



INSURANCE REQUIREMENTS

Contractor shall submit an insurance certificate evidencing the following coverages:

1. **Commercial General Liability**

The vendor shall carry general public liability insurance covering all duties, services, or work performed under the contract.

- Per Occurrence or claim \$2,000,000
- Products/Completed Operations Aggregate \$2,000,000
- Personal and Advertising Injury \$1,000,000
- General Aggregate \$4,000,000

2. **Business Auto Liability** – specific cases only

Business Auto Liability is required when a vendor is operating a vehicle on Palomar premises for purposes other than commuting.

- Bodily Injury \$1,000,000 (CSL)
- Property Damage \$1,000,000 (CSL)

3. **Professional Liability** – specific cases only

- Per Occurrence or claim \$2,000,000
- Aggregate \$2,000,000

Professional Liability policies are designed to cover errors and omissions and the failure to render professional services. Therefore Professional Liability is appropriate for actuals, architects, engineers, physicians, lawyers, environmental consultants, and other professionals.

4. **Workers' Compensation** as required by California State Law

Worker's Compensation is required if a supplier has any employees. If a supplier does not have any employees then the supplier is exempt from this requirement.

- Part A – Statutory
- Part B - \$500,000 In the aggregate
\$500,000 Each Person
\$500,000 Each person for occupational disease.

5. **Cyber Liability Insurance** – specific cases only

Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Vendor in this agreement and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations,

information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

- Per Occurrence or claim \$2,000,000
- Aggregate \$2,000,000

6. Sexual Abuse and Molestation Coverage – for specific cases if vendor/contractor will have contact with minors.

7. Endorsements

The following endorsements and other stated information are required on the original certificate of insurance:

- Primary/Non-contributory endorsement in favor of Palomar Community College District (PCCD) for the Commercial General Liability and Business Auto Liability coverage.
- 30 days' Notice of Cancellation.
- PCCD be named Additional insured on all policies except Worker's Compensation.
- Waiver of Subrogation on all policies.

8. Submission of Certificate of Insurance & Copy of Policy

When issuing a certificate pay careful attention to the policy expiration date. The buyer should ensure that:

- The insurance does not expire before the end of the contract term. If it does the buyer will request a new certificate before the expiration date.
- If the contract is extended, the buyer will ask that the certificate be current. In some cases, coverage must continue for three years beyond the termination of the contract.
- The PCCD retains certificates for at least 3 years after the conclusion of the business for which the certificate was obtained.
- The original certificate of insurance, indicating the coverage and limits stated herein, with copies of all endorsements, shall be furnished to Palomar Community College District within 14 business days after receipt of a written purchase order or some other duly executed contractual document.
- Mail the original certificate of insurance to: Palomar Community College District, Attn: Contracts & Services, 1140 West Mission Road, San Marcos, California 92069 **or** email Contracts@palomar.edu.

Upon request of PCCD, the Contractor shall be required to provide copies of all policies required under the contract to PCCD. Lastly, the District reserves the right to modify any and all insurance requirements based on the nature of the risk.

CERTIFICATE OF LIABILITY INSURANCE REFERENCE

This is a road map of explanations for the Certificate sample that follows.

ACORD 25 – Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE		DATE (MMDD/YYYY)				
<p>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.</p>						
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ices) must have ADDITIONAL INSURED provisions or 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).</p>						
PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
1	INSURED INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	2				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE 3 OCCUR _____ GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY 5 PRO-JECT <input type="checkbox"/> LOC OTHER:	4 5		6		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 7 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY 8 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	4 5		6		COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 9 PROPERTY DAMAGE (Per accident) \$ _____ \$
10	UMBRELLA L.I. AB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$	4 5		6		EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	5		6		PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 12 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
13				6		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
14	Attachments: Additional Insured / Waiver of Subrogation Primary, Non-contributory / Cancellation					
CERTIFICATE HOLDER				CANCELLATION		
15				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		

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ACORD 25 (2016/03)

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1. Verify that the Named Insured matches the contract (your business partner).