

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 serv	<i>i</i> ices
CERTIFICATE OF INSURANCE	
Certificate of Insurance (See ADOT Permit Insurance Requirements next page -Special Event Permit Requirements, purple highlight.)	Applicant Initials
*Certificate Holder should read: The State of Arizona or ADOT, 1324 N. 22^{nd} Ave., (Permit Office address is acceptable)	Phoenix, AZ 85009
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 -When autos for hire.	Applicant Initials
Waiver of Subrogation Endorsement Form - When autos for hire.	Applicant Initials
WORKER'S COMPENSATION	
Waiver of Subrogation Endorsement Form-When workers are compensated.	Applicant Initials
*ANY OF THE ABOVE ITEMS NOT RECEIVED M	AY DELAY
APPROVAL OF INSURANCE CERTIFICATE	
Applicant Signature: Date:	
Permit Tech Signature:	

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			

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

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
Required Endorsements	Required Endorsements	\$1,000,000 Each Disease-Policy Limit 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 Operations¹ is required for any/all construction, boring, alteration, etc. or as determined by Risk Management. **XCU**² is required for any boring, digging, use of explosives, as the type of work warrants or as determined by Risk Management.



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).

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

	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES, LIMITS SHOWN MAT HAVE BEEN REDUCED BY FAID CLAIMS.							
INS	R R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Z	4	GENERAL LIABILITY	Υ		Policy #XXXXX	01/12/2015	02/07/2015	EACH OCCURRENCE \$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY	_	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$
								PERSONAL & ADV INJURY \$ 1,000,000
								GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
		X POLICY PRO- JECT LOC						\$
Α		AUTOMOBILE LIABILITY		Y	Policy #XXXXX	01/12/2015	02/07/2015	COMBINED SINGLE LIMIT \$ 1,000,000
		X ANY AUTO	Y	_				BODILY INJURY (Per person) \$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	ſ	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
		AUTO PHYSICAL DAMAGE						\$
		X UMBRELLA LIAB OCCUR	Y	Y	This is an optional cove			EACH OCCURRENCE \$ optional
A		EXCESS LIAB CLAIMS-MADE	1	1	be shown; if shown, poli		ier and	AGGREGATE \$ amounts
		DED RETENTION \$			addl insured must be man	rkea.		\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy #XXXXX	01/12/2015	02/07/2015	WC STATU- OTH- TORY LIMITS ER
1		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$ 50 CFC 0
		(Mandatory in NH)	III.					E.L. DISEASE - EA EMPLOYEE \$ 500,000
L		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1700 0
1								

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

Signature of Representative