

## ENCROACHMENT PERMIT INSURANCE CHECKLIST

Permit Application Applicant Initials\_\_\_\_

Questionnaire required If Special Event Applicant Initials\_\_\_\_

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

### CERTIFICATE OF INSURANCE

Certificate of Insurance Applicant Initials\_\_\_\_

**\*Certificate Holder should read: The State of Arizona or ADOT, 1324 N. 22<sup>nd</sup> Ave., Phoenix, AZ 85009  
(Permit Office address is acceptable)**

### COMMERCIAL GENERAL LIABILITY

Additional Insured Endorsement Form for Ongoing Operations Applicant Initials\_\_\_\_

Additional Insured Endorsement Form for Completed Operations (**Construction Only**) Applicant Initials\_\_\_\_

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

Primary and Non-Contributory Endorsement Form Applicant Initials\_\_\_\_

### AUTO LIABILITY

Additional Insured Endorsement Form Applicant Initials\_\_\_\_

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

### WORKER'S COMPENSATION

Waiver of Subrogation Endorsement Form Applicant Initials\_\_\_\_

**\*ANY OF THE ABOVE ITEMS NOT RECEIVED MAY DELAY  
APPROVAL OF INSURANCE CERTIFICATE**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENCROACHMENT PERMIT INSURANCE MATRIX

To the fullest extent permitted by law, Contractor shall defend, indemnify, save and hold harmless the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of, or recovered under, the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents, and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

TYPE OF INSURANCE COVERAGE AND ENDORSEMENTS OR LANGUAGE REQUIRED IN THE CERTIFICATE OF INSURANCE	ENCROACHMENT PERMIT MINIMUM LIMITS OF INSURANCE	FILM PERMIT / SPECIAL EVENTS MINIMUM LIMITS OF INSURANCE	PARADES ONLY MINIMUM LIMITS OF INSURANCE
Commercial Liability (per occurrence)	1,000,000	5,000,000	1,000,000
General Aggregate	2,000,000	5,000,000	2,000,000
Bodily Injury / Property Damage	1,000,000	1,000,000	1,000,000
Products Completed Only for Construction and Some Installation	1,000,000	1,000,000	1,000,000
Persons / Advanced Injury	1,000,000	1,000,000	1,000,000
XCU (Explosion, Collapse and Underground Damage)	1,000,000	1,000,000	1,000,000
Fire Legal	50,000		50,000
Business Auto - Any Auto	1,000,000	1,000,000	Dependent on Activity Questionnaire Response
Worker's Compensation / Employers Liability	1,000,000	1,000,000	Dependent on Activity Questionnaire Response
<b>Additional Insured Requirements (ADOT Required to be Named as an Additional Insured):</b>			
Commercial / General Liability	YES	YES	YES
Auto Liability (all)	YES	YES	YES
<b>Waiver of Subrogation Required (Policies Provided to ADOT are Required to Contain a Waiver of Subrogation Endorsement in Favor of ADOT):</b>			
Commercial / General Liability	YES	YES	YES
Worker's Compensation	YES	YES	YES
Auto Liability (all)	YES	YES	YES
Primary Endorsement Required	YES	YES	YES

**Requirements Regarding Coverage:**

- 1) Insurance is to be placed with duly licensed or approved non-admitted insurer in the state of Arizona with an "A.M. Best" rating of not less than A-VII. The State of Arizona in no way warrants that the above required minimum insurer rating is sufficient to protect the permittee or contractor from potential insurer solvency. Self-insurance will be evaluated by ADOT Risk Management and will be approved on a case by case basis. A letter of Self-insurance will be required.
- 2) ADOT reserves the right to require an increase or allow a decrease in insurance limits or coverage based on the risks and financial exposure arising out of the event or activity proposed in the permit application or contract.
- 3) Any excess insurance policies provided to meet the minimum limits shall be "following form" coverage.
- 4) XCU (Explosion, Collapse and Underground Damage: this term is used in Business Liability Insurance to indicate that certain types of construction work involve these hazards. This coverage will be required based on activity to be performed.
- 5) Auto Liability is combined single limit (CSL) coverage required if the permit applicant or contractor will own, lease hire or borrow a vehicle. An EXCEPTION applies if volunteers drive personally owned vehicles (which must by law be insured).
- 6) Worker's Compensation coverage is required for special events if any paid members of the insured's organization will be acting in the course or scope of employment for the purposes of the event. If the event is staffed only by volunteer, this coverage will be waived.
- 7) Policy provided by the Contractor performing the work shall be endorsed, as required by this written agreement, to include the state of Arizona, and it's departments, agencies, boards, commissions, universities officers, officials, agents and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.
- 8) Policy provided by the Contractor performing the work shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the state of Arizona, and it's departments, agencies, boards, commissions, universities officers, officials, agents and employees for losses arising the activities performed by or on behalf of the Contractor.
- 9) The Contractor performing the work shall provide policies that stipulate the insurance afforded the Contractor are the primary and that any insurance carried by the department, its agents, officials, employees or the State of Arizona shall be excess and not contributory insurance, as provided by A.R.S. § 41-621 (E).



# 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).**

<b>PRODUCER</b>  Insurance Agency 123 Sample Street Phoenix, AZ 12345	<b>CONTACT NAME:</b> Insurance Agent	
	<b>PHONE (A/C, No. Ext):</b> (123) 555-1234	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> agent@insuranceco.com	
<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Sample Company		<b>NAIC #</b> 123456
<b>INSURED</b>  Encroachment Owner 123 Sample Drive Phoenix, AZ 12354	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b> (May have multiple	
	<b>INSURER E :</b> companies listed)	
	<b>INSURER F :</b>	

### 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 <input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy #XXXXX	01/12/2015	02/07/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
A <input checked="" type="checkbox"/>	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	Y	Y	Policy #XXXXX	01/12/2015	02/07/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
A <input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB		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 <input checked="" type="checkbox"/>	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	N/A	Policy #XXXXX	01/12/2015	02/07/2015	WC STATUTORY LIMITS	\$
							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>