



SPECIAL EVENT CHECKLIST – STREET DEPARTMENT

ADA & ACCESSIBILITY

ADA stands for Americans with Disabilities Act. It is the responsibility of the Event Organizer to ensure the event site is accessible to the disabled. Public sidewalks may not be blocked with tents, portable toilets or other structures; cables and/or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Event organizers should be prepared to meet any accessibility accommodations.

APPLICANT

This must be the Representative of the event organization who has been authorized by the organization to complete the special event application.

APPLICATION PROCESS AND APPROVAL

Once the application is received, it is reviewed by city staff. If the application is accepted, the Street Transportation Department, Special Event Liaison, will schedule a meeting with the Special Events Committee and the Event Organizer. If the application is denied, the applicant will be contacted by the Street Transportation Department, Special Event Liaison.

Please note: The Special Event Application for Street Closures for Special Events must be submitted a “minimum of 90 days before the start date of the event” to allow the Special Events Committee sufficient time to review the application.

APPLICATIONS

- I. **New Events:** Applications are accepted 11 months out from the event.
- II. **Recurring Events:** Applications are accepted 13 months out from the event. Once the event is held, the Event Organizer has up to 30 days after the event to secure a date for the following year before it is released for other events.

ARIZONA STATE CAPITAL

If your event is a lawn event held at the Arizona State Capital, you can obtain more information by calling (602) 926-4236 or email your request to lawnevents@azleg.gov.

You must include this contact in your Application description so that we can include them in the meeting to discuss the event footprint.

DECIBEL LEVELS



A decibel is a unit for measuring the relative loudness of sounds. Decibel level shall not exceed 100 per city ordinance. (See [Noise and Amplified Sound](#)).

FEES



Effective May 1, 2008, a \$400 fee applies to submit the Special Event Application for Street Closures. There may be additional fees assessed for some city services, permits, park areas, and support services. As a standard, the city does not waive fees. **The Special Event Application fee for Street Closures for Special Events is “*non-refundable*,” whether the application is approved or not.**

INSURANCE



The Street Transportation Department, Special Event Liaison must receive all proper insurance documentation **at least two [2] weeks before the event**. Failure to comply with insurance requirements will result in the forfeiture of the use of city property for the event. For an example of a Certificate of Liability Insurance and the Insurance Specifications and Indemnification Guidelines, refer to [Exh. D](#). (page 28)

MEDICAL ASSISTANCE



The medical response component for the event is the responsibility of the Event Organizer. The city may require specifics for medical personnel at the event. Fees are charged for the use of Phoenix Fire Department personnel and services. For more information, please call the Fire Department's Fire Prevention Section at (602) 262-6771 or email: fireprevention.pfd@phoenix.gov.

NEIGHBORHOOD NOTIFICATION



The impact of special events on residents and businesses in the area can be significant. Clear and broad advance organizer communication is required and will help to ensure the success of the event. Insufficient notification and outreach can result in a street closure permit denial or forfeiture of the use of city property for the event. Neighborhood and community notification are the responsibility of the Applicant/Event Organizer.

The Applicant/Event Organizer is required to notify all residents, businesses, places of worship and schools that are impacted by street closures and/or noise related to the event within a **minimum of a two [2] block radius** of the event and at **least 30 days before** the event. If amplified sound is expected, the notification must be a **minimum of a [5] five-block radius** of the event and at **least 45 days before** the event. For run/walk/ride events, the notification must be made to all businesses and residents along the route and one block in each direction along the route.

Here are example notification form letters you can personalize with information about your event and provide to impacted businesses and residents.

Exhibit A – Business Official Notification of Special Events & Acknowledgment

[Exh. A.1](#) – Parade Event

[Exh. A.2](#) – Walk/Run/Marathon

[Exh. A.3](#) – Static Streets Event

Exhibit B – Resident Official Notification of Special Events

[Exh. B.1](#) – Parade Event

[Exh. B.2](#) – Walk/Run/Marathon

[Exh. B.3](#) – Static Streets Event

If you create your personalized notification letter and collateral, the following information must be included:

- Name of event
- Sponsoring Organization(s)
- Date and timeframe of the event
- Details about parking and traffic impact, including hours
- Details of amplified sound, highlighting any off-hours amplified sounds
- Map of the event footprint be as detailed as possible
- Name, email, and cellphone number for day-of-contact personnel
- A website associated with the event

An example notification must be submitted to the Street Transportation Department, Event Liaison/Special Events Committee, for review and approval before the notification is disseminated. Once approved, the notification may be provided in-person, over the phone, mail, or direct email. Direct phone calls and attendance to neighborhood association meetings may also be required. Always request to speak with the owner or manager when possible. **Notification should be provided no later than two [2] weeks before your event.** Be sure to track your interactions. For an example tracking sheet, refer to [Exhibit C](#).

Verification of neighborhood notification is required.

NOISE AND AMPLIFIED SOUND



If the event has amplified sound, the Police Department or city representative may determine that noise from the event is disruptive to others and may require the event organizer to lower or discontinue the noise. Also, they may order entertainment to cease if it incites a crowd or has the potential for unruly or risky behavior. Failure to comply will result in cancellation of the event. (See [Decibel Levels](#)).

ONSITE CONTACT/PHONE NUMBER

This is the name and cellular phone number of a person who will be at the event and can be contacted if needed during the event for all questions or concerns. During the meeting, Police will ask for this information for them to use day of event.

PARKING/SHUTTLE PLAN

Describe the parking plan for event staff, rideshare, vendors, volunteers, participants, and spectators.

PERMITTING

Please note that additional permit requirements are not handled through the Street Transportation Department (e.g., liquor license permits, etc.) and require additional lead times for processing. Please take this into account when submitting the Special Event Application for Street Closures for your special event; as we cannot expedite your meeting to accommodate this requirement.

For more information, visit www.phoenix.gov/cityclerk/services/licensing.

PROBATION

The city reserves the right to prohibit or place specific restrictions on future events held on city right-of-way due to unsatisfactory past performance. This will be discussed prior to or during your meeting.

PROTEST EVENTS

For any protest events, you can obtain more information by calling the City of Phoenix Police Department's (CEB) Community Engagement Bureau at 602-495-5976

PUBLIC CONTACT NAME/PHONE NUMBER

Information from the Special Event Street Closure application is considered public information and may be used in developing a calendar of community events. The name and phone number are to be publicized for responding to citizen questions and concerns before and after the event.

PUBLICITY PLAN

This is a description of how you intend to inform the public about your event. It can be brief and general. Please include the date you expect to start publicity. It is strongly suggested not to begin advertising your event until you have ensured the Street Transportation Department has approved your event street closures.

REFERENCE CHECKS

Reference checks may be conducted for all new events.

SECURITY

Security requirements vary widely for different events. Security needs are evaluated by the Police Department with the authority to recommend the level of security as deemed necessary. For more information about securing the City of Phoenix off-duty officers, please call (602) 262-7323.

SET-UP/TEAR-DOWN

This will describe the time or area needed for setting up and tearing down the event. Please include the hours anticipated for both setup and tear down. If your event requires sound checks, the time(s) and date(s) of sound checks must be included in your application.

SITE PLAN AND/OR ROUTE MAP

To ensure proper review of your event, a site plan must be submitted at the first scheduled planning meeting. This applies to moving routes and fixed venues. Please include all portable structures, restrooms, stages, bleachers, tables, tents, fencing, trash containers, dumpsters, food areas, beer gardens, generator locations, etc. in your plan. Identification of all event components must meet accessibility standards. A narrative should supplement your site plan or route map.

SPONSOR/PROMOTER

An entity or organization that assumes full responsibility for the production of the event including staffing, funding, planning and total liability.

TRAFFIC CONTROL PLAN/STREET CLOSURES

If there are any requested street closures, a detailed Traffic Control Plan (TCP) is required from a certified barricade company. The Street Transportation Department must approve the TCP before the event can be held. A certified barricade company list can be obtained by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m. For a copy of the City of Phoenix, Traffic Barricade Manual refer to <https://www.phoenix.gov/streets/traffic-management>.

TRASH REMOVAL



Describe the plan for removing the trash generated by the event. This plan must include removing trash caused by the event that filters into areas surrounding the event, the neighborhood and on parking lots used by the event patrons and/or spectators. The plan should include clean up during and after the event.

Fines may be imposed for unscheduled and/or emergency services to clean the site. The city reserves the right to require the applicant to provide additional trash receptacles and/or roll-off bins for the event. The event organization would incur any costs.

Capital Lawn Events



For the Capital Lawns: House Lawn, Senate Lawn Rose Garden, and Wesley Bolin Plaza reservations, please contact Elizabeth Douglas. Her phone number is (602) 926-3868

You can also send an email to the following: EDouglas@azleg.gov or capitolevents@azleg.gov

The direct line for Capitol Events is: (602) 926-3868 or the front desk line at (602) 926-4236 . Other information about Capitol Events can be found here: <https://www.azleg.gov/2023-capitol-events-information/> [azleg.gov]

Maricopa County Special Event Requirements



Special Event Coordinator Registration Form Should be filled out 30 days prior to your event. All Special Events where food will be sold or given away are required to be registered with Maricopa County Environmental Health Services.

To properly register an event the individual coordinating the event must submit the Coordinator Application and also the list of food vendors for the event

(Form Center • Maricopa County, AZ • CivicEngage). *copy URL and past in web window

Maricopa County Environmental Services Department
environmental Health Division
Permitting Services Program
Phone: (602) 506-6824
specialevents@maricopa.gov

EXHIBIT A

BUSINESS IMPACT

OFFICIAL NOTIFICATION OF SPECIAL EVENT & ACKNOWLEDGMENT

Exh. A.1

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____ (Name of the Parade) will be taking place on _____ (Date). Due to your proximity to the _____ (Name of the Parade) parade route, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Details:

We will be loading in beginning at _____ (Hour) on _____ (Date), and we will load out until _____ (Hour) on _____ (Date). We will leave your neighborhood as we found it; litter and recycling will be handled by _____ (Name of Contractor). Enclosed is a map of the parade route.

Event website: _____. The parade will start at _____ (Hour) and the parade route will utilize the following:

Street

Boundaries

Individual businesses needs are very important to us, and we recognize that our event may affect access to your business. ***We are required to obtain your signature acknowledging receipt of this notification letter.*** We will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event. *Please sign the attached acknowledgment and return via email or mail at the contact information listed below.*

We have worked closely with the City of Phoenix, Street Transportation Department Special Events Committee, to minimize the impacts that will be felt during the event. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Attachment: Business Acknowledgment – Official Notification of Special Event

Exh. A.1

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

_____ (Company/Applicant) requests your acknowledgment of the receipt of the upcoming special event notification information for the _____ (Event Name) that will be taking place on _____ (Date). This event may affect access to your business, and we will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event.

Please sign and return this acknowledgment via email or mail at the contact information listed below by _____ (Date).

Signature: _____

Print Name: _____ Date: _____

Establishment/Business Name: _____
(Please Print)

Establishment/Business Address: _____
(Print Name)

If you have comments or access accommodation requests about the impacts of this event, please contact:

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Exh. A.2

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____ (Name of your Walk/Run/Marathon) will be taking place on _____ (Date). Due to your proximity to the _____ (Name of your Walk/Run/Marathon) route, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Details:

We will be loading in beginning at _____ (Hour) on _____ (Date), and we will load out until _____ (Hour) on _____ (Date). We will leave your neighborhood as we found it: litter and recycling will be handled by _____ (Name of Contractor). Enclosed is a map of the Walk/Run/Marathon route.

Event website: _____. The Walk/Run/Marathon will start at _____ (Hour) and the Walk/Run/Marathon route will utilize the following:

Street

Boundaries

Individual businesses needs are very important to us, and we recognize that our event may affect access to your business. ***We are required to obtain your signature acknowledging receipt of this notification letter.*** We will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event. *Please sign the attached acknowledgment and return via email or mail at the contact information listed below.*

We have worked closely with the City of Phoenix Street Transportation Department Special Events Committee to minimize the impacts that will be felt during the event. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Attachment: Business Acknowledgment – Official Notification of Special Event

Exh. A.2

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

_____ (Company/Applicant) requests your acknowledgment of the receipt of the upcoming special event notification information for the _____ – _____ (Event Name) that will be taking place on _____ (Date). This event may affect access to your business and we will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event.

Please sign and return this acknowledgment via email or mail at the contact information listed below by _____ (Date).

Signature: _____

Print Name: _____ Date: _____

Establishment/Business Name: _____

(Please Print)

Establishment/Business Address: _____

(Print Name)

If you have comments or access accommodation requests about the impacts of this event, please contact:

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Exh. A.3

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____ (Name of your Event) will be taking place on _____ (Date). Due to your proximity to the _____ (Name of your Event) footprint, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Description:

- Event Hours are from _____ (Date and Time) to _____ (Date and Time).
- We will be loading in beginning at _____ (Hour) ON _____ (Date), and we will load out until _____ (Hour) ON _____ (Date).
- This event is a _____ (Ticketed event or Free to Public).
- During the event hours, we expect between _____ (Low # and High #) attendees _____ (Per day or Event date).
- Event programming will include _____ (Description of programming – e.g. live music performance, food and beverage vendors, food trucks, vendor marketplace, fireworks).
- We will have amplified sound _____ (Description of amplified sound – e.g. live music performances, public address, pre-recorded music) during the hours of _____ (Start Time – Finish Time) ON _____ (Date).
- Event Parking will include _____ (Description – e.g. shuttle bus service, Valley METRO light rail, designated parking garage locations, rideshare).
- We will leave your neighborhood as we found it: litter and recycling will be handled by _____ (Name of Contractor).
- This event will utilize the following streets closures and/or restrictions. **See the enclosed event site map.**

Street

Boundaries

For more information on this event, please visit: _____ (Event website).

Individual businesses needs are very important to us, and we recognize that our event may affect access to your business. ***We are required to obtain your signature acknowledging receipt of this notification letter.*** We will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event. *Please sign the attached acknowledgment and return via email or mail at the contact information listed below.*

We have worked closely with the City of Phoenix Streets Department, Special Events Committee, to minimize the impacts that will be felt during the event. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Attachment: Business Acknowledgment – Official Notification of Special Event

Exh. A.3

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

_____ (Company/Applicant) requests your acknowledgment of the receipt of the upcoming special event notification information for the _____ (Event Name) that will be taking place on _____ (Date). This event may affect access to your business and we will work with you to resolve any scheduling conflicts, so please let us know if you have any special access or delivery needs during the time of the event.

Please sign and return this acknowledgment via email or mail at the contact information listed below by _____ (Date).

Signature: _____

Print Name: _____ Date: _____

Establishment/Business Name: _____

(Please Print)

Establishment/Business Address: _____

(Print Name)

If you have comments or access accommodation requests about the impacts of this event, please contact:

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

EXHIBIT B

RESIDENT IMPACT

OFFICIAL NOTIFICATION OF SPECIAL EVENT

Exh. B.1

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____ (Name of the Parade) will be taking place on _____ (Date). Due to your proximity to the _____ (Name of the Parade) parade route, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Details:

We will be loading in beginning at _____ (Hour) on _____ (Date), and we will load out until _____ (Hour) ON _____ (Date). We will leave your neighborhood as we found it: litter and recycling will be handled by _____ (Name of Contractor). Enclosed is a map of the parade route.

Event website: _____. The parade will start at _____ (Hour) and the parade route will utilize the following:

Street

Boundaries

We have worked closely with the City of Phoenix Streets Department, Special Events Committee to minimize the impacts that will be felt during the event. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Exh. B.2

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____(Name of your Walk/Run/Marathon) will be taking place on _____(Date). Due to your proximity to the _____(Name of your Walk/Run/Marathon) route, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Details:

We will be loading in beginning at _____(Hour) on _____(Date), and we will load out until _____(Hour) on _____(Date). We will leave your neighborhood as we found it: litter and recycling will be handled by _____(Name of Contractor). Enclosed is a map of the Walk/Run/Marathon route.

Event website: _____. The Walk/Run/Marathon will start at _____(Hour) and the Walk/Run/Marathon route will utilize the following:

Street

Boundaries

We have worked closely with the City of Phoenix Streets Department, Special Events Committee to minimize the impacts that will be felt during the event. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

Exh. B.3

OFFICIAL NOTIFICATION OF SPECIAL EVENT THAT MAY IMPACT YOUR NEIGHBORHOOD

Date: _____

Dear _____:

This is your notice of an exciting special event happening in your area! The _____ (Name of your Event) will be taking place on _____ (Date). Due to your proximity to the _____ (Name of your Event) footprint, we would like to make you aware of the event itself, and let you know that approval was granted by the City of Phoenix, Street Transportation Department to allow this event to take place on the city streets listed below. We are thrilled to be guests in your neighborhood, and it is important to us that we are communicating clearly with you, the neighbors.

Event Description:

- Event Hours are from _____ (Date and Time) to _____ (Date and Time).
- We will be loading in beginning at _____ (Hour) ON _____ (Date), and we will load out until _____ (Hour) ON _____ (Date).
- This event is _____ (Ticketed event or Free to Public).
- During the event hours, we expect between _____ (Low # and High #) attendees _____ (Per day or Event date).
- Event programming will include _____ (Description of programming – e.g. live music performance, food and beverage vendors, food trucks, vendor marketplace, fireworks).
- We will have amplified sound _____ (Description of amplified sound – e.g. live music performances, public address, pre-recorded music) during the hours of _____ (Start Time – Finish Time) ON _____ (Date).
- Event Parking will include _____ (Description – e.g. shuttle bus service, Valley METRO light rail, designated parking garage locations, rideshare).
- We will leave your neighborhood as we found it: litter and recycling will be handled by _____ (Name of Contractor).
- This event will utilize the following streets closures and/or restrictions. **See the enclosed event site map.**

Street

Boundaries

For more information on this event, please visit: _____ (Event website).

We have worked closely with the City of Phoenix Streets Department Special Events Committee to minimize the impacts that will be felt during this event. Our goal is to create an enjoyable and positive experience. We want to thank you in advance for your cooperation, and we apologize for any inconvenience we may be causing you.

If you have any further questions about the impacts of this event, my contact information is listed below. You can also obtain information by calling the City of Phoenix, Street Transportation Department, at (602) 262-6235 during regular business hours: Mon-Fri., 6:30 a.m. to 3:30 p.m.

Thank you for your understanding!

Sincerely,

Contact Name: _____

Title: _____

Organization Name: _____

Email: _____

Phone: _____

EXHIBIT C

OFFICIAL BUSINESS/RESIDENT NOTIFICATION ACKNOWLEDGMENT TRACKING FORM

[*INSERT EVENT LOGO*]

OFFICIAL ESTABLISHMENT / BUSINESS / RESIDENT NOTIFICATION ACKNOWLEDGMENT TRACKING FORM

ESTABLISHMENT/BUSINESS/RESIDENT NAME	ESTABLISHMENT/BUSINESS/RESIDENT ADDRESS	CONTACT NAME	CONTACT PHONE NUMBER <i>(Owner/Responsible party)</i>	EMAIL ADDRESS	DATE <i>(notification provided)</i>
EXAMPLE: ABC TABS	50 W. TABS ST, PHOENIX, AZ 85003	Jane Doe	623-123-4567	JaneDoe@abctabs.com	4/3/19

EXHIBIT D

EXAMPLE OF CERTIFICATE OF LIABILITY INSURANCE AND LIABILITY REQUIREMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE AGENT OR BROKER NAME AND ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">CONTACT NAME:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">PHONE (A/C No. Ext.):</td> <td style="font-size: x-small;">FAX (A/C No.):</td> </tr> <tr> <td style="font-size: x-small;">E-MAIL ADDRESS:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">INSURERS AFFORDING COVERAGE</td> </tr> <tr> <td style="font-size: x-small;">INSURER A:</td> <td style="font-size: x-small;">NAIC #</td> </tr> <tr> <td style="font-size: x-small;">INSURER B:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER C:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER D:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER E:</td> <td></td> </tr> <tr> <td style="font-size: x-small;">INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C No. Ext.):	FAX (A/C No.):	E-MAIL ADDRESS:		INSURERS AFFORDING COVERAGE		INSURER A:	NAIC #	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED CONTRACTOR NAME AND ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">CERTIFICATE NUMBER:</td> <td style="text-align: center; font-size: x-small;">REVISION NUMBER:</td> </tr> <tr> <td colspan="3" style="font-size: x-small;">THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</td> </tr> <tr> <td style="font-size: x-small; text-align: center;">COVERAGE</td> <td style="font-size: x-small; text-align: center;">CERTIFICATE NUMBER:</td> <td style="font-size: x-small; text-align: center;">REVISION NUMBER:</td> </tr> </table>	CERTIFICATE NUMBER:		REVISION NUMBER:	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			COVERAGE	CERTIFICATE NUMBER:	REVISION NUMBER:											
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POLICY	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	Y	Example 123456	Include	Include	EACH OCCURRENCE \$ SHOW LIMITS DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Example 123456	Include	Include	COMBINED SINGLE LIMIT (Ea accident) \$ SHOW LIMITS BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIA B EXCESS LIA B OCCUR CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in MA) If yes, describe job or DESCRIPTION OF OPERATIONS below	Y/N N/A	Example 123456	Include	Include	<input checked="" type="checkbox"/> WC STATUS: (Ea accident) (Ea employee) (Ea policy limit) SHOW LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

1.) THE CITY OF PHOENIX IS NAMED AS ADDITIONAL INSURED. NOTE: Preferred that this statement be shown here in this box. If not, Additional Insured statement can be included in the CERTIFICATE HOLDER box and a "Y" in the box next to GL and Auto.

2.) WORKERS COMPENSATION POLICY CONTAINS A WAIVER OF SUBROGATION AGAINST THE CITY OF PHOENIX. NOTE: If Agent will not include these two affirmative "Additional Insured and Workers Compensation Waiver of Subrogation" statements on the Certificate itself, have the Agent highlight these statements on each Endorsement and staple those Endorsements to the back of the Certificate for your file.

CERTIFICATE HOLDER CITY OF PHOENIX IS NAMED AS ADDITIONAL INSURED NOTE: Acceptable alternative: See #1.) Description of Operation CITY OF PHOENIX STREET TRANSPORTATION DEPARTMENT RIGHT-OF-WAY MANAGEMENT 1101 E. JEFFERSON ST. PHOENIX, AZ 85034	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2010/05)

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INSURANCE REQUIREMENTS AND INDEMNIFICATION /

'HOLD HARMLESS' AGREEMENT

INDEMNIFICATION CLAUSE:

Permit Holder ("Indemnitor") must defend, indemnify, and hold harmless the City of Phoenix and its officers, officials (elected or appointed), agents, and employees ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses or expenses (including but not limited to court costs, attorney fees, expert fees, and costs of claim processing, investigation and litigation) of any nature or kind whatsoever ("Losses") caused, or alleged to be caused, in whole or in part, by the wrongful, negligent or willful acts, or errors or omissions of Indemnitor or any of its owners, officers, directors, members, managers, agents, employees or subcontractors ("Indemnitor's Agents") arising out of or in connection with this Contract. This defense and indemnity obligation includes holding Indemnitee harmless for any Losses arising out of or recovered under any state's Workers' Compensation Law or arising out of the failure of Indemnitor or Indemnitor's Agents to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. Indemnitor's duty to defend Indemnitee accrues immediately at the time a claim is threatened or a claim is made against Indemnitee, whichever is first. Indemnitor's duty to defend exists regardless of whether Indemnitor is ultimately found liable. Indemnitor must indemnify Indemnitee from and against any and all Losses, except where it is proven that those Losses are solely a result of Indemnitee's own negligent or willful acts or omissions. Indemnitor will be responsible for primary loss investigation, defense and judgment costs where this indemnification applies. In consideration of the award of this Contract, Indemnitor waives all rights of subrogation against Indemnitee for losses arising from the work performed by Indemnitor or Indemnitor's Agents for the City of Phoenix. The obligations of Indemnitor under this provision survive the termination or expiration of this Contract.

CERTIFICATE HOLDER INSURANCE:

Certification Holder shall procure and maintain for the duration of this certification and until all Certification Holders obligations have been discharged, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Certification Holder, its agents, representatives, employees or subcontractors.

The City no way warrants that the limits contained herein are sufficient to protect the Certification Holder from liabilities that might arise out of the performance of the work or activity under this certification by the Certification Holder, its agents, representatives, employees or subcontractors and Certification Holder may purchase additional insurance as they determine necessary.

A. **SCOPE AND LIMITS OF INSURANCE:** Certification Holder shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability — Occurrence Form**

Policy shall include bodily injury, property damage 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
- Each Occurrence \$1,000,000

- a. The policy shall be endorsed to include the following additional insured language:
“The City of Phoenix shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Certificate Holder.”

2. **Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and non-owned vehicles used in the performance for this certification.

- Combined Single Limit (CSL) \$1,000,000

- a. The policy shall be endorsed to include the following additional insured language:
“The City of Phoenix shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Certificate Holder, including automobiles owned, leased, hired or borrowed by the Certificate Holder.”

3. **Worker’s Compensation and Employers’ Liability**

Workers’ Compensation	Statutory
Employers’ Liability	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$500,000

- a. Policy shall contain a waiver of subrogation against the City of Phoenix.

B. **ADDITIONAL INSURANCE CONDITIONS:** The policies shall include, or be endorsed to include, the following provisions:

1. On insurance policies where the City of Phoenix is named as an additional insured, the City of Phoenix shall be an additional insured to the full limits of liability purchased by the Certification Holder even if those limits of liability are in excess of those required for this certification.
2. The Certification Holder's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources.
3. Coverage provided by the Certification Holder shall not be limited to the liability assumed under the indemnification provisions of this certification.

- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this certification shall provide the required coverage and shall not be suspended, voided, canceled, reduced in coverage or endorsed to lower limits except after thirty (30) days prior written notice has been given to the City. Such notice shall be sent directly to **City of Phoenix Street Transportation Department, Right of Way Management Program**, and shall be sent by certified mail, return receipt requested.
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with insurers duly licensed or approved unlicensed companies in the state of Arizona and with an "A.M. Best" rating of not less than B+ VI. The City in no way warrants that the above-required minimum insurer rating is sufficient to protect the Certification Holder from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Certification Holder shall furnish the City with certificates of insurance (ACORD form or equivalent approved by the City) as required for this certification. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the City before work commences. Each insurance policy required by this certification must be in effect at or prior to commencement of work and remain in effect until the certification expires. Failure to maintain the insurance policies as required by this certification or to provide evidence of renewal is a material breach of the certification and will result in permit suspension or revocation. All certificates required by its certification shall be sent directly to **City of Phoenix Street Transportation Department, Right of Way Management**. The full legal name of the Certificate Holder shall be noted on the certificate of insurance. The City reserves the right to require complete, certified copies of all insurance policies required by this certification at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE CITY'S RISK MANAGEMENT DIVISION.**
- F. **APPROVAL:** Any modification or variation from the insurance coverage and conditions for this certification shall be made by the City Traffic Engineer, whose decision shall be final.

Please send the Notice of Cancellation and Verification of Coverage to:

City of Phoenix
Street Transportation Department
Right-of-Way Management,
1101 E Jefferson St, Phoenix, AZ 85034
Email address: rmp@phoenix.gov

