

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