



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Insurance Requirements: Vendors and Outside Groups Using Campus Facilities

There are certain insurance requirements mandated by the CSU if an outside vendor or group is coming on campus to use campus facilities for any purpose. Examples of such events may be, but are not limited to:

1. A private party
2. Service providers
3. Business gathering
4. Festivals
5. Other group event

The requirements are as follows:

A certificate of insurance (COI) **and** an additional insured endorsement must be provided with the following coverage limits:

1. **LIABILITY COVERAGE:**
 - Comprehensive **or** Commercial form minimum limits (higher limits may be required due to the nature of the event or the number of people in attendance):
 - Each Occurrence \$1,000,000
 - General Aggregate \$2,000,000
2. Coverage must be placed with a company of A.M. Best rating of **A; VII** or higher.
3. The COI must be provided showing specific information as to the date/s and event for which it's being issued
4. Accompanying the COI must be a separate endorsement to the policy naming: ***the State of California, the Trustees of The California State University, California State University Stanislaus, its Auxiliaries, and their employees, officers, directors, volunteers and agents*** as additional insured (AI) for the duration and purpose of the event/s being held.
5. **EMPLOYER LIABILITY:** (Commercial Entities) \$1,000,000
6. **AUTOMOBILE LIABILITY:** If applicable (using non-state vehicles at the event), provide proof of coverage to the following limits:
 - Private Individuals:
 - Liability \$100,000 per person/\$300,000 per accident
 - Property Damage: \$50,000 per occurrence
 - Commercial Entities:
 - Business Automobile Liability Combined Single Limit (CSL) not less than \$1,000,000 per occurrence
7. **WORKER'S COMPENSATION:** If applicable (using your own or other non-state employees at the event), provide proof of coverage to statutory limits. A COI will be required.
 - Provide thirty (30) days advance written notice to the university of any modification, change, or cancellation of any insurance coverage.
 - The COI should contain a description of the activity or project for which it's being issued.
 - We request this information to be received by the Office of Safety & Risk Management at least two weeks prior to the event.

These requirements are made pursuant to the California State University Office of the Chancellor Executive Order No. 849 and No. 1051. Inquiries should be directed to the University Risk Manager at (209) 667-3114.

SAMPLE CERTIFICATE

CERTIFICATE OF INSURANCE		DATE (MM/DD/YY)
PRODUCER [1] Insurance Company's Name Address Telephone and Fax Numbers	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED [2] Insured's Name Address	INSURERS AFFORDING COVERAGE [3]	NAIC #
	COMPANY A	
	COMPANY B	
	COMPANY C	
	COMPANY D	

COVERAGES
 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 ISSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE [4]	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		[5]		EACH OCCURRENCE	\$1,000,000
	FIRE DAMAGE (Any one fire)				\$	
	MED EXP (Any one person)				\$	
	PERSONAL & ADV. INJURY				\$	
	GENERAL AGGREGATE				\$2,000,000	
	PRODUCTS - COM/OP AGG				\$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Each Accident)	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$	
D	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
[6] The State of California, the Trustees of California State University, California State University, Stanislaus and its auxiliaries, officers, agents, employees, and servants are included as additional insured.

CERTIFICATE HOLDER [7] California State University, Stanislaus Attn: Risk Manager One University Circle Turlock, CA 95382	CANCELLATION [8] Should any of the above described policies be cancelled or modified before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left. Failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. The State of California shall not be responsible for any premiums or assessments on the policy(s). AUTHORIZED REPRESENTATIVE [9]
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Legend

- [1] **Producer** provides information as indicated.
- [2] Provide **Insured** information (Official legal name of Insured).
- [3] List **Company A, B, C or D** from "Insurers Affording Coverage" into corresponding Coverage's **INSR LTR** field.
- [4] **Type of Insurance** shall be in accordance with **Insurance Requirements** as specified in contract documents.
- [5] **Policy** shall be in effect during the term of the contract. **Renewals** shall be mailed to Certificate Holder.
- [6] Add **Additional Insured** provision and **attach required additional insured policy endorsement**.
- [7] Make **Certificate Holder** out to the **address** and **attention** of **Risk Manager**
- [8] **Strike out** language indicated and **add 30-day cancellation timeframe** required by the University.
- [9] Insurance Certificate must be **signed** by **Authorized Representative**.