



FILM PERMIT APPLICATION INSURANCE REQUIREMENTS

The State of Arizona requires those wishing to perform filming activity on an ADOT controlled route or property to have at minimum the limits set forth below. Insurance generally is the most time consuming portion of this process. Please follow the guidance below along with the example attached so we may expedite your request.

Provide this document to your insurance provider, it is the information needed to provide you what is required for your permit application. Required documents and coverage requirements are listed below.

REQUIRED FOR FILM COMPANY (APPLICANT) and TRAFFIC CONTROL PROVIDER
General Liability - \$1,000,000 Occurrence / \$2,000,000 Annual Aggregate
<ul style="list-style-type: none"> • Certificate of Insurance (COI) • Additional Insured endorsement letter naming the State of Arizona as an additional insured • Waiver of Subrogation endorsement letter in favor of the State of Arizona • Primary Non-Contributory endorsement letter in favor of the State of Arizona
Auto Liability - \$1,000,000 Combined Single Limit
<ul style="list-style-type: none"> • Additional Insured endorsement letter naming the State of Arizona as an additional insured • Waiver of Subrogation endorsement letter in favor of the State of Arizona
Workers Compensation - \$1,000,000 Each Accident, Each Disease-Employee, and Each Disease-Policy Limit
<ul style="list-style-type: none"> • Certificate of Insurance (COI) *Must have separate COI if policy is different from Gen Liability • Waiver of Subrogation endorsement letter in favor of the State of Arizona
REQUIRED FOR AVIATION SERVICES PROVIDER
Aviation Liability - \$1,000,000 Occurrence / \$2,000,000 Annual Aggregate
<ul style="list-style-type: none"> • Certificate of Insurance (COI) • Additional Insured endorsement letter naming the State of Arizona as an additional insured • Waiver of Subrogation endorsement letter in favor of the State of Arizona • Primary Non-Contributory endorsement letter in favor of the State of Arizona
<i>Note: Required coverage amounts are on page 2 under Film & Parade in the Insurance Matrix</i>

Page 2 is an example of the COI; refer to the Description of Operations and Certificate Holder fields for required language on your COI.

Why we require separate endorsements: Due to the statements on the COI (see below), the check boxes on the COI do not confer rights; we MUST have either the **separate letter endorsements**, or **a copy of the policy** showing the following endorsements are included. If you are providing the policy, you must highlight the policy language when submitting as proof of the required endorsements.

Statement on the top of the Certificate of Insurance: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend, or alter the coverage afforded by the policies below. **This certificate 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 of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If you have questions, contact Susan Austin at saustin@azdot.gov or 602-290-8776.



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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	Policy #XXXXX	01/12/2015	02/07/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED 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)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	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	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/A	Policy #XXXXX	01/12/2015	02/07/2015	WC STATUTORY LIMITS	OTHER
							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
Signature of Representative