Updated 9/17/2026

Certificate of Insurance Submission Guidance

Evidence of Insurance shall be submitted to contractorsupport@modot.mo.gov as described in Sec 107.13.9.

Specific things to address to satisfy a complete submittal:

- MoDOT Contract ID and Job Number must be listed on certificate
- Coverage meets Missouri Standard Specifications for Highway Construction Spec. 107.13 and current Sovereign Immunity Limits
- *Missouri Highways and Transportation Commission (MHTC), Missouri Department of Transportation (MoDOT) and its employees* are listed as additional insured.
- Following statement included on the certificate and the Preservation of Governmental Immunity endorsement attached:

  This certificate is issued in accordance with and pursuant to the General Insurance Requirements of the Standard Specifications issued by the Missouri Highways and Transportation Commission, and does not waive sovereign or governmental immunity, or RSMo. 537.610 or any of its amendments, either as to the Missouri Highways and Transportation Commission nor as to the Missouri Department of Transportation

- Endorsements for each policy (CGL, Auto, Pollution, Umbrella)
  - (Additional Insured, Waiver of Subrogation, Notice of Cancellation, Primary and Non-Contributory, Preservation of Governmental Immunity, etc.)

- Certificate Holder: MHTC/MoDOT PO Box 270 Jefferson City, MO 65102

Updated 9/17/2026

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Insurance Broker Contact Name	
Insurance Broker Name, Address, and Phone Number	PHONE (A/C, No, Ext): Phone Number	FAX (A/C, No):
	E-MAIL ADDRESS: Email address	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Company Name	
INSURED	INSURER B : Insurance Company Name	
Contractor Name, Address, and Phone Number	INSURER C : Insurance Company Name	
	INSURER D : Insurance Company Name	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
				Liability Policy #	04/01/22	04/01/23	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS			Auto Liability Policy #	04/01/22	04/01/23	BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	[X] UMBRELLA LIAB [X] OCCUR						EACH OCCURRENCE	$ 3,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE			Umbrella Policy #	04/01/22	04/01/23	AGGREGATE	$ 3,000,000
	[ ] DED [ ] RETENTION $ 0							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[X] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]			Workers' Compensation Policy #	04/01/22	04/01/23	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
	Pollution Liability			Pollutions Liability Policy #	4/1/22	4/1/23		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate is for Contract No. and is issued in accordance with and pursuant to the General Insurance Requirements of the Standard Specifications issued by the Missouri Highways and Transportation Commission, and does not waive sovereign or governmental immunity, or RSMo. 537.610 or any of its amendments, either as to the Missouri Highways and Transportation Commission nor as to the Missouri Department of Transportation.
Missouri Highway and Transportation Commission (MHTC), Missouri Department of Transportation (MoDOT), and employees are additional insured. General liability does not exclude blasting, explosion, or collapse and underground hazards. 30-day notice of cancellation.

CERTIFICATE HOLDER

MHTC/ MoDOT and its Employees
P.O. Box 270
Jefferson City, MO65102-0270

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SAMPLE

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