

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 (Designated Insured) Endorsement Form OR
policy for Ongoing Operations (Similar verbiage to ISO CG 20 12 or CG 20 26) | Applicant Initials _____ |
| <input type="checkbox"/> Additional Insured Endorsement Form OR policy for Completed Ops (Construction Only) | Applicant Initials _____ |
| <input type="checkbox"/> Waiver of Subrogation (Waiver of Transfer of Rights) Endorsement Form
OR policy | Applicant Initials _____ |
| <input type="checkbox"/> Primary and Noncontributory Endorsement Form OR policy | Applicant Initials _____ |
| <input type="checkbox"/> XCU Endorsement Form (explosion, collapse and underground)
(Digging, Trenching, Boring, use of explosives) | 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 (Designated Insured) Endorsement Form OR policy | Applicant Initials _____ |
| <input type="checkbox"/> Waiver of Subrogation (Waiver of Transfer of Rights) 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"/> Performance Bond | 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.*

****All endorsements require the policy number** to be included on the endorsement. If the endorsement does not have a policy number location the endorsement name and form number is required on COI description area.

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

(Runs, Motorcycles, Bicycles, Walks-In ADOT ROW)

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.

XCU² is required for any boring, digging, use of explosives, as the type of work warrants or as determined by Risk Management.

****Auto Liability and Workers Compensation** policies can be requested to be **waived** for the Owner of the Permit Application if:

1. They will not have any automobiles or employees on site and
2. They supply in writing (email from customer is acceptable) that they will not have any automobiles or employees on site in ADOT's Right of Way.¹



EXAMPLE ONLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2001

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 have ADDITIONAL INSURED provisions or 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 Provider Name and Address	CONTACT NAME: Jane Doe	
	PHONE (A/C, No, Ext): (602) 555-5555	FAX (A/C, No): (602) 555-5551
	E-MAIL ADDRESS: Jdoe@123Insurance.com	
INSURED Your Company Name, Address *Here.	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Carrier	NAIC #: 18767
	INSURER B: Insurance Carrier	38288
	INSURER C: Insurance Carrier	11000
	INSURER D:	
	INSURER E:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			(Policy Number)	01/01/2001	01/01/2002	EACH OCCURRENCE \$ 1,000,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50	
							MED EXP (Any one person) \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: XCU is not excluded						PERSONAL & ADV INJURY \$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			(Policy Number)	01/01/2001	01/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00	
	<input type="checkbox"/> ANY AUTO	Y	Y				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$						
	DED RETENTION \$							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			(Policy Number)	01/01/2001	01/01/2002	PER STATUTE OTH-ER 1,000,000.00	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				Y	E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For any and all work OR any and all work performed in ADOT ROW

XCU is not excluded from the general liability policy *Applies to Encroachment permit*

CERTIFICATE HOLDER

CANCELLATION

The State of Arizona or Arizona Department of Transportation
206 S.17th Ave MD128A
Phoenix, AZ 85007

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

Electronic or Handwritten Signature

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
--

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.
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The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name Of Person(s) Or Organization(s):

Any Person(s) or Organization(s) as required by written contract prior to loss on file with the broker

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

1. Waiver Type Blanket

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 03 13
(Ed. 4-84)