

**BOARD OF PUBLIC WORKS & SAFETY
MICHIGAN CITY, INDIANA**

POLICY FOR STREET CLOSURE FOR CONSTRUCTION PROJECT

Purpose: To define the policy for street closures for construction projects in Michigan City, Indiana.

Scope: This statement applies to all street closures in the City of Michigan City, Indiana for construction projects.

Changes or revisions to this policy may not be made without the express, written authorization of the Michigan City Board of Public Works and Safety.

Effective Date: This policy is effective 5th day of February, 2018.

1.0 Policy Statement

Pursuant to I.C. 36-9-6, the control, supervision, and maintenance of public streets within the City of Michigan City, Indiana (hereinafter referred to as “City”) is vested in the Michigan City Board of Public Works and Safety (hereinafter referred to as “Board”). The Board has adopted the following policies and procedures for street closures for construction projects.

2.0 Intent and Purpose

The intent and purpose of this Policy is to enable the City, and the various departments therein, to safely and efficiently assess and implement a request for street closure for purposes of a construction project (hereinafter referred to as “Requester.”)

The definition of *Construction Project* shall include the following: 1.) construction, reconstruction, alteration, renovation of a building, facility, or other structure; 2.) the construction, alteration or repair of a highway, street, alley, sidewalk, driveway, bridge, sewer, drain, utility infrastructure or other improvement; and 3.) work involved in an extension or installation of utility infrastructure.

3.0 Submission of Request to City Clerk

Requester shall submit a request for street closure(s) to the Michigan City Clerk’s Office on the *Street Closure for Construction Project Form* attached hereto and incorporated herein as “Exhibit A.” Upon receipt, the Clerk’s Office shall do the following:

- A.) Forward the information onto each City Department, including Police Department, Fire Department, Street Department, Water Department, City Engineer, Sanitary District, and Port Authority, (hereinafter collectively referred to as “City Departments”) for their respective review and input.

Effective February 5, 2018

- B.) Each Department shall provide a written response to the Clerk regarding their respective analysis and whether they support or do not support requested street closure(s) within five (5) days after receiving the information from the Clerk's office. If a Department does not respond as required, their consent to said street closure shall be inferred. However, the Departments should not consider the inference as being a substitute for a written response.
- C.) Clerk to provide said responses to the Board and advise the Board in writing of any Department's failure to respond.
- D.) Clerk to place request on the Board's Agenda for the next public meeting, unless a different public meeting date is requested by Requestor.

4.0 Review of Request Board of Public Works & Safety

The Board will not consider street closure requests that have not been reviewed and analyzed by each City Department. The Board shall have full discretion in determining whether or not it is in the City's best interest to grant or deny said street closure.

The Board prefers submission of Requestor's Certificate of Liability as outlined below with the *Street Closure for Construction Project Form*, however, Board may approve street closure subject to the production of the Certificate of Insurance to the Clerk at least seven (7) days prior to the street closure.

If Requestor is asking permission to close street within said seven (7) day window, then Certificate of Liability must be attached to the *Street Closure for Construction Project Form*.

Please note that if Requestor requires a street or alley cut, Requestor must first apply for and be granted a Street Cut Permit from the City Engineer.

5.0 Granting of Street Closure for Construction Projects

If the Board grants the street closure for Requestor's, the following shall apply, unless the Requestor is a City Department requesting closure for work to be performed in-house:

(A) Waiver; Indemnification and Hold Harmless

Requestor hereby waives, releases and discharges on behalf of himself/herself, or by any other person or entity acting on his/her behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, City from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from the street closure for a construction project, which arise or in the future may arise. The Requestor expressly agrees to indemnify and hold the City harmless from any and all claims or demands therefor on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Requestor, or by any other

person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from the street closure for a construction project, which arise or in the future may arise. It is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the participation of City in defending any claim, cause of action, wrongful death cause of action, or demands based on actions taken by the Requestor.

(B) Insurance Requirements & Time Deadline for Submission to City

Requester is required to be insured adequately to support the request for street closure and shall maintain insurance coverage in not less than the amounts set forth below for each occurrence.

A Certificate of Insurance of the Requestor must be submitted to the City Clerk's Office no later than seven (7) days prior to the date of street closure. If Requestor fails to submit a Certificate of Insurance to the City Clerk within this time frame, said permission for street closure is deemed automatically revoked by the Board. However, if Requestor submits a Certificate of Insurance within said time frame and the City determines said Certificate of Insurance fails to comply with the insurance requirements herein, the City shall notify Requestor immediately and Requestor shall cure said defect immediately and no later than forty-eight (48) hours provide the City with an amended Certificate of Insurance complying with the requirements herein. If Requestor fails to cure said defect, said permission for street closure is deemed automatically revoked by the Board. If permission is deemed automatically revoked under this section, Corporation Counsel for the City shall notify Requestor and the Board in writing of the same.

A copy of the insurance policy and endorsements must be made available upon request of the City.

The City shall be named as an Additional Insured on all such insurance policies, except worker's compensation. The insurance provided to the additional insured shall be primary and non-contributory with a waiver of subrogation rights in favor of the City. The Additional Insured shall be listed as follows:

City of Michigan City, Indiana
100 E. Michigan Blvd.
Michigan City, IN 46360

All insurance policies shall contain a clause of endorsement providing that they may not be cancelled, non-renewed, substituted, or materially amended during the term of the street closure, except after thirty (30) days prior written notice to City. This cancellation provision must be indicated on the Certificate of Insurance. Acceptance of a Certificate of Insurance that does not comply with this section will not operate as a waiver of Requestor's obligations hereunder.

The insurance limits stated below are not intended to be an indication of exposure nor are they limitations on indemnification. Requestor shall maintain the following insurance limits for purposes of the street closure:

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000

Workers' Compensation and Employer's Liability

Workers' Compensation	Indiana Statutory Limits
Employer's Liability	
Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$500,000 each employee

Automobile Liability

Combined Single Limit	\$1,000,000 each accident
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Exceptions to these insurance limits may be granted by the Board of Works or Corporation Counsel, subject to Requestor demonstrating cause for same.

(C) Assignment

The permission for street closure granted to Requester is specific to said Requester. Requester shall not transfer, sublet, or assign any rights or responsibilities under, or interests in or to said street closure without the prior written consent of the Board. Any assignment in violation of this subsection shall be null and void, and said permission shall be deemed revoked by the Board.

(D) Termination/Revocation of Permission

The Board reserves the right to revoke permission for the street closure at any time for any reason, including, but not limited to, an emergency, public safety and health concern, performance of public works projects, budgetary/financial constraints imposed on City, violation of any law, and/or unforeseen circumstances.

In the event of an unforeseen emergency and/or public safety and health concern, which would jeopardize persons or property, and the timing of such emergency event prevents the Board from being able to call a meeting, a Chief or Assistant Chief from either the Michigan City Police Department or the Michigan City Fire Department may revoke said permission for street closure. Said entity revoking permission on an emergency basis, shall immediately communicate the same to the Requestor and the Board.

The City shall not be responsible for any damages or liabilities sustained by Requester as a result of the termination and revocation of permission for a street closure under this policy.

6.0 Traffic Management

At all times, Requestor is responsible for traffic management, including any and all costs, if any, incurred as a result thereof, as set forth in the Manual on Uniform Traffic Control Devices (MUTCD) for full and partial road closures.

7.0 Emergency Street Closure

Only a City Department is able to declare an event an emergency so as to require an exception to this Policy. If, due to an emergency circumstance, a City Department is unable to seek advance permission from the Board of Works to close a street, the Department Head, or his or her designee, shall have the authority to close a street to perform emergency work. If a City Department authorizes an emergency street closure, said Department shall, as soon as practicable under the circumstances, provide written notice to the Board of Works of said street closure, the reason for said street closure, and the duration of said street closure.

PLEASE PROVIDE COPY OF THIS ENTIRE DOCUMENT (ALL 6 PAGES) TO YOUR INSURANCE AGENT OR BROKER.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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 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: Agency Contact	
Insurance Agency Name		PHONE (A/C, Ho, Ext): Phone	FAX (A/C, No): Fax
Insurance Agency Address1		E-MAIL ADDRESS: Email	
Insurance Agency Address2		INSURER(S) AFFORDING COVERAGE	
Insurance Agency City	ST ZIP	INSURER A: General Liability Insurance Carrier	NAIC#
INSURED		INSURER B: Automobile Liability Insurance Carrier	NAIC#
Named Insured		INSURER C: Worker's Compensation Insurance Carrier	NAIC#
Mailing Address 1		INSURER D: Liquor Liability Insurance Carrier	NAIC#
Mailing Address 2		INSURER E:	
Mailing City	ST ZIP	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 INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			Policy #	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			Policy #	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$	
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy #	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 500,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<input type="checkbox"/> Liquor Liability (if event includes liquor)			Policy #	xx/xx/xxxx	xx/xx/xxxx	Each Occurrence \$1,000,000	
							Aggregate \$2,000,000	

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Event: (Specify Event Name & Date). City of Michigan City, Indiana is an additional insured on a primary and non-contributory basis on the General Liability, Automobile Liability, and Liquor Liability (if event includes liquor). Waiver of Subrogation applies in favor of the additional insured on the General Liability, Automobile Liability, and Liquor Liability (if event includes liquor).
 30 day prior written notice to the City of Michigan City for cancellation, non-renewal, substituted coverage, or materially amended coverage (except 10 day notice for non-payment).

CERTIFICATE HOLDER	CANCELLATION
City of Michigan City, Indiana 100 E. Michigan Blvd. Michigan City IN 46360	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
	AUTHORIZED SIGNATURE