

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.

٠	Per Occurrence or claim	\$2,000,000
٠	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.

٠	Bodily Injury	\$1,000,000 (CSL)
٠	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 is 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 <u>14</u> 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 & Business Services, 1140 West Mission Road, San Marcos, California 92069 <u>or</u> email to the appropriate department <u>Purchasing@palomar.edu</u> or <u>Contracts@palomar.edu</u>.

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

ACORD CI	ER.	TIF	ICATE OF LIAB	ILIT	Y INSUF	RANCE	Г	DATE	(MM/DD/YYYY)
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(ices) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROCATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this									
certificate does not conferrights to the certi					in policies in	ay require ai	rendoisemeni. A stateme	ni on	uis
PRODUCER				CONTA NAME:	CT				
				PHONE (A/C. N	p. Ext):		FAX (A/C, No):		
			-	E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED				INSURI					
5				INSUR			6		
1				INSURER C. 2					
E.				INSURI					
				INSUR	ERF:				
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF NOTWITH STANDING ANY REQUIREMENT, T ISSUED OR MAY PERTAIN, THE INSURANCE SUCH POLICIES. LIMITS SHOWN MAY HAVE	AFF	OR C	ONDITION OF ANY CONTRAC D BY THE POLICIES DESCRI	CT OR (OTHER DOCU	MENT WITH R	ESPECT TO WHICH THIS C	ERTIF	CATE MAY BE
INSR LTR TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	ЦМП	5	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
							DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$	
	4	5			6		MED EXP (Any one person)	\$	7
	÷	U			U		PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
POLICY D JECT LOC							PRODUCTS - COMP/OP AGG	<u>s</u>	
							COMBINED SINGLE LIMIT (Ea. accident)	\$	
	_						BODILY INJURY (Per person)	\$	0
AUTOS ONLY SCHEDULED	4	5			6		BODILY INJURY (Per accident)	\$	9
AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
1-O UMBRELLA LIAB	A	5			6		EACH OCCURRENCE	\$	
CLAMSMADE	-	\mathbf{v}			U		AGGREGATE	\$ \$	
WORKERS COMPENSATION						PER OTH- STATUTE ER			
AND EMPLOYERS' LABILITY Y / N ANYPROPRETOR/PARTNER/EXECUTIVE	N/A	5			6		E.L. EACH ACCIDENT	\$	12
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under	N/A	3			U		E.L. DISEASE - EAEMPLOYEE	\$	14
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
13					6				
DESCRIPTIONOF OPERATIONS/ LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Scherble	may be	attached if more se	ace 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.									
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1. Verify that the Named Insured matches the contract (your business partner).