



## Request for Certificate of Insurance

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### Applicant Instructions:

Complete this form and fax to your insurance agent to request a **Certificate of Insurance** as required by Michigan Saves.

### Company Information:

Company Name	Contact Name		
Company Address	City	State	ZIP
Telephone	Fax		
E-mail			

**Insurance Agent Instructions:** The Company listed above has applied to become an Authorized Contractor for the Michigan Saves Home Energy Loan program. Michigan Saves, Inc. is a nonprofit organization that makes energy efficiency upgrades and renewable energy systems more affordable for Michigan energy consumers. Michigan Saves requires all Authorized Contractors to maintain specified insurance coverage and meet other obligations. Among those obligations, Authorized Contractors are required to ensure that their insurance policies meet our minimum requirements and to provide a **Certificate of Insurance**, as described below, in order to participate in the Michigan Saves program. Michigan Saves shall also be added as an additional insured with an endorsement to each of Contractor's insurance policies. A copy of that endorsement must be sent to Michigan Saves as soon as it is available. For more information about Michigan Saves, please visit [www.michigansaves.org](http://www.michigansaves.org).

**Requested Certificate of Insurance Information:** The insurance carried by the Company listed above must cover the work it will perform as an Authorized Contractor of Michigan Saves and cannot have any exclusion for the type(s) of damage that may be caused as a result of that work. To see the complete requirements, you may download a copy of the Contractor Application/Agreement at [www.michigansaves.org](http://www.michigansaves.org). The required **Certificate of Insurance** should specifically name Michigan Saves as an **additional insured** and must show, at the least, the following:

- Occurrence-based Commercial General Liability Insurance (including products and completed operations coverage) with limits of not less than \$1,000,000 per occurrence for bodily injury and property damage liability, with an annual aggregate limit of not less than \$1,000,000,
- Workers' compensation insurance or self-insurance,
- Endorsed to provide that the additional named insured will receive thirty (30) days written notice of cancellation or material change in policy provisions, and
- That the coverage afforded to Michigan Saves shall be primary (and not secondary).

Please note in your records that Michigan Saves is an additional insured and should be notified of renewals, cancellations, or changes in coverage.

### Please Fax, Mail, or E-mail the Certificate of Insurance and Endorsement Directly To:

Michigan Saves (Attn: Contractor Registration)  
 230 N Washington Square, Ste. 300  
 Lansing MI 48933  
 Fax: 517-484-6549  
 E-mail: [registration@michigansaves.org](mailto:registration@michigansaves.org)