSURED			Company Ltr C			
Vendor Company Name			Company Ltr D			
	Address	_ 1	Company Ltr E			
_	RAGES					
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 CERTIFICATED 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION (DATE (MM/DD/YY)	LIMITS	
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	COMMERCIAL GENERAL LIABILITY	## - #######	MM/DD/YY /	MM/DD/YY	PRODUCTS-COMP/OP	
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					ONE)	
A	AUTOMOBILE LIABILITY				COMBINED STYGLE	\$ 5,000,000
	ALL OWNED AUTO				BODILY INJURY	\$ 3,000,000
	SCHEDULED AUTOS	## - #######	MM/DD/YY	MM/DD/YY	(PER PERSON)	}— 2-b
	HIRED AUTOS				BODILY INJURY	
	NON-OWNED AUTOS				(PER ACCIDENT)	
	9 GARAGE LIABILITY					
					PROPERTY DAMAGE EACH OCCURRENCE	
	EXCESS LIABILITY) () ((DD 0 0 0) O (IDD MM)	AGGREGATE	Pr #
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A	WORKERS COMPENSATION AND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MACONTA	MAADDAGA	X STATUTORY LIMITS	\$ 500,000
	EMPLOYER'S LIABILITY	## - ########	MM/DD/YY	MM/DD/YY	DISEASE - POLICY	\$ 500,000
	EMPLOTER'S LIABILITY			3	LIMIT	
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	OTHER	5				
	CANCEL OF CHECK AND	C ECHEDECIAL ITEMS				
	CATION OF OPERATIONS/LOCATIONS/VEH	LES (SPECIAL HEMS)	nd Wayne County Air	port Authority		
General Liability and Auto Liability: Detroit Metropolitan Airport Building 610 - 31399 East Service Drive						
1	6		Detroit, MI 48242	S Last GCIVIOC BIVE	7	
Zerenia.	CONTEHOIDER W		A STATE FORM	ECHANTION		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE						
WAYNE COUNTY AIRPORT AUTHORITY DETROIT METROPOLITAN AIRPORT DETROIT METROPOLITAN AIRPORT DETROIT METROPOLITAN AIRPORT DETROIT METROPOLITAN AIRPORT						WILL MAIL
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institute.			AUTHORIZED REPRESENTATIVE SIGNATURE OF REPRESENTATIVE			