



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:


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
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

	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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## Melissa Schlupp

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**From:** Anna Cooke  
**Sent:** Tuesday, October 8, 2024 8:17 AM  
**To:** Melissa Schlupp  
**Cc:** Ashley N. Klang  
**Subject:** RE: Tree Contractor Insurance

I think that this is fine then. I approve of moving forward with the current COI.

Let me know if you need anything else.



**Anna Cooke, MBA, PHR**  
Personnel | HR Director  
**Phone: (608) 355-3271 | Fax: (608) 355-3481**  
**Email: [anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)**  
**Address: 505 Broadway, Baraboo, WI 53913**

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**From:** Melissa Schlupp <[Melissa.Schlupp@saukcountywi.gov](mailto:Melissa.Schlupp@saukcountywi.gov)>  
**Sent:** Tuesday, October 8, 2024 8:16 AM  
**To:** Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>  
**Cc:** Ashley N. Klang <[Ashley.Klang@saukcountywi.gov](mailto:Ashley.Klang@saukcountywi.gov)>  
**Subject:** Re: Tree Contractor Insurance

One day maybe two.

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**From:** Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>  
**Sent:** Tuesday, October 8, 2024 8:14:14 AM  
**To:** Melissa Schlupp <[Melissa.Schlupp@saukcountywi.gov](mailto:Melissa.Schlupp@saukcountywi.gov)>  
**Cc:** Ashley N. Klang <[Ashley.Klang@saukcountywi.gov](mailto:Ashley.Klang@saukcountywi.gov)>  
**Subject:** RE: Tree Contractor Insurance

How long is this project expected to be?

Anna Cooke, MBA, PHR  
Personnel | HR Director  
Phone: (608) 355-3271 | Fax: (608) 355-3481  
Email: [anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)  
Address: 505 Broadway, Baraboo, WI 53913

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-----Original Message-----

From: Melissa Schlupp <[Melissa.Schlupp@saukcountywi.gov](mailto:Melissa.Schlupp@saukcountywi.gov)>

Sent: Tuesday, October 8, 2024 7:51 AM

To: Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>

Cc: Ashley N. Klang <[Ashley.Klang@saukcountywi.gov](mailto:Ashley.Klang@saukcountywi.gov)>

Subject: RE: Tree Contractor Insurance

Anna,

I reached out to the contractor again and they are saying that changing the \$2,000,000 to \$3,000,000 drastically changes their yearly premium (like an additional \$1880) so they want to check again if the \$2,000,000 is adequate. I'm a little worried they will back out if we can't accommodate their request and I have nobody else available to complete this work. I know that isn't the best reason to make the accommodation, just letting you know where things stand. Let me know what you think.

Thanks,

Melissa Schlupp

Land Resources & Environment | Conservation Manager

Phone: (608) 355-4838 | Fax: (608) 355-3292

Email: [melissa.schlupp@saukcountywi.gov](mailto:melissa.schlupp@saukcountywi.gov)

Address: 505 Broadway, Baraboo, WI 53913

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-----Original Message-----

From: Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>

Sent: Friday, October 4, 2024 8:54 AM

To: Melissa Schlupp <[Melissa.Schlupp@saukcountywi.gov](mailto:Melissa.Schlupp@saukcountywi.gov)>

Cc: Ashley N. Klang <[Ashley.Klang@saukcountywi.gov](mailto:Ashley.Klang@saukcountywi.gov)>

Subject: RE: Tree Contractor Insurance

Hi Melissa,

I apologize for the bit of a delay as we reached out to our insurance company as I wasn't sure. I would prefer to stick with the coverage as you had in the contract; please let the contractor know that we are requiring the insurance coverage as was stated and a new COI should be provided.

Thank you,

Anna Cooke, MBA, PHR  
Personnel | HR Director  
Phone: (608) 355-3271 | Fax: (608) 355-3481  
Email: [anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)  
Address: 505 Broadway, Baraboo, WI 53913

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-----Original Message-----

From: Melissa Schlupp <[Melissa.Schlupp@saukcountywi.gov](mailto:Melissa.Schlupp@saukcountywi.gov)>  
Sent: Thursday, October 3, 2024 11:14 AM  
To: Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>  
Subject: RE: Tree Contractor Insurance

Hey Anna,

Did you have a chance to take a look at this? The contractor followed up with me today so I'm hoping I can get back to him soon.

Thanks!

Melissa Schlupp  
Land Resources & Environment | Conservation Manager  
Phone: (608) 355-4838 | Fax: (608) 355-3292  
Email: [melissa.schlupp@saukcountywi.gov](mailto:melissa.schlupp@saukcountywi.gov)  
Address: 505 Broadway, Baraboo, WI 53913

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-----Original Message-----

From: Melissa Schlupp  
Sent: Friday, September 27, 2024 7:52 AM  
To: Anna Cooke <[anna.cooke@saukcountywi.gov](mailto:anna.cooke@saukcountywi.gov)>  
Subject: Tree Contractor Insurance

Hi Anna,

Earlier this summer we requested quotes for a tree removal project at the county farm and after two attempts we finally got one bid that came in. Committee approved this bid as it was >\$5000 so I have been working with the contractor to get a contract signed and a certificate of insurance submitted. In the contract, I requested the following insurance requirements:

The Contractor, at their expense, shall maintain public liability insurance issued by an insurance company licensed to do

business in the State of Wisconsin, including bodily injury and property damage coverage insuring the Contractor and County with minimum coverage as follows: liability coverage for its officers, employees, and agents with policy limits at minimum of \$1,000,000 single limit and \$3,000,000 aggregate and workers compensation insurance in the following amounts:

- a. Coverage A: Limits – Statutory
- b. Coverage B: Employer's Liability Limits c. Bodily Injury by Accident - \$100,000 each accident minimum d. Bodily Injury by Disease - \$100,000 each employee minimum e. Bodily Injury by Disease - \$500,000 policy limit minimum

This language was what was used in previous contracts so that is why I utilized it again. The contractor has informed me that they do not have the coverage outlined but instead have \$1,000,000/\$2,000,000 (see attached certificate). Will that be acceptable for this job? Should I discuss this with corp counsel? The tree removal shouldn't be too difficult as it is mostly open space at the county farm with a couple structures they have to avoid.

Please let me know how to proceed.

Thanks!

Melissa Schlupp  
Land Resources & Environment | Conservation Manager  
Phone: (608) 355-4838 | Fax: (608) 355-3292  
Email: [melissa.schlupp@saukcountywi.gov](mailto:melissa.schlupp@saukcountywi.gov)  
Address: 505 Broadway, Baraboo, WI 53913

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