



# New Jersey Turnpike Authority

1 TURNPIKE PLAZA - P.O. BOX 5042 - WOODBRIDGE, NEW JERSEY 07095  
TELEPHONE (732) 750-5300

PHILIP D. MURPHY  
GOVERNOR

SHEILA Y. OLIVER  
LIEUTENANT GOVERNOR

DIANE GUTIERREZ-SCACCETTI, Chair  
ULISES E. DIAZ, *Vice Chair*  
MICHAEL R. DuPONT, *Treasurer*  
RONALD GRAVINO, *Commissioner*  
JOHN D. MINELLA, *Commissioner*  
RAPHAEL SALERMO, *Commissioner*  
JOHN M. KELLER, *Executive Director*

## TRAFFIC PERMIT – INSURANCE REQUIREMENTS

Proof of insurance must be provided to the Authority as follows:

1. **Comprehensive General Liability Insurance** in the minimum amount of **\$2 million** per occurrence and aggregate combined single limit of liability for bodily injury or property damage.

The coverage to be provided under this policy shall be at least as broad as the standard basic unamended and unendorsed comprehensive general liability policy.

The insurance policy shall be endorsed to include Broad Form Property Damage, Contractual Liability, Completed Operations, and Independent Contractors.

2. **Comprehensive Automobile Liability Insurance**, to cover owned, non-owned and hired vehicles with minimum limits of \$2 million combined single limit of liability for bodily injury or property damage.
3. **Workers Compensation and Employer's Liability Insurance** in accordance with the requirements of the State of New Jersey and any required Maritime Law. It shall include an all-state endorsement to extend coverage to any state, which may be interpreted to have legal jurisdiction. Employer's liability insurance shall be provided with a limit of liability of **not less than \$1 million** for each accident.
4. **XCU (Explosion, Collapse, Underground) Endorsement** required for projects involving any earth disturbance or ground-breaking activities.
5. The Certificate of Insurance **MUST** contain the following statement in the Description of Operations as well:

**The New Jersey Turnpike Authority, its commissioners, officers, agents, employees, guests, consultants, and volunteers are named as additional insureds on the General Liability and Automobile Liability policies for any liability arising out of the performance of any activity, use or occupancy of the Authority's property. A copy of the endorsement must be provided.**

6. All insurance companies must be authorized to do business in the State of New Jersey and must carry an A.M. Best Rating of A-/VII or better.

Each Traffic Permit Application is reviewed on a case-by-case basis by the New Jersey Turnpike Authority and, depending on the specific nature of the work, the insurance may be adjusted as necessary.

WAIVER OF CLAIMS & INDEMNIFICATION

NEW JERSEY TURNPIKE AUTHORITY

P.O. BOX 5042      WOODBRIDGE, NJ 07095-5042      (732) 750-5300

KNOW ALL MEN BY THESE PRESENTS, that WE, the undersigned, in consideration of granting of permission by the New Jersey Turnpike Authority to enter upon the New Jersey Turnpike roadway, median strip, shoulders, and other areas for the purpose of making a survey or performing other work, do hereby agree to waive any and all claims, causes of action and demands, of whatever nature that may arise in our favor, against the New Jersey Turnpike Authority during the progress of such survey or other work.

WE do hereby further agree that we will present no claim, action, or demand whatsoever against the New Jersey Turnpike Authority arising directly or indirectly out or on account of such survey or other work, except for such claims as may arise from the sole negligence of the New Jersey Turnpike Authority, its officers, agents, or employees.

WE hereby agree to defend, indemnify and save harmless, the New Jersey Turnpike Authority, its officers, agents, servants and employees, and each and every one of them, from and against all suits, costs, claims, expenses and judgments of every kind and description including claims, suits, costs, expenses, judgments of agents, servants, employees, and contractors of the Licensee and from and against all damages and expenses to which the Authority or any of its officers, agents, servants, and employees may be subjected by reason of our entering upon the New Jersey Turnpike roadways for the purpose of surveying or any other work.

WE further agree to show such evidence of insurance as shall be necessary in the opinion of the Law Department of the New Jersey Turnpike Authority including amount, type of coverage, and carrier.

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SIGNATURE

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

TITLE

\_\_\_\_\_

DATE

**NEW JERSEY TURNPIKE AUTHORITY  
Traffic Permit Application**

To be filed with the Office of the Traffic Engineer 10 days prior to start of work.

ALL INFORMATION SHOULD BE SUPPLIED AND UPDATED AS NEW INFORMATION BECOMES AVAILABLE.

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| SUBMITTAL DATE | <div style="text-align: right; font-weight: bold; font-size: small;">For Use by NJTA Only</div> <input type="checkbox"/> OPS No. _____<br><input type="checkbox"/> Construction Contract No. _____<br><input type="checkbox"/> License To Cross No. _____<br><input type="checkbox"/> Communications Installation No. _____<br><input type="checkbox"/> Roadway Activity/Access No. _____ |
| ORIGINAL       |   |
| REVISED        |   |

|   |                        |                   |
|---|------------------------|-------------------|
| <b>CONTRACT NO. OR TITLE</b>  |                        |                   |
| <b>APPLICANT NAME &amp; ADDRESS</b><br>sdfbch                           | <b>PHONE #</b>         | <b>FAX #</b>      |
| <b>APPLICANT FIELD OFFICE LOCATION &amp; MAILING ADDRESS</b>            | <b>PHONE #</b>         | <b>FAX #</b>      |
| <b>EMERGENCY CONTACTS</b>   |                        |                   |
| <b>NAME/TITLE</b>   | <b>HOME PHONE #</b>    | <b>CELLULAR #</b> |
| <b>NAME/TITLE</b>   | <b>HOME PHONE #</b>    | <b>CELLULAR #</b> |
| <b>NAME/TITLE</b>   | <b>HOME PHONE #</b>    | <b>CELLULAR #</b> |
| <b>START DATE</b>   | <b>COMPLETION DATE</b> |                   |
| <b>WILL A CONSTRUCTION CRANE BE USED TO PERFORM THIS WORK (YES/NO):</b> |                        |                   |

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| <b>PROJECT ENGINEER</b>  | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |
| <b>RESIDENT ENGINEER</b> | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |
| <b>INSPECTOR</b>         | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |
| <b>INSPECTOR</b>         | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |
| <b>INSPECTOR</b>         | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |
| <b>NJTA LIAISON</b>      | <b>HOME PHONE #</b> | <b>CELLULAR #</b> |

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| <b>LOCATION</b>   |  |
| <b>NATURE OF WORK</b>   |  |
| <b>PROGRESS SCHEDULE (Attached Approved Progress Schedule, If Available.)</b> |  |