



# CITY OF TOPEKA

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**Division Director  
Property Code  
Development Services**  
620 SE Madison Unit 6  
Topeka, KS 66607-1118

Richard Faulkner, Director  
Email: [rfaulkner@topeka.org](mailto:rfaulkner@topeka.org)  
Tel: (785) 368-3905  
Fax: (785) 368-3915

December 10, 2015

Dear Contractor,

Re: **Certificate of Insurance**

In order for your contractor license to remain active with the City of Topeka it is a requirement to provide Development Services with a current Certificate of Insurance or Workers Compensation or your license will become inactive.

After a 30 day grace period (industry standard) has passed a \$30.00 reinstatement fee will be required in order to reinstate your license if Development Services has not been provided a current Certificate of Insurance or Workers Compensation showing the updated expiration date. Certificate of insurances may be faxed to 785-368-3915, emailed to [dsdaccounts@topeka.org](mailto:dsdaccounts@topeka.org), mailed directly to our office, or you may hand deliver your updated certificate to Development Services located at 620 SE Madison St on the 3<sup>rd</sup> floor.

We understand that you may have paid your insurance premiums to your insurance company and your insurance is not actually expired with your insurance company but if Development Services does not receive a CURRENT Certificate of Insurance or Workers Compensation from you or your insurance company by the (30) day grace period the \$30.00 reinstatement fee will be required.

**Moving forward this fee will not be waived.** This is the Contractors responsibility to provide Development Services with an updated General Liability or Workers Compensation insurance certificate in order for your company to pull permits or schedule inspections within the City of Topeka. When you were originally licensed with the City of Topeka we informed you of this policy verbally and in writing in the licensing packet you filled out to become a contractor.

At the end of each year when you receive your contractor license renewal forms to renew your license for the following year at the bottom right hand corner it is listed what dates your Certificate of Insurance and Workers Compensation Insurance expires. If that date has already expired when you receive your contractor license renewal forms you must provide us with a current Certificate of Insurance and a \$30.00 fee or your license will not be renewed. It will be returned to you and this will delay your contractor license renewal and you may be charged a late fee to renew your contractor license.

Respectfully,

**We need to be listed as the Certificate Holder on your certificate of insurance**

**City of Topeka  
Development Services  
620 SE Madison St Unit 6  
Topeka, KS 66607-1118**



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
00/00/0000

<b>PRODUCER</b> Insurance Agency Name Street Address City, State, Zip Code Phone#                      Fax#	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Contractor's Business Name Business Street Address City, State, Zip Code	INSURER A:	INSURANCE COMPANY NAME
	INSURER B:	
	INSURER C:	
	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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		00/00/0000	00/00/0000	EACH OCCURRENCE \$ 000,00.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 000,00.00 MED EXP (Any one person) \$ 000,00.00 PERSONAL & ADV INJURY \$ 000,00.00 GENERAL AGGREGATE \$ 000,00.00 PRODUCTS - COMP/OP AGG \$ 000,00.00												
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$											
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		00/00/0000	00/00/0000	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 000,000.00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 000,000.00</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 000,000.00</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$ 000,000.00	E.L. DISEASE - EA EMPLOYEE		\$ 000,000.00	DISEASE - POLICY LIMIT		\$ 000,000.00
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DISEASE - POLICY LIMIT		\$ 000,000.00															

Sample

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Residential Contractor, General Contractor I, II, Roofing, Excavating, Concrete, Demolition, Framing, ETC.  
 ( List what type of Contractor you are Licensed as with the City of Topeka )

<b>CERTIFICATE HOLDER</b> CITY OF TOPEKA DEVELOPMENT SERVICES 620 SE MADISON ST UNIT 6 TOPEKA, KS 66607-1118	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 INSURANCE AGENT'S SIGNATURE
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