



## Certificates of Insurance Requirements

Insurance policies must include the following:

1. The **Certificate of Liability** (Acord 25 or similar form) is to be issued by vendor's insurance company. Fullerton School District is to be named as **Additional Insured and Certificate Holder**.
2. **Additional Insured Endorsements are required for General Liability policies.**  
See attached sample for required endorsement information.
3. **Coverage** needs to be in force for the complete term of the contract. If insurance expires during the term of the contract, Purchasing must receive a new certificate at least ten (10) days prior to the expiration.
4. **"Description of Operations"** should include a brief description of the services being performed, and reference any contracts or agreements involved.
5. **Certificate Holder Information:**  
Fullerton School District  
1401 W. Valencia Drive  
Fullerton CA, 92833

### **General Liability Certificates (Consultants and Independent Contractors):**

Minimum Required Coverage Amounts:

\$1,000,000 limit per occurrence                      \$2,000,000 general aggregate

### **Professional Liability (Errors & Omissions) Policies (if applicable):**

Minimum Required Coverage Amounts:

\$1,000,000 limit per occurrence                      \$2,000,000 general aggregate

### **Automobile Liability Insurance (Consultants and Independent Contractors):**

**Personal** transportation vehicles that are driven onto and parked on school property

California State minimum requirements for private passenger vehicles:

\$15,000 injury/death to one person                      \$30,000 injury/death to more than one person  
\$5,000 damage to property

**Commercial** vehicles that are used to provide services (construction, food service, etc.)

Minimum Required Coverage Amounts:

\$1,000,000 limit per occurrence

### **Workers' Compensation Insurance:**

Proof of Workers' Compensation is required if the vendor has employees.

**Abuse & Molestation Liability:** If working directly with children, the Certificate of Insurance must include coverage for molestation and sexual abuse.


Minimum Required Coverage Amounts:

**\$3,000,000 per occurrence \$6,000,000 aggregate**

**Note:** Depending on the job or project, the District may require additional coverage and/or may increase the minimum amount of coverage required.

**\*\*\*Insurance certificates must be submitted prior to commencement of any work\*\*\*\***

# SAMPLE CERTIFICATE

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 07/25/01	
<b>PRODUCER</b> Agency Manager, Inc. 2500 Bond Street University Park, IL 60466 Phone No. 800-555-5368 Fax No.			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>INSURED</b>  <b>CONTRACTOR/CONSULTANT/VENDOR</b> One Big Street Anytown, CA 92606			<b>COMPANIES AFFORDING COVERAGE</b> COMPANY A Tahiti Mutual Insurance Company COMPANY B Indemnity Insurance COMPANY C State Compensation Insurance Fund COMPANY D		
<b>COVERAGES</b> 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 THE 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.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	12345678	08/01/00	08/01/01	GENERAL AGGREGATE \$ 2 000 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP OR AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any other person) \$ 5,000
A	AUTOMOBILE LIABILITY	234567891	08/01/00	08/01/01	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	456789123	08/01/00	08/01/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	345678912	08/01/00	08/01/01	<input checked="" type="checkbox"/> W.C. STATUTORY LIMITS \$
	THE PROPRIETOR <input type="checkbox"/> INCL.				E.L. EACH ACCIDENT \$ 1,000,000
	PARTNERS/EXECUTIVE <input type="checkbox"/> EXCL.				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OFFICERS ARE:				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  Certificate of Insurance provided for General Liability - Certificate Holder is an Additional Insured per attached Form CG 20 10 11 85.					
<b>CERTIFICATE HOLDER</b>  Fullerton School District 1401 W. Valencia Drive Fullerton CA, 92833  Attention:			<b>CANCELLATION</b>  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  		

## SAMPLE ENDORSEMENT

**Additional Insured Endorsement:** Should list:

- Insured Name (Contractor/Consultant/Vendor)
- Policy Number
- Certificate Holder

**Preferred Endorsement:** *The Fullerton School District, its officers, agents, employees, and volunteers are named as additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by DISTRICT shall be excess and noncontributory.*

POLICY NUMBER:  COMMERCIAL GENERAL LIABILITY

NAMED INSURED:

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT  
CAREFULLY

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRATORS (Form B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Person or Organization:

SCHEDULE

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's operations, and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

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