

**APPLICATION FORM:
For Insurance Pre-Approval
California Department of Transportation**

(NOTE: Only for contracts advertised after October 19, 2009 and shown in special provisions)



Contractor Name: _____

Address (Street/City/State/Zip): _____

Phone: _____ Cell: _____

Requested By: _____ Title: _____

Signature: _____

Please answer the following questions to assist the Office of Risk Management with your request:

- (1) Requesting pre-approval on projects with construction value: _____ \$1,000,000 or Less
_____ \$10,000,000 or Less
_____ \$25,000,000 or Less
_____ Greater than \$25,000,000

- (2) Expiration dates of required insurance coverages: _____ General Liability
_____ Excess/Umbrella Liability
_____ Automobile Liability
_____ Workers' Compensation
_____ Other

- (3) Office address to send certificate of pre-approved insurance (if different from above): _____

IMPORTANT NOTE: Be sure to submit all required insurance documentation including a copy of your general liability, umbrella or excess liability policy, and certificate of insurance evidencing automobile liability and workers' compensation on a CD-ROM or email to approval@ctrisk.com:

Pre-Approved Insurance Request
Office of Risk Management
Division of Construction
California Department of Transportation
1120 N Street, MS 44
Sacramento, CA 95814-5605

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