



## Mentoring Fair State Capitol • January 17, 2008

The Governor's Mentoring Initiative invites you to be a participant in a Mentoring Fair on January 17, 2008 at the State Capitol. Through the Mentoring Initiative, State of Arizona employees are offered a flexible schedule in order to be able to mentor during their workday. This event will offer organizations opportunities to share information on their mentoring programs with state employees.

Six-foot, rectangle banquet tables with four chairs will be available and will be shared by two agencies. No electrical outlets will be provided. Arizona-based mentoring organizations who are designated with a 501(C)3 non-profit status are eligible to participate.

There are a limited amount of slots available for participation. **Registrations will be accepted on a first-come, first-served basis until the spaces are full.**

### **TIMES**

- Set Up                                8:00 am
- Fair Begins                            9:00 am
- Program                                10:00 am-11:00 am
- Fair Ends/Clean Up    2:00 pm

### **REGISTRATION**

To register, please submit (1) this completed registration form, (2) a Certificate of Insurance naming the State of Arizona as additionally insured (see attached), and (3) the signed Indemnification Hold Harmless Clause attached to:

Amanda Scott-Thomas  
Attn: Mentoring Fair  
ascottthomas@az.gov  
602-542-3426 fax  
1700 W. Washington St., Suite 101  
Phoenix, Arizona 85007

Participant Name(s): \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please submit your materials no later than Friday, December 28, 2007.  
With questions, please call Amanda Scott-Thomas at 602-542-3426.**

# STATE OF ARIZONA CERTIFICATE OF INSURANCE

**STATE AGENCY/DEPT.:**

**SPECIAL EVENT NAME AND LOCATION:**

|          |                              |                             |
|----------|------------------------------|-----------------------------|
| PRODUCER | COMPANIES AFFORDING COVERAGE | CURRENT A.M.<br>BEST RATING |
| INSURED  | A                            |                             |
|          | B                            |                             |
|          | C                            |                             |
|          | D                            |                             |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

| CO<br>LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS<br>(,000)   |
|-----------|--|---------------|-------------------------------------|--------------------------------------|--|
|           | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.<br><input type="checkbox"/> PER PROJECT<br><input type="checkbox"/> PRODUCT/COMPLETED<br><input type="checkbox"/> OPERATIONS |               |                                     |                                      | GENERAL AGGREGATE<br>PRODUCTS-COMP/OP AGG. 2,00<br>PERSONAL & ADV. INJURY 1,000<br>EACH OCCURRENCE 1,000<br>FIRE DAMAGE(ANY ONE FIRE) 1,000<br>MED.EXPENSE(ANY ONE PERSON) 5 |
|           | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> GARAGE LIABILITY<br><input type="checkbox"/>     |               |                                     |                                      | COMBINED SINGLE LIMIT<br><br>BODILY INJURY<br>(PER PERSON)<br>BODILY INJURY<br>(PER ACCIDENT)<br>PROPERTY DAMAGE   |
|           | EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  |               |                                     |                                      | EACH OCCURRENCE<br>AGGREGATE   |
|           | WORKERS' COMPENSATION<br>AND<br>EMPLOYER'S LIABILITY   |               |                                     |                                      | STATUTORY LIMITS<br>EACH ACCIDENT<br>DISEASE-POLICY LIMIT<br>DISEASE-EACH EMPLOYEE   |
|           | OTHER:   |               |                                     |                                      |  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:**

**EVENT NAME:**

**DESCRIPTION OF EVENT:**

*The State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Sponsor, including automobiles owned, leased, hired or borrowed by the Sponsor. It is agreed that coverages afforded under the policies certified in this certificate shall be primary and any insurance or self-insurance program carried by the State or any of its agencies, boards, department or commissions shall be excess and not contributory insurance to that provided by the named insured. It is further agreed that no policy shall expire, be cancelled or materially changed to affect the coverage available to the State without fifteen (15) days written notice to the State. This certificate is not valid unless countersigned by an authorized representative of the insurance company.*

|   |   |
|---|---|
| <p style="text-align: center;">CERTIFICATE HOLDER / ADDITIONAL INSURED</p> <p><b>ATTENTION: MARY BERRELEZ</b><br/> <b>STATE OF ARIZONA,</b><br/> <b>ARIZONA DEPARTMENT OF ADMINISTRATION,</b><br/> <b>OFFICE OF SPECIAL EVENTS</b><br/> <b>100 N. 15<sup>th</sup> Avenue, Suite 202</b><br/> <b>PHOENIX, AZ 85007</b></p> | <p style="text-align: center;">AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>SIGNATURE _____<br/>         DATE: _____</p> |
|---|---|

## INSURANCE REQUIREMENTS

Sponsor(s) and Vendors shall procure and maintain until all of their obligations have been discharged insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the agreement hereunder by the Sponsor(s), his agents, representatives, employees or Vendors.

The *insurance requirements* herein are minimum requirements for this Agreement and in no way limit the indemnity covenants contained in this Agreement. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Sponsor(s) and Vendors from liabilities that might arise out of the performance of the work under this Agreement by the Sponsor(s), his agents, representatives, employees or Vendors and Sponsor(s) and Vendors is free to purchase additional insurance as may be determined necessary.

A. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Sponsor(s) and Vendors shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage and broad form contractual liability.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Each Occurrence \$1,000,000
- Fire Damage (Any one fire) \$ 50,000
- Liquor Liability (if alcohol is being sold) \$1,000,000
- Blanket Contractual Liability – Written and Oral \$1,000,000

a. The policy shall be endorsed to include the following additional insured language: *"The State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Sponsor."*

a. Policy shall contain a waiver of subrogation against the State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by the Contractor.

c. The policy shall be endorsed to include Liquor Liability coverage if alcohol is being sold at the event. **(If allowed by the agency's policy and procedures.)**

2. **Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Agreement.

Combined Single Limit (CSL) \$1,000,000

a. The policy shall be endorsed to include the following additional insured language: *"The State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Sponsor, including automobiles owned, leased, hired or borrowed by the Sponsor."*

3. **Worker's Compensation and Employers' Liability**

Workers' Compensation Statutory

Employers' Liability

- Each Accident \$ 500,000
- Disease – Each Employee \$ 500,000
- Disease – Policy Limit \$1,000,000

a. Policy shall contain a waiver of subrogation against the State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by the Contractor.

b. This requirement shall not apply to: Separately, EACH Sponsor or Co-Sponsor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

1. The State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be an additional insured to the full limits of liability purchased by the Sponsor even if those limits of liability are in excess of those required by this Agreement.
  2. The Sponsor's insurance coverage shall be primary insurance with respect to all other available sources.
  3. Coverage provided by the Sponsor shall not be limited to the liability assumed under the indemnification provisions of this Agreement.
- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Agreement shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after fifteen (15) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **(State of Arizona Department Representative's Name & Address)** and shall be sent by certified mail, return receipt requested.
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with insurers duly licensed or approved unlicensed companies in the state of Arizona and with an "A.M. Best" rating of not less than A VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Sponsor from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Sponsor(s) shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Agreement. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
- All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Agreement must be in effect at or prior to commencement of work under this Agreement and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Agreement or to provide evidence of renewal is a material breach of contract.
- All certificates required by this Agreement shall be sent directly to **(State of Arizona Department Representative's Name and Address)**. The State of Arizona and Special Event Name and description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
- F. **VENDORS:** Sponsors' certificate(s) shall include all Vendors as insureds under its policies **or** Sponsor(s) shall furnish to the State of Arizona separate certificates and endorsements for each Vendor. All coverages for Vendors shall be subject to the minimum requirements identified above.
- G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Agreement shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Agreement amendment, but may be made by administrative action.
- H. **EXCEPTIONS:** In The event the Sponsor(s) are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-insurance. If the Sponsor(s) or Vendor(s) are a State of Arizona agency, board, commission, or university then none of the above shall apply.

