

CSU STANISLAUS INSURANCE REQUIREMENT

Client must have insurance for the period of the conference with a minimum coverage outlined below:

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. Comprehensive or Commercial General Liability coverage

B. Minimum Limits of Insurance

Client shall maintain limits not less than:

1. General Liability: \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, or death to any one person, and property damage or loss

C. Other Insurance Provisions

Each policy is to contain, or be endorsed to contain, the following provisions:

1. *“The State of California, the Trustees of the California State University, the Chancellor, the California State University (CSU), California State University, Stanislaus (the University), their auxiliaries, officers, employees, and volunteers”* are to be covered as additional insureds with respect to liability arising out of operation, maintenance or use of that part of the premises occupied by the Client.
2. Certificates and Endorsements shall be sent to:
California State University, Stanislaus
Safety & Risk Management
One University Circle
Turlock, CA 95382

D. Acceptability of Insurers

Insurance shall be placed with California Admitted insurers with a current A.M. Best’s rating of no less than A-: VII.

E. Verification of Coverage

Client shall furnish the Campus with original certificates and amendatory Additional Insured endorsements effecting coverage required by this Agreement. The endorsements shall conform to ACCORD and ISO standards and requirements and the requirements of this agreement. All certificates and endorsements are to be received and approved by the Campus before occupancy occurs. The Campus reserves the right to be provided complete certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Deviation from Requirements: Any requested deviations from the above Insurance Requirements must be submitted to the University Safety & Risk Management, (209) 667-3114, Fax (209) 667-3104, at least three weeks in advance of the event for consideration.

EXHIBIT B

MEDICAL TREATMENT AUTHORIZATION

I am the parent/legal guardian of _____ . I agree that the Conference Staff and California State University, Stanislaus are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Conference, State of California, Trustees of California State University, California State University, Stanislaus, and California State University, Stanislaus Auxiliaries, and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: _____

Policy Number: _____

Parent/Legal Guardian Name: _____

Employer: _____

Parent/Legal Guardian Home Phone: (____) _____

Emergency Phone: (____) _____

Signed: _____
Parent/Legal Guardian

Date: _____