



This certifies that the policy or policies listed below have been issued to the Named Insured by the Insurer for the policy term with the provisions designated hereon.

**Certificate Issued to:** State of Alaska, DOT&PF Phone: 907-474-2500  
 Fairbanks International Airport FAX: 907-474-2513  
 6450 Airport Way, Suite 1  
 Fairbanks, AK 99709

ADA- \_\_\_\_\_ Premises or Operations covered: \_\_\_\_\_

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Insurer: \_\_\_\_\_

POLICY NUMBER*	POLICY TERM*	TYPE OF INSURANCE	LIMIT(S) OF LIABILITY STATED ON POLICY
		Comprehensive Auto Liability	
		Commercial General Liability or its equivalent	
		Owners, Landlords, & Tenants Liability	
		Other:	

\*If this Certificate is being issued as a binder for insurance, enter the word "Binder" in the Policy Number Column and the binder expiration date in the Policy Term Column.

**Additional Insured:** The State of Alaska, Department of Transportation and Public Facilities, is named an additional insured.

**\*Subrogation Waiver, as applicable:** The Insurer waives all rights of subrogation against the State of Alaska by reason of any payment made for claim(s) under the above coverage.

**Notice:** The Insurer agrees to provide the State of Alaska, Department of Transportation and Public Facilities, at least 30 days notice prior to any termination, cancellation, or material change in the above coverage.

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_  
 Authorized Signature of Insurer

Date: \_\_\_\_\_

**NOTICE TO INSURER**

In issuing this Certificate of Insurance, the Insurer should read the insurance provision(s) of the Insured's lease agreement with the State of Alaska to determine the specific requirements for coverage limits, etc.