



# STATE HIGHWAY FILM PERMIT APPLICATION

ADOT PERMIT NUMBER \_\_\_\_\_

**Arizona Department of Transportation**  
**Intermodal Transportation Division**  
**Maintenance Permit Services**  
1739 W. Jackson Modular D, Phoenix, Arizona 85007  
602-712-6185 / 602-712-7386

**PLEASE PROVIDE AT LEAST TEN BUSINESS DAYS TO PROCESS APPLICATION**

**Please complete the information below and sign this agreement.** A completed copy of the permit will be sent to you.

**Please Print:**

Date \_\_\_\_\_ Company \_\_\_\_\_

Permit Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Representative/responsible person while on location in Arizona:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Please provide the location and detailed description of the filming activity to take place:**

Highway \_\_\_\_\_ Milepost \_\_\_\_\_ to \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

**Filming Activity:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE PERMITEE AGREES TO: Assume all legal liability and financial responsibility for the filming activity, including indemnify, defend, and hold ADOT and the State of Arizona and any of its agents, directors, officers, and employees harmless from and against any and all claims, actions, losses, liabilities, cost, damages or expenses, including court costs, reasonable attorney's fees, and cost of claim processing and investigation, arising out of bodily injury or death of any person, or tangible or intangible property damage, caused or alleged to be caused, in whole or in part, by the negligence or willful acts, or omissions of the permitted, any of its directors, officers, agent, employees, or volunteers, or its contractor or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Worker's Compensation Law or arising out of the contractor's failure to conform to any federal, state, or local law, statute, ordinance, rule, regulation or court decree. The permittee is not responsible for claims arising solely from ADOT's negligence or willful acts or omissions. As a representative and responsible person while on location in Arizona of

THE PERMIT/ PERMIT APPLICATION IS SUBJECT TO REVIEW BY THE ARIZONA DEPARTMENT OF ADMINISTRATION, RISK MANAGEMENT DIVISION

By signing this application, the signer acknowledges that the information given and statements made in this application are true and correct to the best of his/her knowledge and agrees to accept the following general insurance requirements as described on page two of this application. By accepting an approved permit, the permittee agrees to the requirements described in the permit, to be responsible for all permit requirements, and to comply with ADOT's requirements as set out in the permit. An approved permit consists of this application, final supporting documentation approved by ADOT, and any requirements set by ADOT.

Signature of Responsible Party \_\_\_\_\_ Title \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

ONCE THE TERMS OF THE PERMIT HAVE BEEN ESTABLISHED BY ADOT: THE APPLICANT WILL BE SENT THE TERMS. AN AUTHORIZED REPRESENTATIVE OF THE FILM ACTIVITY MUST ACCEPT THE TERMS BY SIGNING THE DOCUMENT AND RETURN THE SIGNED DOCUMENT TO ADOT FOR FINAL APPROVAL. THE APPLICANT WILL THEN RECEIVE THE PERMIT.

**STATE HIGHWAY FILM APPLICATION INSURANCE REQUIREMENTS AND PERMIT TRACKING:**

A Certificate of Insurance is required with the following minimum limits as a requirement of this permit and is attached hereto and made part of the application. Such insurance shall be kept in force by the permittee for the term of the permit. **Arizona Department of Transportation and its Risk Management Division reserve the right to request an increase or decrease in insurance limits based on the proposed activities and potential liabilities.**

- Commercial General Liability -
  - General Aggregate \$5,000,000
  - 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 \$5,000,000
- Auto - \$1 million combined single limit
- Workers Compensation - \$500,000 each accident / \$500,000 disease each employee / \$1 million disease policy limit

The State of Arizona and Arizona Department of Transportation are required to be named as additional insured on the permittee’s policy. The required verbiage to be shown on the certificate of insurance should read as follows. Please note that the policy must also contain a Waiver of Subrogation against the State of Arizona and the Arizona Department of Transportation.

**“State of Arizona, ADOT and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees shall be named as an additional insured with respect to liability arising out of activities performed by or on behalf of the permittee or contractor. Waiver of Subrogation applies.”**

**DEPARTMENT USE ONLY/ PERMIT TRACKING:**

**THIS PERMIT APPLICATION IS APPROVED FOR THE PURPOSE EXPRESSED IN THIS APPLICATION SUBJECT TO THE REQUIREMENTS DESCRIBED IN THE PERMIT ISSUANCE PAGE. AN APPROVED PERMIT CONSISTS OF THIS APPLICATION, FINAL SUPPORTING DOCUMENTATION APPROVED BY ADOT, AND ANY REQUIREMENTS SET BY ADOT. A PERMIT ISSUANCE PAGE OUTLINING THE REQUIREMENTS OF FILMING SHALL ACCOMPANY THIS FORM. THE PERMIT ISSUANCE PAGE MUST HAVE THE SIGNATURE OF THE PERMITTEE AND THE ADOT REPRESENTATIVE IN ORDER TO BE VALID.**

BY: \_\_\_\_\_ Dated: \_\_\_\_\_

**ADOT PERMIT #:** \_\_\_\_\_

Application Received On: \_\_\_\_\_

Permit Granted: \_\_\_\_\_

Permit Denied: \_\_\_\_\_