

## INSURANCE REQUIREMENTS FOR BARRICADING PERMITS (Revised 12/04/2023)

A permit for barricading work in the City of Tempe public right-of-way shall not be issued until a valid Certificate of Insurance is on file with the City of Tempe Engineering Division.

- A valid Certificate of Insurance meeting the following requirements shall be submitted to the City of Tempe through the Citizen Access Portal.

Any Certificate of Insurance that is not in compliance with the requirements below will be returned to the submitter for revision until the requirements are met.

- A Certificate of Insurance is only acceptable when a policy number is noted, and the policy effective date has not expired.
- Certificate Holder shall be listed as: City of Tempe  
Attn: Engineering Division  
P.O. Box 5002  
Tempe, AZ 85280
- The policy shall contain an endorsement naming the City of Tempe, its officers, agents, employees and volunteers as Additional Insured with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. **The certificate shall be endorsed to reflect the additional insured status for the City of Tempe and a copy of the endorsement is required with the certificate.**
- Commercial General Liability combined single limit shall be at least \$2,000,000 per occurrence with a \$4,000,000 aggregate.
- Automobile Liability combined single limit shall be at least \$1,000,000 per occurrence.
- Workers' Compensation coverage for the contractor's employees shall meet the Arizona Statutory requirements.
- The Contractor shall provide the City notice with a letter stating that they will give no less than (30) days advance written notice of cancellation, termination or material change to the limits of the policy, with the allowance of a ten (10) day notice for non-payment of premium. **See the "Contractor Provided Insurance Cancellation Letter Requirements" form for clarification.**
- "Binders" are not acceptable.

If you have any questions regarding these requirements, please contact the Engineering Division at (480) 350-8592 or 480-858-2140.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 Agent/Broker Name  
Address  
City, State, Zip

**CONTACT NAME:**

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Contractor's Name  
Address  
City, State, Zip

**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	
	<b>GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b>	\$ 2,000,000
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				MED EXP (Any one person)	\$
		<input type="checkbox"/>	<input type="checkbox"/>				PERSONAL & ADV INJURY	\$
		<input type="checkbox"/>	<input type="checkbox"/>				GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Date	Date	<b>COMBINED SINGLE LIMIT (Ea accident)</b>	\$ 1,000,000
<input checked="" type="checkbox"/>	<b>ANY AUTO</b>	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DEC <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Policy Number	Date	Date	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	state req.
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This policy contains an endorsement naming the City of Tempe, its officers, agents, employees and volunteers as Additional Insured with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations.

Option 1: 30 day notice of cancellation/ 10 day non-payment.

Option 2: Separate Endorsement for 30 day notice of cancellation.

Option 3: Separate letter on contractor's letterhead. See Cancellation Letter Policy.

Remove any job or project references

**CERTIFICATE HOLDER**

City of Tempe  
31 East 5th Street  
Tempe, AZ 85281

**CANCELLATION**

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**

Agent / Broker Signature