

MAINE DEPARTMENT OF TRANSPORTATION

Request for Insurance Waivers and/or Reductions

This request is for a waiver of the Department’s insurance requirements.

**CONSULTANT FIRM NAME:**

**NATURE OF WORK: DESCRIBE HERE OR PROVIDE AN ATTACHMENT REGARDING THE NATURE OF THE WORK YOU WILL PERFORM - IN ORDER FOR MAINEDOT TO ASSESS THE RISK ASSOCIATED**.

1. **PROFESSIONAL LIABILITY - Minimum requirement: $1,000,000 per claim and annual aggregate.**

Waiver  Reduced to      .  Approved  Denied

**OR**

**NEGLIGENT ACTS ERRORS AND OMISSIONS POLICY - Minimum requirement: $1,000,000 per claim and annual aggregate.**

Waiver  Reduced to        Approved  Denied

1. **COMMERCIAL GENERAL LIABILITY** – **Minimum requirement: $1,000,000 per occurrence, $2,000,000 aggregate. (MaineDOT listed as additional insured)**

Waiver1  Reduced to      .  Approved  Denied

Does Your Firm have Excess Liability  Yes - Amount:        No

1*Please be aware that a waiver does not constitute an exemption of liability should a third-party claim arise.*

1. **AUTOMOBILE LIABILITY** – **Requirement: $1,000,000 per occurrence.**  Approved  Denied

Reduced to minimum state requirements for personal auto insurance.

Other Limit:      .

1. **WORKERS’ COMPENSATION INSURANCE – Requirement: Workers’ Compensation insurance is required when required by state law.**  Approved  Denied

Corporation/S-Corp/PA (Waiver from Workers’ Compensation Board required and attached)

Sole Proprietor without employees (Workers’ Compensation Insurance is not required)

Partnership/LLC/LLP without employees (Workers’ Compensation Insurance is not required)

(Must be signed by Consultant’s Representative)

Date of Request:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed Name & Title)*

(MaineDOT Internal Use Only)

Nature of Work reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed Name & Title)*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Erin Binghalib, Director, CPO Date Signed