New Jersey Department of Transportation

Insurance Certificate

This certifies that for the policies indicated below have been issued to the insured for the subject Contract for the policy period indicated, that the policies comply with the requirements of Section 107.11.02 and Section 152 of the New Jersey Department of Transportation Standard Specifications for Road and Bridge Construction as amended by the Special Provisions, and that all information contained herein is true and accurate.

|  |  |
| --- | --- |
| CONTRACTOR: |       |
| PROJECT NAME : |       |
| LOCATION: |       |
| DP FILE NO: |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

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| --- |
| A **COMPREHENSIVE GENERAL LIABILITY INSURANCE**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  |  ENDORSEMENTS [ ]  PERSONAL INJURY[ ]  CONTRACTUAL LIABILITY [ ]  PREMISES & OPERATIONS[ ]  PRODUCTS & COMPLETED OPERATIONS[ ]  INDEPENDENT CONTRACTORS[ ]  WAIVER OF SUBROGATION [ ]  SEVERABILITY OF INTEREST/SEPARATION OF INSURED[ ]  PER PROJECT AGGREGATE[ ]  EXPLOSIONS[ ]  DAMAGE TO UNDERGROUND UTILITIES[ ]  COLLAPSE OF FOUNDATIONS |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence Combined Single Limit (B.I & P.D.) |  |
| Deductible: $ |       |  |  |
|  |  |  |
| This policy names the State, its officers, employees and agents |  |
| As additional insured [ ]  Yes [ ]  No |  |

 |
| B **COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  |  ENDORSEMENTS [ ]  WAIVER OF SUBROGATION [ ]  SEVERABILITY OF INTEREST/SEPARATION OF INSURED |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence Combined Single Limit (B.I. & P.D.) |  |
| Type of Coverage: [ ]  ALL OWNED AUTOS [ ]  NON-OWNED AUTOS [ ]  HIRED AUTOS |  |

 |
| C **OWNER’S AND CONTRACTOR’S PROTECTIVE LIABILITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  |  ENDORSEMENTS [ ]  SEVERABILITY OF INTEREST/SEPARATION OF INSURED[ ]  PER PROJECT AGGREGATE |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence Combined Single Limit (B.I. & P.D.) |  |
| This policy names the State, its officers, employees and agents |  |
| As additional insured [ ]  Yes [ ]  No |  |

 |
| D **WORKERS’ COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company providing Coverage: |       |  | ENDORSEMENTS US LONGSHORE & HARBOR WORKERS COVERAGEAND JONES ACT: [ ] Yes [ ]  No |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | Each accident |  |
|  $ |       | Disease, each employee |  |
| $ |       | Disease, policy limit |  |

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New Jersey Department of Transportation

Insurance Certificate

|  |  |
| --- | --- |
| CONTRACTOR: |   |
| PROJECT NAME: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E **EXCESS LIABILITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  | Policy takes effect if the primary policy is impaired or exhausted and has  |
|  | the same terms and conditions as the primary underlying coverage for the  |
| Policy Number:  |       |  | following: |
|  |  |  |  [ ]  **A** COMPREHENSIVE GENERAL LIABILITY |
| Effective Date: |       |  |   [ ]  **B** COMPREHENSIVE AUTOMOBILE LIABILITY |
|  |  |
| Expiration Date:  |       |  |  |
|  |  |
| Limit of Liability: $ |       | per occurrence |  |

 |
| F **MARINE LIABILITY INSURANCE** *(required only if construction operations require marine operations)*

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  |  ENDORSEMENTS [ ]  PERSONAL INJURY[ ]  CONTRACTUAL LIABILITY [ ]  WAIVER OF SUBROGATION [ ]  PER PROJECT AGGREGATE |
|  |  |  |  |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence |  |
| This policy names the State, its officers, employees and agents |  |
| as additional insured: [ ]  Yes [ ]  No |  |

 |
| G **RAILROAD PROTECTIVE LIABILITY INSURANCE**  *(if required by Special Provisions)*

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |       |  |  ENDORSEMENTS [ ]  SEVERABILITY OF INTEREST/SEPARATION OF INSURED[ ]  PER PROJECT AGGREGATE |
|  |  |  |  |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence, $ |       | annual aggregate |

 |
| H **POLLUTION LIABILITY INSURANCE**ENDORSEMENTS

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Coverage: |  |  | [ ]  BODILY INJURY AND PROPERTY DAMAGE[ ]  NATURAL RESOURCES DAMAGE[ ]  ENVIRONMENTAL CLEAN UP INCLUDING RESTORATION[ ]  LEGAL DEFENSE[ ]  TRANSPORTATION OF WASTE FROM THE PROJECT LIMITS[ ]  DISPOSAL LIABILITY[ ]  WAIVER OF SUBROGATION[ ]  SEVERABILITY OF INTEREST/SEPARATION OF INSURED[ ]  PER PROJECT AGGREGATEThe policy does not contain exclusions or limitations for:[ ]  LIABILITIES ASSUMED[ ]  LEAD, SILICA, ASBESTOS[ ]  UNDERGROUND STORAGE TANKS[ ]  INSURED VS. INSURED EXCLUSION THAT RESTRICTS COVERAGE TO THE STATE  |
|  |  |  |
| Policy Number: |       |  |  |
| Effective Date: |       |  |  |
| Expiration Date: |       |  |  |
| Limit of Liability: $ |       | per occurrence |  |
|  $ |       | aggregate |  |
| Policy is written on the following basis: |  |  |
| [ ]  Occurrence form, and completed operations coverage to be provided for no less than |  |
|  2 years after Acceptance |  |
|  [ ]  Claims made, and Extended Reporting Provision coverage to be maintained for no |  |
|  less than 2 years after Acceptance |  |
| This policy names the State, its officers, employees and agents |  |
| As additional insured: [ ]  Yes [ ]  No |  |

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| **Certificate Holder**New Jersey Department of Transportation Regional Construction Engineer

|  |  |
| --- | --- |
| Address: |       |
|  |       |

 | I certify that I am an authorized representative for each of the above indicated insuranceCompanies, and that all policies have been endorsed to require written notice of cancellation or non-renewal to the named Certificate Holder, 30 days prior to cancellation or expiration of the policy. |
|  | Company: |       |  |  |       |  |
|  | Address: |       |  |  |  Signature |
|  |  |       |  | Name: |       |  |
|  | Phone: |       |  |  |  |