

Please present to your Insurance Department or broker

## FILM 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*

Film Permit Application

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"*

Certificate of Insurance or Self-insurance Letter

Applicant Initials \_\_\_\_\_

#### **COMMERCIAL GENERAL LIABILITY \$1,000,000 per occurrence / \$2,000,000 annual aggregate**

Additional Insured (Designated Insured) Endorsement Form OR policy for Ongoing Operations (Similar verbiage to ISO CG 20 12 or CG 20 26)

Applicant Initials \_\_\_\_\_

Waiver of Subrogation (Waiver of Transfer of Rights) Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

Primary and Noncontributory Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

#### **AUTO LIABILITY \$1,000,000 combined single limit**

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

Additional Insured (Designated Insured) Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

Waiver of Subrogation (Waiver of Transfer of Rights) Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

#### **WORKER'S COMPENSATION Statutory limits (plus Employer's Liability of \$1,000,000)**

*\*Required for one or more employees*

Waiver of Subrogation Endorsement Form OR Policy

Applicant Initials \_\_\_\_\_

#### **AVIATION LIABILITY (IF APPLICABLE) \$1,000,000 per occurrence / \$2,000,000 annual aggregate**

*\*Required for any aircraft, including drones*

Additional Insured (Designated Insured) Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

Waiver of Subrogation (Waiver of Transfer of Rights) Endorsement Form OR policy

Applicant Initials \_\_\_\_\_

Primary and Noncontributory Endorsement Form OR policy

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.