


Contract / Leases / Agreements / Grants Form

This is	New	<input checked="" type="checkbox"/>	Renewal		Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	<input checked="" type="checkbox"/>	No		If you marked YES this needs to go through Grant Review .
This is an	Agreement _____ Contract _____ Lease _____ Other <u>X</u> :				
Name of Entity who Contract / Lease / Agreement / Grant is with	FAA				
Project Name	ACQUIRE SRE 2 RUNWAY PLOW S				
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.				
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.				
Total Amount	\$ 1,513,904.00				
Organization Match	\$ 2.5% MOOT \$ 37,847.00				
County Match	\$ 2.5% \$ 37,847.00				

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

STEVEN P. SARGOLSKI  The Department Head Requesting	17 JULY 24 Date Signed
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GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 8-22-24	I am requesting a meeting
County Treasurer: 	Date Signed: 8-20-24	I am requesting a meeting
Finance Chairman: 	Date Signed: 8-23-24	I am requesting a meeting
County Administrator: 	Date Signed: 8/22/24	I am requesting a meeting

Please do NOT mark below this line

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INTEROFFICE USE ONLY

Date Received:	Date Sent for Attorney Review:
Attorney Approval Received:	Insurance Received:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

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 have **ADDITIONAL INSURED** provisions or 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 Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): E-MAIL ADDRESS: CertRequests@ajg.com	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : XL Insurance America, Inc.		24554
INSURER B : The Travelers Indemnity Company of CT		25682
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 1154238166 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	ADDL INSD	SUBR WVD	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:			US00092615LI24A	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Deductible <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> See below			8107T771977	9/30/2023	9/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	US00092928LI23A	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	UB7T808035	9/30/2023	9/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Garagekeepers Coverage			8107T771977	9/30/2023	9/30/2024	Limits: SEE BELOW Deductibles: SEE BELOW

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAMED INSURED:
M-B Companies, Swenson Spreader, Meyer Products, Monroe Inc. , Monroe Truck Equipment, Monroe Towmaster LLC, Southern Coach
Kernersville (Carolina Custom Center Inc.)

PRIVATE PASSENGER Comp/Coll \$1,000
LIGHT TRUCK Comp/Coll \$1,000 \$1,000
MEDIUM TRUCK Comp/Coll \$2,000 \$2,000
HEAVY TRUCK Comp/Coll \$3,000 \$3,000
See Attached...

CERTIFICATE HOLDER CANCELLATION

Alpena County C/O Alpena County Regional Airport 720 W. Chisholm Street Alpena MI 49707	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
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