



CALIFORNIA STATE UNIVERSITY, FULLERTON™

# Insurance Requirements

All contractors, vendors or service providers coming on to Associated Students Incorporated, California State University, Fullerton (ASI) premises to do work or provide services are required to have insurance. Insurance is necessary to cover any claims or losses for which the contractor / vendor may be responsible. All contractors and vendors must procure, pay for, and maintain the required insurance coverage for the entire term of the purchase agreement or contract. All insurance policies are subject to the approval of ASI and must be issued by insurance companies authorized to do business in the State of California. ASI departments shall request a Certificate of Insurance (COI) from the contractor or vendor prior to the commencing of work and / or the commencing of a contract. A COI is a standard form issued by the insurance company evidencing the insurance information (including policy limits and types of insurance) of its policyholder. Please see attached sample form.

The following minimum insurance standards shall apply to all vendors or contractors performing, selling, or distributing products and services at ASI. If work product or services, in the opinion of Management or Safety and Risk Management, represents an unusual or exceptional risk, additional insurance for that work product or service may be required.

The COI shall contain the following information:

1. The contracted company's name and address.
2. Provide for Acceptability of Insurers rating, A.M. Best: A VII or equivalent unless otherwise agreed to by ASI.
3. Proof of Commercial General Liability Insurance.
4. The effective dates indicate that the policy is in effect at the time of the scheduled event / work and continues through duration.
5. No less than \$2,000,000 per occurrence, and \$4,000,000 as the general aggregate coverage limit for bodily injury and property damage combined.
6. Automobile Liability Insurance for the business with liability limits of not less than \$1,000,000 per each accident, combining the single limit for bodily injury, property damage, and uninsured and underinsured motorist coverage. Coverage shall include hired cars and non-owned automobiles.
7. As required by law, worker's compensation and employer's liability limits of \$1,000,000.
8. Inclusion of ASI, CSUF entities as additionally insured parties.
9. Associated Students Inc., California State University, Fullerton official name and address listed as the certificate holder.

The COI shall include a written endorsement page featuring a matching policy number to the COI. The endorsement shall contain the following:

1. A statement that reads: "This endorsement changes the existing policy."

2. The official name and address of ASI:
  - a. Associated Students Inc., CSUF  
Titan Student Union  
800 North State College Blvd.  
Fullerton, CA 92831
3. The additional insured shall have these exact statements in their entirety, or it will not be accepted:
  - a. "The Associated Students Inc; California State University, Fullerton; the State of California; the Trustees of the California State University; California State University, Fullerton; and all of their several officers, agents, employees, and volunteers are named as additional insured."
  - b. "This policy will not be canceled, modified, or altered without thirty (30) days prior written notice to said Associated Students Inc., CSUF, and to the Board of Trustees of the California State University. The Associate Students Inc., CSUF, and the State of California are not liable for the payment of premiums or assessments on this policy."
4. Additional Insurance that may be required
  - a. Environmental Liability: Not less than \$5,000,000 per claim and \$10,000,000 in the aggregate. This insurance requirement applies when a vendor or contractor will be performing environmental clean-up work (decontamination / remediation), will be working with hazardous substances or waste, or may have similar such exposures while performing work under the proposed contract. agreement. Higher limits of environmental liability coverage may be required depending upon the scope of work.
  - b. Sexual Abuse and Molestation insurance: Contractors conducting programs involving youth must ensure that they have Sexual Abuse and Molestation insurance with a minimum limit of liability of \$1,000,000 per occurrence / \$3,000,000 aggregate, and / or that such coverage is not specifically excluded under their policy or subject to limits of less than \$1,000,000 per occurrence / \$3,000,000 aggregate.
  - c. Subcontractors: The contractor or vendor shall include all subcontractors as insureds under its policies or shall furnish separate certificates for each subcontractor. All coverages for subcontractors shall be subject to all the requirements stated herein.

The name and address of the contact person shall be provided in the contract. Retain copies of all Certificates of Insurance with the contract documents and be prepared to provide them to ASI in the event of a claim.

International Contracts: Individual countries laws and customs differ. For example, minimum insurance commonly recommended and carried by US-based contractors may not be readily available. Most international contracts will require case-by-case review. Consult with ASI / CSUF who can coordinate with Operations and / or, Safety and Risk Management if necessary.

Renewal certificates of insurance shall be provided annually until all work is completed.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

|          |   |
|----------|---|
| PRODUCER | 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. |
|          | <b>INSURERS AFFORDING COVERAGE</b>  |
| INSURED  | INSURER A:<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:  |

## 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 INSURANCE 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   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                              |                    |
|----------|---|---------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br>GENERAL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |               |                                  |                                   | <b>EACH OCCURRENCE</b>              | <b>\$2,000,000</b> |
|          |   |               |                                  |                                   | FIRE DAMAGE (any one fire)          | \$                 |
|          |   |               |                                  |                                   | MED EXP (any one person)            | \$                 |
|          |   |               |                                  |                                   | PERSONAL & ADV INJURY               | \$                 |
|          |   |               |                                  |                                   | <b>GENERAL AGGREGATE</b>            | <b>\$4,000,000</b> |
|          |   |               |                                  |                                   | PRODUCTS-COMP/OP AGG                | \$                 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> _____  |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) | \$                 |
|          |   |               |                                  |                                   | BODILY INJURY (Per person)          | \$                 |
|          |   |               |                                  |                                   | PROPERTY DAMAGE (Per accident)      | \$                 |
|          | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> _____  |               |                                  |                                   | AUTO ONLY – EA ACCIDENT             | \$                 |
|          |   |               |                                  |                                   | OTHER THAN EA ACC                   | \$                 |
|          |   |               |                                  |                                   | AUTO ONLY:                      AGG | \$                 |
|          | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION      \$   |               |                                  |                                   | EACH OCCURRENCE                     | \$                 |
|          |   |               |                                  |                                   | AGGREGATE                           | \$                 |
|          |   |               |                                  |                                   |                                     | \$                 |
|          |   |               |                                  |                                   |                                     | \$                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |               |                                  |                                   | WC STATUTORY LIMITS                 | OTHER              |
|          |   |               |                                  |                                   | E.L. EACH ACCIDENT                  |                    |
|          |   |               |                                  |                                   | E.L. DISEASE – EA EMPLOYEE          |                    |
|          |   |               |                                  |                                   | E.L. DISEASE – POLICY LIMIT         |                    |
|          | OTHER   |               |                                  |                                   |                                     |                    |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Associated Students Inc., California State University, Fullerton; the State of California; the Trustees of the California State University; California State University, Fullerton; and all of their several officers, directors, agents, employees, and volunteers are named as additional insured.

**CERTIFICATE HOLDER** | | ADDITIONAL INSURED; INSURER LETTER \_\_\_\_\_ **CANCELLATION**

|   |   |
|---|---|
| Associated Students Inc., California State University, Fullerton<br>Titan Student Union<br>P.O. Box 6828<br>800 N. State College Blvd.<br>Fullerton, CA 92834 | This insurance policy will not be canceled without thirty (30) days prior written notice to said Associated Students Inc., California State University, Fullerton, and to the Board of Trustees of the California State University. The Associated Students Inc., California State University, Fullerton, and the State of California are not liable for the payment of premiums or assessments on this policy. |
|   | AUTHORIZED REPRESENTATIVE   |

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\*\*\*\*\*SAMPLE\*\*\*\*\*

\* Policy No.: #####

\* Expiring: #####

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS**

\* NAMED INSURED: and all Subsidiaries

\* ADDITIONAL INSURED(s):

Vj g"Associated Students Inc., California State University, Fullerton=Vj g"Ucvq"qh'Ecrkqtplc=Vj g"Vt wuggu"qh'Vj g"  
Ecrkqtplc"Ucvq"Wpkxgtuk{ =Ecrkqtplc"Ucvq"Wpkxgtuk{ . Hwngt vqp=cpf "cm'qh'Vj gk"ugxgtcn'qh'hegtu."f k gevqtu."ci gpvu."  
go r m{ ggu."cpf "xqnpvggtu"ctg'pco gf "cu'cf f kqpcnkpuwgf 0

\* EFFECTIVE DATE(S): \_\_\_\_\_

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