

City of Mackinac Island

City Hall, 7358 Market Street, P.O. Box 455, Mackinac Island, MI 49757-0455

Resolution for Authorized Signature Michigan Department of Transportation State Trunkline Maintenance Municipality Contract

City of Mackinac Island
County of Mackinac, State of Michigan

Meeting of the City Council of the City of Mackinac Island, County of Mackinac,
State of Michigan, held on the 12th day of June, 2024, at 4:00 p.m.

PRESENT: Members _____

ABSENT: Members _____

A motion was made by _____, and supported by _____,
to authorize Dennis Dombroski to sign the 2024 - 2029 Michigan Department of Transportation
State Trunkline Maintenance Municipality Contract, on behalf of the City of Mackinac Island.

AYES: Members _____

NAYS: Members _____

RESOLUTION DECALRED ADOPTED.

Danielle Leach, City Clerk

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the
City Council of the City of Mackinac Island, County of Mackinac, State of Michigan, at a regular
meeting held on June 12, 2024 at 4:00 pm, and that said meeting was conducted and public
notice of said meeting was given pursuant to and in full compliance with the Open Meetings
Act, being Act 267, Public Acts of Michigan, 1976, and that the minutes of said meeting were
kept and will be or have been made available to the public by said act.

Danielle Leach, City Clerk

City Clerk: (906) 847-3702
City Treasurer/Assessor: (906) 847-6002

Mayor's Assistant: (906) 847-6556
Building & Zoning: (906) 847-4035
Fax: (906) 847-6430

Police Administration: (906) 847-3345
Fire Administration: (906) 847-8159

Municipality Contracts – Request for Information

Name of Contract Agency	City of Mackinac Island	Date: June 12, 2024
Contract Administrator	Name: Dennis Dombroski	Title: Street Administrator
Highway Maintenance Foremen	Name: Michael Ruddle	Title: City Foreman
Will Firm Unit Prices be used?	Not Applicable	No
Snow Hauling?	Not Applicable	No
Name of Person Authorized to sign the contract	Name: Dennis Dombroski	Email: djd@cityofmi.org

Submit the following forms:

- Certificate of Insurance (form 428)
- Firm Unit Price (form 0572) if it applies.
- Snow Hauling (form 5191) if it applies.
- Resolution which names individual authorized to sign the contract. If available, submit, if not it will be required during the signing process.

**CERTIFICATE OF INSURANCE
FOR STATE HIGHWAY MAINTENANCE CONTRACT**
Information required by MDOT to report insurance coverage.

DISTRIBUTION:
Original - Maintenance Div.
Copy - Insured Party
Copy - Insurance Agency
Copy - Insurance Company

TO MICHIGAN DEPARTMENT OF TRANSPORTATION: The subscribing insurance company certifies that the motor vehicle insurance for limits of liability as indicated, herein, has been procured by and furnished in behalf of the named insured.

NAME OF INSURED City of Mackinac Island	ADDRESS 7358 Market St., P.O. Box 455, Mackinac Island, MI 49757
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TYPE OF INSURANCE							
INSURANCE	POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COVER-AGE	* LIMITS OF LIABILITY		
					EACH PERSON	EACH ACCIDENT	AGGREGATE
Automobile Liability Insurance with respect to owned, hired and non-owned automobiles.	MML001214338	9/12/2023	9/12/2024	B. 1.	\$10,000,000	CSL	
				P. D.			

The subscribing company agrees that the policy referred to herein shall not be changed or cancelled until thirty (30) days written notice has been given to the MICHIGAN DEPARTMENT OF TRANSPORTATION, Lansing, Michigan.

INSURANCE COMPANY Michigan Municipal League	ADDRESS Liability and Property Pool P.O. Box 2054, Southfield, MI 48037-2054
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AUTHORIZED REPRESENTATIVE SIGNATURE (Do not stamp.) 	DATE 8/24/2023
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* This limits of liability shall be no less than \$250,000 each person and \$500,000 each accident for Bodily Injury.