

5310 / 5311 NEW INSURANCE PROCESS

Wednesday, April 14, 2021

New Information

- The insurance checklist is now required for insurance renewals (yearly).
- New Vehicle Insurance (prior to receipt of vehicle)
- New email address: minscertificate@azdot.gov
- The checklist can be found at: <https://azdot.gov/transitguidebooks>

Helpful Documents

- Insurance Checklist
- Current Insurance requirements (Application Exhibit G and / or Guidebook
- Copy of accepted insurance from prior year

INSTRUCTIONS/TIPS/INFORMATION TO EASE THE INSURANCE PROCESS

- As soon as possible, 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: minscertificate@azdot.gov.

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)

Recipient 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 Non-Contributory** endorsement form / policy section / self-insurance language

Recipient 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)

Recipient Initials _____

WORKER'S COMPENSATION

- Waiver of Subrogation** endorsement form or self-insurance language

Recipient Initials _____

Recipient Representative Signature: _____ Date: _____

Insurance Checklist

5310 / 5311 GRANT AGREEMENT INSURANCE CHECKLIST

INSTRUCTIONS/TIPS/INFORMATION TO **EASE** THE INSURANCE PROCESS

- As soon as possible, 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: minscertificate@azdot.gov.

1. Commercial Liability & Physical Damage Coverage

Exhibit G Combined Single Limit Auto Liability (CSL)

\$1,000,000 - Four (4) or fewer passengers

\$2,000,000 - Five (5) up to fifteen (15) passengers

\$5,000,000 - sixteen (16) or more passengers

Physical Damage Coverage

\$5,000 - Maximum Comprehensive Deductible

\$5,000 - Maximum Collision Deductible

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)

Recipient Initials _____

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

2. Commercial General Liability - Occurrence Form (as applicable)

Exhibit G

- General Aggregate - \$2,000,000
- Personal and Advertising Injury - \$1,000,000
- Blanket and Contractual Liability - written and oral - \$1,000,000
- Damage to Rented Premise - \$50,000
- Each Occurrence - \$1,000,000

COMMERCIAL GENERAL LIABILITY

- Additional Insured endorsement form / policy section / self-insurance language
- Waiver of Subrogation endorsement form / policy section / self-insurance language
- Primary and Non-Contributory endorsement form / policy section / self-insurance language

Recipient Initials _____

3. Workman's Compensation and Employers Liability (if applicable)

Exhibit G

- Each Accident - \$500,000
- Disease - Each Employee - \$500,000
- Disease - Policy Limit - \$1,000,000

WORKER'S COMPENSATION

Waiver of Subrogation endorsement form or self-insurance language

Recipient Initials _____

Renewals

- ★ Insurance Carrier-Six (6) weeks from renewal
- ★ ADOT 2 weeks before
- Insurance Checklist
- Certificate of Insurance
- Endorsements
- minscertificate@azdot.gov

New Vehicles

- ★ Email from Edmund
- ★ Vehicle Description
- ★ Add vehicle(s) to your policy
- Certificate of Insurance
- VIN, year, make, model
- Additional Insured Clause
- minscertificate@azdot.gov

Challenges

Yearly Renewals

No or incorrect endorsements included
Checklist required
Insurance cards are not acceptable proof

New Vehicles

Vehicle VIN or description not included
ADOT not listed as add'l insured
Insurance cards are not acceptable proof
Time from issued to vehicle delivered

Takeaways

Recognize your insurance renewal date (calendar)

Use available forms and resources

Communicate with your insurance provider and /
or internal staff (who procures insurance)

Two different processes

Questions?

New email address: minscertificate@azdot.gov

The checklist can be found at: <https://azdot.gov/transitguidebooks>

Ann Cochran - acochran@azdot.gov