

## **UDOT Consultant Services**

### **Certificate of Liability Insurance Instructions**

All insurance is required to be shown on an *Acord 25 Certificate of Liability Insurance Reporting Form* for all coverage except worker's compensation. Worker's compensation coverage may be shown on an *Acord 25 Form* but may also be shown for example on Workers Compensation Fund of Utah letterhead.

An example of the *Acord 25 Form* is shown on the following page.

Items of note on the *Acord 25 Form*:

- The ADD'L INSRD box for General Liability should be checked.
- An attention line or any individual's name should not be indicated in the CERTIFICATE HOLDER's box.
- A generic description of work performed by the insured/consultant for UDOT should be included in the DESCRIPTION OF OPERATIONS box. For example, "Environmental and design services". Nothing specific to a contract should be included; i.e., contract number, project number/location, project-specific description, PIN number.
- The statement "Utah Dept. of Transportation, State of Utah, and Local Government (if applicable) additional insureds" should be included In the DESCRIPTION OF OPERATIONS box.
- A signature in the AUTHORIZED REPRESENTATIVE BOX is required.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
6/01/2016

<b>PRODUCER</b> Name of Insurance Agency Address - City - State & Zip Code Phone No. & Fax No. Email address, if available	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Example Consulting, Inc. 1234 Road Street Citytown, State 56789	<b>INSURERS AFFORDING COVERAGE</b>
	INSURER A: <b>ABC Insurance Co.</b>
	INSURER B: <b>XYZ Mutual Insurance Co.</b>
	INSURER C: <b>Smokey Bear Insurance Company</b>
	INSURER D:
	INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A Y	<input checked="" type="checkbox"/>	GENERAL LIABILITY	#XXXXXXXXXXXX	05/01/2016	05/01/2017	EACH OCCURRENCE	\$ 1,000,000		
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$			
B	<input type="checkbox"/>	AUTOMOBILE LIABILITY	#XXXXXXXXXXXX	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
		GARAGE LIABILITY							AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
		<input type="checkbox"/> ANY AUTO							EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	#XXXXXXXXXXXX	05/01/2016	05/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER			
		E.L. EACH ACCIDENT				\$ 100,000			
		E.L. DISEASE - EA EMPLOYEE				\$ 100,000			
C	<input type="checkbox"/>	OTHER	#XXXXXXXXXXXX	05/01/2016	05/01/2017	E.L. DISEASE - POLICY LIMIT	\$ 500,000		
		Professional Liability					\$1,000,000 per Claim \$3,000,000 Annl Aggr.		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

GENERIC DESCRIPTION OF SERVICES (NO CONTRACT, PROJECT OR PIN NUMBERS OF LOCATIONS)

UTAH DEPT. OF TRANSPORTATION, STATE OF UTAH AND LOCAL GOVERNMENT (IF APPLICABLE) ADDITIONAL INSURED

<b>CERTIFICATE HOLDER</b> : UDOT CONSULTANT SERVICES BOX 148490 SALT LAKE CITY, UT 84114-8490	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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