

## ENCROACHMENT PERMIT INSURANCE CHECKLIST

Permit Application Applicant Initials\_\_\_\_

Questionnaire required If Special Event Applicant Initials\_\_\_\_

**\*Please note: Insurance is required from the contractor performing the actual services**

### CERTIFICATE OF INSURANCE

Certificate of Insurance Applicant Initials\_\_\_\_

**\*Certificate Holder should read: The State of Arizona or ADOT, 1324 N. 22<sup>nd</sup> Ave., Phoenix, AZ 85009  
(Permit Office address is acceptable)**

### COMMERCIAL GENERAL LIABILITY

Additional Insured Endorsement Form for Ongoing Operations Applicant Initials\_\_\_\_

Additional Insured Endorsement Form for Completed Operations (**Construction Only**) Applicant Initials\_\_\_\_

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

Primary and Non-Contributory Endorsement Form Applicant Initials\_\_\_\_

### AUTO LIABILITY

Additional Insured Endorsement Form Applicant Initials\_\_\_\_

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

### WORKER'S COMPENSATION

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

**\*ANY OF THE ABOVE ITEMS NOT RECEIVED MAY DELAY  
APPROVAL OF INSURANCE CERTIFICATE**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ADOT Permit Insurance Matrix

## Encroachment Insurance Requirements

Commercial General Liability	Commercial Auto Liability	Work Comp/Employers' Liability	Aviation Liability*
\$1,000,000 Occurrence	\$1,000,000 Combined Single Limit	\$1,000,000 Each Accident	\$1,000,000 Occurrence
\$2,000,000 Annual Aggregate		\$1,000,000 Each Disease-Employee	\$2,000,000 Annual Aggregate
		\$1,000,000 Each Disease-Policy Limit	
Required Endorsements	Required Endorsements	Required Endorsement	Required Endorsements
Additional Insured	Additional Insured	Waiver of Subrogation	Additional Insured
Waiver of Subrogation	Waiver of Subrogation		Waiver of Subrogation
Primary & Non-contributory			Primary & Non-contributory
Other Endorsements+			
Completed Operations <sup>1</sup>			
Explosion/Collapse/Underground			

## Film & Parade Insurance Requirements

Commercial General Liability	Commercial Auto Liability	Work Comp/Employers' Liability	Aviation Liability*
\$1,000,000 Occurrence	\$1,000,000 Combined Single Limit	\$1,000,000 Each Accident	\$1,000,000 Occurrence
\$2,000,000 Annual Aggregate		\$1,000,000 Each Disease-Employee	\$2,000,000 Annual Aggregate
		\$1,000,000 Each Disease-Policy Limit	
Required Endorsements	Required Endorsements	Required Endorsement	Required Endorsements
Additional Insured	Additional Insured	Waiver of Subrogation	Additional Insured
Waiver of Subrogation	Waiver of Subrogation		Waiver of Subrogation
Primary & Non-contributory			Primary & Non-contributory

## Special Event Insurance Requirements

Commercial General Liability	Commercial Auto Liability	Work Comp/Employers' Liability	Aviation Liability*
\$5,000,000 Occurrence	\$1,000,000 Combined Single Limit	\$1,000,000 Each Accident	\$1,000,000 Occurrence
\$5,000,000 Annual Aggregate		\$1,000,000 Each Disease-Employee	\$2,000,000 Annual Aggregate
		\$1,000,000 Each Disease-Policy Limit	
Required Endorsements	Required Endorsements	Required Endorsement	Required Endorsements
Additional Insured	Additional Insured	Waiver of Subrogation	Additional Insured
Waiver of Subrogation	Waiver of Subrogation		Waiver of Subrogation
Primary & Non-contributory			Primary & Non-contributory

\***Aviation Liability** insurance is required when aircraft of any kind, including drones or other unmanned aircraft, will be in our right of way.

+**Completed Operations**<sup>1</sup> is required for any/all construction, boring, alteration, etc. or as determined by Risk Management. **XCU**<sup>2</sup> is required for any boring, digging, use of explosives, as the type of work warrants or as determined by Risk Management.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/12/2015

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).

<b>PRODUCER</b>  Insurance Agency 123 Sample Street Phoenix, AZ 12345	<b>CONTACT NAME:</b> Insurance Agent <b>PHONE (A/C. No. Ext):</b> (123) 555-1234 <b>E-MAIL ADDRESS:</b> agent@insuranceco.com	<b>FAX (A/C. No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sample Company		<b>NAIC #</b> 123456
<b>INSURED</b>  Encroachment Owner 123 Sample Drive Phoenix, AZ 12354	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b> (May have multiple		
	<b>INSURER E:</b> companies listed)		
	<b>INSURER F:</b>		

**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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	Policy #XXXXX	01/12/2015	02/07/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> AUTO PHYSICAL DAMAGE <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	Policy #XXXXX	01/12/2015	02/07/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$	Y	Y	This is an optional coverage and may not be shown; if shown, policy #, wavier and addl insured must be marked.			EACH OCCURRENCE	\$ optional
							AGGREGATE	\$ amounts
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy #XXXXX	01/12/2015	02/07/2015	WC STATUTORY LIMITS	
							OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)**  
 State of Arizona, ADOT and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees shall be named as additional insureds with respect to liability arising out of activities performed by or on behalf of the permittee or contractor. Waiver of Subrogation applies.

**CERTIFICATE HOLDER****CANCELLATION**

The State Of Arizona Arizona Department of Transportation Arizona Department of Public Safety 1324 N. 22nd Ave MD 128A Phoenix, AZ 85009	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 <i>Signature of Representative</i>
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