

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF INSURANCE
CONSTRUCTION CONTRACT COVERAGE**

This is to certify that the following described Liability Insurance Policies are in force at this date with limits not less than shown below.

Named Insured/Include address: _____

	Contractors Liability incl. Subcontractors, Contractual	Automobile Liability	Workers' Compensation and Employers' Liability
Company:			
Policy No.:			
Limits:	500,000 occ. 1,000,000 agg.	500,000 csl	Statutory/100,000 ea. accident 100,000 each employee 500,000 policy limit
Effective Date:			
Expiration Date:			

MISSISSIPPI DEPARTMENT OF TRANSPORTATION CONTRACT NUMBER(S)

_____ County (ies)

In the event of cancellation of said policies or failure on the part of the company to renew at expiration date, the company agrees to give the Mississippi Department of Transportation, Jackson, Mississippi, not less than thirty days written notice sent by registered mail stating when cancellation or expiration date shall be effective, unless such cancellation is due to non-payment of premium in which case ten (10) days prior to cancellation will be sent.

The above policies provide protection as is specified in sub-section 907.14.2.1--General, however they are limited to policy terms, limits, exclusions and declarations.

By: _____

(Agent's Typed Name / MS Insurance ID Number)

Address: _____

Sworn to and subscribed before me this

the _____ day of _____, _____

Notary Public

NOTICE: THE CONTRACTOR MUST RENEW THIS CERTIFICATE UNTIL THE CONTRACT IS ACCEPTED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION.

If you alter this form in any manner, it will not be accepted by the Mississippi Department of Transportation.
DO NOT REPLACE WITH A FACSIMILE, IT WILL NOT BE ACCEPTED.