

CITY OF DES MOINES ♦ CD/NCS ♦ CONTRACTOR APPLICATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____ TAX I.D. _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS IS: (Select One) INDIVIDUALLY OWNED PARTNERSHIP CORPORATION

CHECK IF APPLICABLE: FEMALE OWNED MINORITY OWNED

Minority Race: _____

OWNER, PARTNERS OR OFFICERS OF THE COMPANY:

OWNER: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME OF COMPANY REPRESENTATIVE OR AGENT: _____

NAME OF COMMERCIAL BANK: _____

REFERENCES:

SUPPLIERS: _____

SUBCONTRACTORS: _____

WORK EXPERIENCE: _____

ADDITIONAL COMMENTS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

CITY OF DES MOINES, IOWA
COMMUNITY DEVELOPMENT DEPARTMENT
602 Robert D Ray Drive
Des Moines IA 50309

I/WE certify to the City of Des Moines that I/we do not employ any individuals directly and therefore are not required by State Law to carry Workers' Compensation Insurance.

IF at anytime I/we directly employ any individual to perform any services under any existing or future contract with the City of Des Moines, I/we will immediately notify the NCS Administrator of the Community Development Department of such a change.

I/WE specifically acknowledge that the obligation to carry Workers' Compensation Insurance is solely the responsibility of my/our company and that the City of Des Moines is in no way responsible for my/our failure to comply with State Law requirements.

COMPANY NAME

TELEPHONE

ADDRESS

CITY

STATE ZIP

CONTRACTOR SIGNATURE

DATE

WITNESS SIGNATURE

DATE

CITY OF DES MOINES, IOWA
COMMUNITY DEVELOPMENT DEPARTMENT
Neighborhood Conservation Services (NCS) Division
602 Robert D Ray Drive
Des Moines IA 50309

I, X _____, on behalf of _____
(Print Name) (Company Name)

verify that a copy of the City of Des Moines NCS Reference Manual dated April 2003, is in our files.

X _____
Signature

Date

**CITY OF DES MOINES, IOWA
ADDITIONAL INSURED ENDORSEMENT**

The City of Des Moines, Iowa, including all its elected and appointed officials, all its employees and volunteers, all its boards, commissions and/or authorities and their board members, employees, and volunteers, are included as Additional Insureds with respect to liability arising out of the Named insured's participation in the City of Des Moines, Iowa's federal entitlement housing assistance programs. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other coverage be primary, contributing or excess.

**CITY OF DES MOINES, IOWA
GOVERNMENTAL IMMUNITIES ENDORSEMENT
(For use when including the City as an Additional Insured)**

1. Non-waiver of Government Immunity. The insurance carrier expressly agrees and states that the purchase of this policy and the including of the City of Des Moines, Iowa as an Additional Insured does not waive any of the defenses of governmental immunity available to the City of Des Moines, Iowa under Code of Iowa Section 670.4 as it now exists and as it may be amended from time to time.
2. Claims Coverage. The insurance carrier further agrees that this policy of insurance shall cover only those claims not subject to the defense of governmental immunity under the Code of Iowa Section 670.4 as it now exists and as it may be amended from time to time.
3. Assertion of Government Immunity. The City of Des Moines, Iowa shall be responsible for asserting any defense of governmental immunity, and may do so at any time and shall do so upon the timely written request of the insurance carrier. Nothing contained in this endorsement shall prevent the carrier from asserting the defense of governmental immunity on behalf of the City of Des Moines, Iowa.
4. Non-denial of Coverage. The insurance carrier shall not deny coverage under this policy and the insurance carrier shall not deny any of the rights and benefits accruing to the City of Des Moines, Iowa under this policy for reasons of governmental immunity unless and until a court of competent jurisdiction has ruled in favor of the defense(s) of governmental immunity asserted by the City of Des Moines, Iowa.
5. No Other Change in Policy. The insurance carrier and the City of Des Moines, Iowa agree that the above preservation of governmental immunities shall not otherwise change or alter the coverage available under the policy.

**CITY OF DES MOINES, IOWA
CANCELLATION AND MATERIAL CHANGES ENDORSEMENT**

Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction in coverage an/or limits and ten (10) written notice of non-payment of premium shall be sent to:

City of Des Moines, Risk Management Office
400 Robert D Ray Drive
Des Moines IA 50309

This endorsement supersedes the standard cancellation statement on the Certificate of Insurance to which this endorsement is attached.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2007

PRODUCER Your Insurance Agent or Broker Address Telephone No. & Fax No.	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.												
INSURED Your Company Name Address City State Zip Telephone No. & Fax No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 25%;">NAIC #</td> </tr> <tr> <td>INSURER A: Your Insurance Carrier Name</td> <td></td> </tr> <tr> <td>INSURER B: Your Insurance Carrier Name</td> <td></td> </tr> <tr> <td>INSURER C: Your Insurance Carrier Name</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Your Insurance Carrier Name		INSURER B: Your Insurance Carrier Name		INSURER C: Your Insurance Carrier Name		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Your Insurance Carrier Name													
INSURER B: Your Insurance Carrier Name													
INSURER C: Your Insurance Carrier Name													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR ADDR LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A N	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Fire Damage - \$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	12345	MM/DD/YY	MM/DD/YY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		
EACH OCCURRENCE	\$ 1,000,000																		
DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$																		
MED EXP (Any one person)	\$																		
PERSONAL & ADV INJURY	\$ 1,000,000																		
GENERAL AGGREGATE	\$ 2,000,000																		
PRODUCTS - COMP/OP AGG	\$ 1,000,000																		
A N	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	12345	MM/DD/YY	MM/DD/YY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AGG</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$
COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000																		
BODILY INJURY (Per person)	\$																		
BODILY INJURY (Per accident)	\$																		
PROPERTY DAMAGE (Per accident)	\$																		
AUTO ONLY - EA ACCIDENT	\$																		
OTHER THAN AUTO ONLY: EA ACC	\$																		
AGG	\$																		
C	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$				
EACH OCCURRENCE	\$																		
AGGREGATE	\$																		
	\$																		
	\$																		
	\$																		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	12345	MM/DD/YY	MM/DD/YY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 100,000</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 100,000</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 500,000</td><td></td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<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			
<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<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																		

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Covers all operations performed for Certificate Holder during policy year. General Liability and Automobile Liability insurance policies include Contractual Liability coverage. The General liability definition of "Insured Contract" includes the indemnification of a municipality when required by ordinance, or by contract or agreement.

CERTIFICATE HOLDER

City of Des Moines
 Community Development / NCS
 602 Robert D. Ray Drive
 Des Moines IA 50309

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE