

5310 / 5311 TRANSIT GRANT AGREEMENT INSURANCE CHECKLIST

INSTRUCTIONS/TIPS/INFORMATION TO EASE THE INSURANCE PROCESS

Share this Checklist and the insurance requirements in your Agreement with your risk manager, insurance broker, or insurance agent.

Gather the documents described at each checkbox below (you must provide ADOT with a copy of each)

Sign the Checklist, attach required documents, and submit by email to ADOT Risk Management at mlb_mpd@azdot.gov. Please include the Agreement Number in the subject line.

CERTIFICATE OF INSURANCE (OR EVIDENCE OF SELF-INSURANCE)

Certificate of Insurance

OR

Evidence of self-insurance (include required additional insured, waiver, primary/non-contributory language)

Subrecipient Initials _____

**Certificate Holder should read: The State of Arizona or ADOT, 1324 N. 22nd Ave., Phoenix, AZ 85009*

COMMERCIAL GENERAL LIABILITY

Additional Insured endorsement form / policy section / self-insurance language

Waiver of Subrogation endorsement form / policy section / self-insurance language

Primary and Noncontributory endorsement form / policy section / self-insurance language

Subrecipient Initials _____

AUTOMOBILE COVERAGE

Additional Insured endorsement form / policy section / self-insurance language

Waiver of Subrogation endorsement form / policy section / self-insurance language

Physical Damage coverage – Certificate of Insurance indicates maximum \$5000 collision and comprehensive deductible (does not apply to evidence of self-insurance)

Subrecipient Initials _____

WORKER'S COMPENSATION

Waiver of Subrogation endorsement form or self-insurance language

Subrecipient Initials _____

Subrecipient Signature: _____ **Date:** _____