4
Insurance

Facility Use Agreement and Certificate of Insurance
January 2005

Set the meeting date with consideration for the timeframe needed to process the facility use agreement and obtain the insurance certificate. Not all meeting facilities require this paperwork, such as many municipal facilities, Chapter Houses, and other governmental facilities, with the exception of schools. Most schools require a facility use agreement and certificate of insurance.

Do not advertise the meeting or send out notices to a mailing list until the facility use agreement is signed and the agreement and the request for insurance form are on the way to DOA Risk Management.

If a school is being considered as the meeting facility, allow time for holiday breaks, such as Christmas and spring break when the school may be closed, as well as summer vacation when school is out.

The Maricopa County Community Colleges and a few schools have an insurance agreement with ADOA and do not require the insurance certificate. They still require a signed facility use agreement.

If using a non-tribal leased facility on Tribal land (such as Scottsdale Community College), authorization will probably be required from the tribe as well as authorization from the leased facility. Ask the leased facility whom to contact to obtain the paperwork for tribal authorization.

A timeframe of 5 days is noted for the facility to return the signed facility use agreement. However, if the facility does not agree with the wording, there may be a longer timeframe.

1. If needed, fill out a facility room reservation form to reserve the room
   Note: Read the reservation agreement for indemnity/"hold harmless" wording before signing.
   Do not sign if the wording is present.

2. Obtain the complete blank facility usage agreement.
   a. Do not sign the agreement
   b. If agreement is faxed, ask if there are any conditions on the back of the original or if conditions are on a second page, and if they were faxed as well
   c. Ask who is authorized to sign the agreement for the school.
   d. Obtain the name, phone number, address, position title and organization of the authorized person

3. Send the unsigned complete facility use agreement, authorized signatory's name, phone number, address, etc. information to ADOT Risk Management as soon as the agreement and information are obtained (2 working days)

4. ADOT Risk Management will review the facility use agreement (3 working days)

4a. Unacceptable agreement language (indemnity/hold harmless)

If language is not appropriate, ADOT Risk Management will delete the language and provide an addendum with replacement language

ADOT Risk Management will send the agreement and addendum to the authorized signatory for his/her signature on the addendum and initials on the crossed out agreement language with a request for signature within 5 working days

Authorized signatory will return signed agreement (5 working days)

4b. Acceptable agreement language

If language is acceptable, ADOT Risk Management will return the unsigned agreement to EEG for signatures.

EEG will sign the agreement and send it to the authorized signatory for his/her signature with a request for signature within 5 working days (2 working days)

Authorized signatory will return signed agreement (5 working days)

EEG sends signed agreement to ADOT Risk Management (2 working days)

5. ADOT Risk Management sends facility use agreement and request for insurance certificate to ADOA Risk Management (3 working days)

Note: Advertisement may now begin. (15 calendar days)

6. ADOA Risk Management issues insurance certificate (10 working days)

STATE OF ARIZONA
REQUEST FOR
CERTIFICATE OF INSURANCE

REQUESTING STATE AGENCY/DEPARTMENT NAME: _____

STATE AGENCY DIVISION: _____

AGENCY ADDRESS: _____

_____

AGENCY REPRESENTATIVE: _____ TELEPHONE # _____
(TYPE OR PRINT)

Agency Representative receives a copy of certificate.
INDICATE THE COVERAGE(S) REQUESTED:

COVERAGE	EFFECTIVE DATE	EXPIRATION DATE	LIMITS OF COVERAGE
☐ COMMERCIAL GENERAL LIABILITY			$
☐ COMMERCIAL AUTO LIABILITY			$
☐ WORKERS' COMPENSATION			$ STATUTORY
☐ PROFESSIONAL LIABILITY			$ EACH CLAIM
☐ ALL RISK REAL PROPERTY: REPLACEMENT COST			$
☐ ALL RISK PERSONAL PROPERTY: ACTUAL CASH VALUE			$
☐ OTHER:			$

DESCRIPTION OF EVENT/PROPERTY/CONTRACT: _____

_____

_____

LOCATION: _____

_____

ISSUE TO:

CERTIFICATE HOLDER: _____

_____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ATTENTION: _____

CERTIFICATE TO BE SENT DIRECTLY TO:
☐ Certificate Holder ☐ Agency Representative ☐ Other _____

RETURN REQUEST FORM 10 WORKING DAYS PRIOR TO EFFECTIVE DATE OF CERTIFICATE TO:
Department of Administration
Risk Management Division
1818 West Adams
Phoenix, Arizona 85007
(602) 542-5185

This request complies with Special Instructions on reverse side

_____ Signature of Agency Representative

_____ Date

Example: ADOT Risk Management will process

Arizona Department of Transportation

Transportation Services Group

206 South Seventeenth Avenue Phoenix, Arizona 85007-3213

Janet A. Napolitano
Governor

Victor M. Mendez
Director

John A. Bogert
Chief of Staff

ADOT Office of Risk Management
ORG 1300 MD 030P 602.712.7327 Fax 602.712.6545
1324 N. 22nd Ave., Phoenix 85009-3715

TO:

RE:

AGREEMENT ADDENDUM

The insurance language as stated as part of the School Districts Facility Use Agreement shall be deleted as shown on the agreement and replaced by the following accepted language:

> **Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees)(hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage, but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers.**

Printed Name of Authorized Representative	Signed Name of Authorized Representative	Date

Example: ADOT Risk Management will provide

Arizona Governor's Award for Quality
2001 Award Recipient

Arizona Department of Transportation

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Printed Name of Authorized Representative (MCCCD)	Signed Name of Authorized Representative (MCCCD)	Date
Printed Name of Authorized Representative (ADOT)	Signed Name of Authorized Representative (ADOT)	Date

Example: ADOT RTisk Management will provide

Arizona Governor's Award for Quality
2001 Award Recipient