

**INSURANCE REQUIREMENTS FOR R-O-W PERMITS**

Tuscola County Road Commission  
 1733 S. Mertz Rd.  
 Caro, MI 48723  
 Caro Office Phone: 989-673-2128  
 Caro Fax: 989-673-3294

Property Owner/Applicant

Contractor

Personal Liability Ins. Or  
 Owner's Protection Policy  
 Of \$300,000

Residential Driveway

General Liability/ Tuscola  
 County Road Commission  
 \* Min. Additional Insured  
 of \$500,000  
**SEE BELOW**

OR

Commercial Driveway

General Liability Tuscola  
 County Road Commission  
 \*Additional Insured Min.  
 of \$500,000  
**SEE BELOW**

Grading & Landscaping  
 Tree Trimming & Removal  
 Fence Installation  
 Ditching/Cleanout  
 Yard Enclosure  
 Driveway Hard Surface  
 Roadside Mowing  
 Dust Control  
 Surveying

Personal Property Liability Ins.  
 Or Owner's Protection Policy  
 Min. of \$300,000

OR

General Liability Tuscola  
 Commission  
 \*Additional Insured Min.  
 of \$500,000  
**SEE BELOW**

Parades/Banners

Organizations Liability Insurance  
 Tuscola County Road Comm.  
 \*Additional Insured Min.  
 \$500,000  
**SEE BELOW**

Transportation

Automotive Liability  
 Min. \$500,000

Utility

N/A

N/A

**\*THIS SENTENCE MUST APPEAR ON THE CERTIFICATE OF INSURANCE**

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The Tuscola County Road Commission, the Board of County Road Commissioners and all its employees are hereby named as additional insured with respect to Job/Permit.

## **INSURANCE REQUIREMENTS FOR TUSCOLA COUNTY ROAD COMMISSION**

The additional insured language must appear on the certificate of insurance exactly as given.

No work is to be performed without the policies being currently in effect.

Proof of insurance shall be the certificate of insurance, and it must provide the name of the insurance company, the policy number, and the policy period, policy descriptions and be signed by the insurance agent.

NO PERMIT, or copy of a permit is to leave the Road Commission office without an insurance certificate on file or before an inspection of an existing drive.

Only one insurance certificate is needed per permit.