

INSURANCE CERTIFICATION

APPROACH ROAD, UTILITY OR MISCELLANEOUS PERMITS

FILE WITH: ACCESS AND UTILITY PERMITS
 800 AIRPORT RD
 SALEM OREGON 97301-4798
 TELE: (503) 986-3031, FAX (503) 986-3032

THE _____

OF _____

hereby certifies that such insurance policies as are indicated here under have been issued and are in full force and effect on the effective date of this certificate and the additional insured and notice of cancellation provisions listed below have been endorsed into the policies.

Name of Insured _____

Address of Insured _____

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS *	
GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER. <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY OCC.	
				BODILY INJURY AGG.	
				PROPERTY DAMAGE OCC.	
				PROPERTY DAMAGE AGG.	
				BI & PD COMBINED OCC.	
				BI & PD COMBINED AGG.	
				PERSONAL INJURY AGG.	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.) <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (PER PERSON)	
				BODILY INJURY (PER ACCIDENT)	
				PROPERTY DAMAGE	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURENCE	
				AGGREGATE	

*** MINIMUM LIMITS: BODILY INJURY \$200,000 PER PERSON, \$500,000 EACH OCCURRENCE
 PROPERTY DAMAGE \$50,000 EACH OCCURRENCE, OR \$500,000 COMBINED SINGLE LIMIT**

The State of Oregon, its Department of Transportation, its Divisions, Officers and Employees are hereby included as an additional insured in the herein numbered policy or policies as to the operations of the named insured under any pipe, pole, conduit, approach road or miscellaneous permit issued by the Department of Transportation, but only with respect to the insured(s) activities to be performed under permit.

There shall be no cancellation, material change or intent not to renew the insurance coverage listed above without 30 days written notice from the insurer(s) to the Access and Utility Permit Unit, 800 Airport Rd., Salem, OR. 97301. Any failure to comply with the reporting provision of this insurance shall not affect coverage(s) provided to the State of Oregon, the Oregon Department of Transportation, Its Division, Officers and Employees.

INSURANCE COMPANY OR AGENCY	ADDRESS	
SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE	DATE	TELEPHONE