

# Appendix 15.2.5a- Insurance Checklist

## University of Alaska Anchorage

Insurance Checklist (Revised March 10, 2004)

Type of insurance	Endorsements required (1)	Amount required		Notice period required
<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence Form	<input type="checkbox"/> 1. Additional Insured - UA <input type="checkbox"/> 3. Waiver of Subrogation	Not less than \$1,000,000 per occurrence		<input type="checkbox"/> 30 days
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> 1. Additional Insured - UA <input type="checkbox"/> 3. Waiver of Subrogation	Not less than \$1,000,000 per occurrence		<input type="checkbox"/> 30 days
<input type="checkbox"/> Workers' Compensation; and Employer's Liability	<input type="checkbox"/> 1. Waiver of Subrogation	Statutory; Limits of not less than \$500,000 each accident for bodily injury and disease		<input type="checkbox"/> 30 days
<input type="checkbox"/> Professional Liability			Per Claim Per Policy Year Limit, Not less than: \$1,000,000	<input type="checkbox"/> 30 days

(1) See Clause 10, Term Contract

By signature, the undersigned acknowledges that he/she has completed this form, and is familiar with the insurance requirements as presented in Clause 10 of the Term Contract. This checklist is used to assist the Owner in the administration of insurance requirements.

Signature, Insurance Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insurance Agent, printed or typed: \_\_\_\_\_

Name of Insurance Agency: \_\_\_\_\_

Contractor: \_\_\_\_\_