

## Insurance Requirements: Vendors and Outside Groups Using Campus Facilities

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

A private party	Service providers/repairs	Exhibitor activity/info fair
Festivals or performances	Other group event	Other type of facility rental

### The requirements are as follows:

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

- GENERAL 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
    - Products/Completed Operations Aggregate \$1,000,000
- EMPLOYER LIABILITY:** (Commercial Entities) \$1,000,000
- BUSINESS AUTOMOBILE LIABILITY:** If applicable (using non-state vehicles at the event), COI must show evidence of minimum limits for Owned, Scheduled, Non-Owned, or Hired Automobiles with a combined single limit of not less than \$1,000,000.
- WORKERS' COMPENSATION:** If applicable, the COI must show evidence as required under California State Law with Employer's Liability \$1,000,000.
- RATING:** Coverage must be placed with an insurance company with an AM Best rating of A VII or equivalent unless otherwise agreed to by the University.
- DESCRIPTION OF OPERATIONS:** The COI must show specific information as to the date(s) and event for which it's being issued.
- ADDITIONAL INSURED ENDORSEMENT FORM:** Accompanying the COI must be a separate endorsement to the policy naming: **the State of California, the Trustees of the California State University, the California State University Stanislaus, and their auxiliaries, officers, employees, volunteers, representatives and agents** of each of them as additional insureds, except for professional liability and workers' compensation insurance. The endorsement must show the policy number stated on the COI.
- CANCELLATION:** Be in compliance with the latest revised *Acord* form standard cancellation language "*Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.*"
- DEADLINE:** 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, No. 1051, and Technical Letter RM 2012-01. Inquiries should be directed to the University Risk Manager at (209) 667-3057.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

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 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 [1] <i>Insurance Company's Name</i> Address Telephone and Fax Numbers	CONTACT NAME:		
	PHONE (A/C No. Ext):	FAX (A/C No.):	
	E-MAIL:		
	INSURER(S) AFFORDING COVERAGE [3]		NAIC #
INSURED [2] <i>Insured's Name</i> Address	INSURER A:		
	INSURER B:		
	INSURER C:		

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 [4]	ADDL INSR	SUBR AGG	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
[A]	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-TEST <input type="checkbox"/> LOC				[5]		EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$
[B]	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
[C]	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If YES, describe union/DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
[C]							

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

[6]: The State of California, the Trustees of the California State University, the California State University Stanislaus, and their auxiliaries, officers, employees, volunteers, representatives, and agents are named as Additional Insured parties as respects the Agreement between the Certificate Holder and the Named Insured for the: [Insert/list duration, title and purpose event/project]. Holder requests 30-day written notice of changes or cancellation.

CERTIFICATE HOLDER [7] <i>California State University, Stanislaus</i> Attn: Safety and Risk Management One University Circle Turlock, CA 95382	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 [8]

**Legend**

- [1] **Producer** provides information as indicated.
- [2] Provide **Insured** information (Official legal name of Insured)
- [3] List of **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 **Safety and Risk Management.**
- [8] Insurance Certificate must be **signed** by **Authorized Representative.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

[2] This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

[3] **Name Of Additional Insured Person(s) Or Organization(s)**

The State of California, the Trustees of the California State University,  
the California State University Stanislaus, and their auxiliaries, officers, employees,  
volunteers, representatives and agents.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**Legend**

[1] **Policy Number** corresponds with number on Certificate of Insurance

[2] Statement that the **Endorsement** modifies Certificate of Insurance provided

[3] Names **the State of California, the Trustees of the California State University, the California State University Stanislaus, and their auxiliaries, officers, employees, volunteers, representatives and agents** as additional insureds, except for professional liability and workers' compensation insurance.