



**ATTACHMENT F
RFQ CONSULTANT DATA SHEET FOR
INSURANCE
SUBMIT THIS PAGE ONLY FOR ATTACHMENT F**

You must fill out and include this form in your ARFQ submittal package. Once a project is assigned, then CERTIFICATES MUST IDENTIFY THE SPECIFIC ASU PROJECT NUMBER AND ASU PROJECT NAME. As indicated in Attachment F, page 24, insurance requirements are set by ADOA Risk Management and are non-negotiable. DO NOT SEND A CERTIFICATE TO COVER ANY AND ALL PROJECTS. A Certificate of Insurance will be requested as needed when a firm is selected to work on a project.

Professional Liability Insurance Limits: \$ _____

Carrier: _____

Submitted by: _____
(Print Name and Title)

Signature: _____ **Date Signed:** _____

Firm Name: _____

(This Page and the following page are for Information Only. Do not include with submittal.)

INSURANCE REQUIREMENTS ARE SET BY ADOA RISK MANAGEMENT AND ARE NON-NEGOTIABLE. THE DESIGN PROFESSIONAL (DP) OR ARCHITECT/ENGINEER, OR PROFESSIONAL CONSULTANT SHALL PROVIDE THE FOLLOWING MINIMUM INSURANCE COVERAGE FOR THE DURATION OF THE AGREEMENT:

Commercial General Liability of \$1,000,000 minimum combined single limit (SCL) each occurrence and \$2,000,000 general aggregate, to include the following: Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

General Aggregate	\$2,000,000
Products - Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Blanket Contractual Liability - Written and Oral	\$1,000,000
Fire Legal Liability	\$ 50,000
Each Occurrence	\$1,000,000

The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor". **Endorsement must be submitted.**

Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor. **Endorsement must be submitted.**

Commercial Automobile Liability of \$1,000,000 minimum combined single limit (SCL) each occurrence, to include either "ANY AUTO" or "SCHEDULED, HIRED, OWNED, NON-OWNED AUTOS".

The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor". **Endorsement must be submitted.**

Workers' Compensation coverage for all employees which meets Arizona statutory benefits; including **Employers Liability** with minimum limits of \$500,000 each accident, \$500,000 each employee/disease, \$1,000,000 policy limit/disease.

Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor. **Endorsement must be submitted.**

Professional Liability (Errors and Omissions Liability)

Each Claim	\$1,000,000
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Annual Aggregate

\$2,000,000

In the event that the professional liability insurance required by this contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this contract is completed.

The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

Primary Coverage: The following statement shall be included - "The coverage afforded under this certificate shall be primary and any insurance carried by the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be excess and not contributory insurance to that provided by the named insured."

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project.

*** NOTE: THE FOLLOWING STATEMENT MUST BE INCLUDED ON YOUR CERTIFICATES OF INSURANCE, INCLUDING REFERENCE TO: ASU PROJECT NUMBER AND PROJECT NAME (PLEASE NOTE: CERTIFICATES OF INSURANCE MAY NO LONGER INCLUDE THE STATEMENT, "FOR ANY AND ALL PROJECTS AT ARIZONA STATE UNIVERSITY").**

"THE STATE OF ARIZONA, ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES AND ITS OFFICERS, OFFICIALS, AGENTS, AND EMPLOYEES SHALL BE NAMED AS ADDITIONAL INSURED'S WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHALF OF THE CONTRACTOR UNDER THE POLICY DURING THE TERM OF THE CONTRACT. THE INSURANCE AFFORDED SHALL BE PRIMARY AND NON-CONTRIBUTORY."

(THE ADDITIONAL INSURED'S STATEMENT IS NOT REQUIRED FOR PROFESSIONAL LIABILITY AND WORKMEN'S COMPENSATION)