

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
 CERTIFICATE OF INSURANCE  
 CONSULTANT SERVICES UNIT**

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

**Named Insured:** \_\_\_\_\_

**Termini:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**County(ies):** \_\_\_\_\_

**MDOT Project Number:** \_\_\_\_\_

	<b>Workers Compensation Insurance</b>	<b>Comprehensive General Liability Insurance</b>	<b>Valuable Documents Insurance</b>	<b>Errors and Omissions (Professional Liability) Insurance</b>	<b>Comprehensive Automobile Liability Insurance</b>
<b>Company:</b>					
<b>Policy Number:</b>					
<b>Limits:</b>					
<b>Deductibles:</b>					
<b>Effective Date:</b>					
<b>Expiration Date:</b>					

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 not less than ten (10) days prior notice will be given.

The above policies provide protection as is specified in section \_\_\_\_\_ of Project Number \_\_\_\_\_.

By: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sworn to and subscribed before me this

The \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**NOTARY SEAL**

**Notary Public**

**NOTICE: THE CONSULTANT MUST RENEW THIS CERTIFICATE ANNUALLY UNTIL THE CONTRACT IS TERMINATED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION. DO NOT REPLACE THIS FORM WITH A FACSIMILE OR ALTER THIS FORM IN ANY MANNER. IT WILL NOT BE ACCEPTED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION.**