



PERMITS INSURANCE CHECKLIST

INSTRUCTIONS/TIPS/INFORMATION TO EASE THE INSURANCE PROCESS

- Please provide this Checklist and the *ADOT Permits Insurance Matrix* to your insurance broker or agent as soon as possible
- Check below for each item submitted; print your name and the date at the bottom of the page
- Send this completed checklist, and your Certificate of Insurance with required endorsements (or policy documents if the coverage required by endorsement is built into the policy) by email to your Permit Office
- Your insurance will be reviewed for compliance only when this completed checklist is submitted with attachments
- **Failure to follow these steps will cause a delay in the processing of your Permit Application**

PERMIT DOCUMENTS

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

- | | |
|--|--------------------------|
| <input type="checkbox"/> Permit Application | Applicant Initials _____ |
| <input type="checkbox"/> Questionnaire required If Special Event | Applicant Initials _____ |

CERTIFICATE OF INSURANCE OR EVIDENCE OF SELF-INSURANCE

**Certificate Holder should read: The State of Arizona or ADOT, 206 S. 17th Avenue Phoenix, AZ 85007*

**Description of Operations: should state "for any and all work performed in ADOT right of way"*

- | | |
|--|--------------------------|
| <input type="checkbox"/> Certificate of Insurance or Self-insurance Letter | Applicant Initials _____ |
|--|--------------------------|

COMMERCIAL GENERAL LIABILITY

- | | |
|---|--------------------------|
| <input type="checkbox"/> Additional Insured Endorsement Form OR policy for Ongoing Operations | Applicant Initials _____ |
| <input type="checkbox"/> Additional Insured Endorsement Form OR policy for Completed Ops (Construction Only) | Applicant Initials _____ |
| <input type="checkbox"/> Waiver of Subrogation Endorsement Form OR policy | Applicant Initials _____ |
| <input type="checkbox"/> Primary and Noncontributory Endorsement Form OR policy | Applicant Initials _____ |
| <input type="checkbox"/> XCU | Applicant Initials _____ |

AUTO LIABILITY

**Requirement only applies if vehicles will operate or park in ADOT right of way to conduct permit activity*

- | | |
|---|--------------------------|
| <input type="checkbox"/> Additional Insured Endorsement Form OR policy | Applicant Initials _____ |
| <input type="checkbox"/> Waiver of Subrogation Endorsement Form OR policy | Applicant Initials _____ |

WORKER'S COMPENSATION

**Required for one or more employees*

- | | |
|---|--------------------------|
| <input type="checkbox"/> Waiver of Subrogation Endorsement Form OR Policy | Applicant Initials _____ |
|---|--------------------------|

OTHER REQUIRED INSURANCE (IF APPLICABLE)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Contractor's Pollution Liability | Applicant Initials _____ |
| <input type="checkbox"/> Aviation/Aircraft Liability | Applicant Initials _____ |
| <input type="checkbox"/> Other _____ | Applicant Initials _____ |

Applicant Name (print): _____ Date: _____

***The information contained in this document should not be interpreted as legally binding. It is only a tool to assist with the Insurance requirements.**

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 ¹			
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**¹ is required for any/all construction, boring, alteration, etc. or as determined by Risk Management. **XCU**² 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).

PRODUCER Insurance Agency 123 Sample Street Phoenix, AZ 12345	CONTACT NAME: Insurance Agent PHONE (A/C. No. Ext): (123) 555-1234 E-MAIL ADDRESS: agent@insuranceco.com	FAX (A/C. No):	
	INSURER(S) AFFORDING COVERAGE INSURER A: Sample Company		NAIC # 123456
INSURED Encroachment Owner 123 Sample Drive Phoenix, AZ 12354	INSURER B:		
	INSURER C:		
	INSURER D: (May have multiple		
	INSURER E: companies listed)		
	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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	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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