

## CERTIFICATE OF INSURANCE

**FCDMC ROW Use Permit No.** \_\_\_\_\_

**Project Name** \_\_\_\_\_

<b>NAME AND ADDRESS OF INSURANCE AGENCY:</b>	<b>*COMPANIES AFFORDING COVERAGES:</b>	
	Company Letter	A
	Company Letter	B
	Company Letter	C
	<b>NAME AND ADDRESS OF INSURED:</b>	
	Company Letter	D
	Company Letter	E
	Company Letter	F

**This certificate of insurance certifies that policies of insurance listed below have been issued to the insured named above and are in full force at this time.**

*CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY:</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> : Claims Made <input type="checkbox"/> : Occur <input checked="" type="checkbox"/> : PREMISES OPERATIONS <input checked="" type="checkbox"/> : BLANKET CONTRACTURAL <input checked="" type="checkbox"/> : BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> : PERSONAL INJURY <input checked="" type="checkbox"/> : PRODUCTS AND COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> : XCU HAZARDS <input checked="" type="checkbox"/> : INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> : OWNER'S AND CONTRACTOR'S PROTECTIVE LIABILITY				GENERAL AGGREGATE \$4,000,000 PRODUCTS/COMPLETED OPERATIONS AGGREGATE \$2,000,000 EACH OCCURRENCE \$2,000,000
	<b>AUTOMOBILE LIABILITY:</b> <input checked="" type="checkbox"/> : ANY AUTO <input checked="" type="checkbox"/> : ALL OWNED AND NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$2,000,000 BODILY INJURY \$2,000,000 PROPERTY DAMAGE \$2,000,000 PER PERSON/PER ACCIDENT \$2,000,000
	<input type="checkbox"/> : <b>EXCESS LIABILITY</b> <input type="checkbox"/> : Umbrella Form <input type="checkbox"/> : Other than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" type="checkbox"/> : <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS AND EMPLOYER'S LIABILITY: EACH ACCIDENT \$1,000,000 DISEASE: EACH EMPLOYEE \$1,000,000 DISEASE: POLICY LIMIT \$1,000,000
	<input checked="" type="checkbox"/> : <b>BUILDERS' RISK ALL-RISK FORM</b>				REPLACEMENT COSTS
	<input checked="" type="checkbox"/> : <b>OTHER:</b>	Except for Workers' Compensation and Professional Liability Insurance, the Flood Control District of Maricopa County, Maricopa County, and their agents, representatives, officers, Directors, Officials, and employees are named as Additional Insureds.			

Except for Workers' Compensation and Professional Liability Insurance, **the Flood Control District of Maricopa County (District), Maricopa County, ADD ANY OTHER ADDITIONAL INSUREDS HERE** and their agents, representatives, officers, Directors, Officials, and employees are named as Additional Insured's on those types of policies described herein which are required to be furnished by this contract entered into between the insured and the District. To the extent provided in this Contract, insured shall hold harmless the District from liability arising out of any services provided or duty performed by insured as required by statute, law, purchase order or otherwise required, with the exception of liability for loss or damage resulting from the sole negligence of the District, its agents, employees, or indemnities. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available. It is further agreed that no policy shall expire, be cancelled, or materially changed to affect the coverage available to the District without thirty (30) days written notice to the District.

**THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.**

<b>FLOOD CONTROL DISTRICT OF MARICOPA COUNTY</b> 2801 WEST DURANGO STREET PHOENIX, ARIZONA 85009	DATE ISSUED: _____ <b>AUTHORIZED REPRESENTATIVE</b>
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