Risk Management Guidelines	Number: 17-08		
A A	Date Issued: June 9 th 2017		
Subject: CONTRACTUAL INSURANCE REQUIREMENTS FOR VENDORS/CONTRACTORS	Expires: Until Superceded		
(This includes maintenance/repair services, architects, engineers, technology/software services, educational consultants, environmental services, medical professionals, attorneys, and accountants)			

A. Indemnification and Hold Harmless Language in Contracts

District contracts should have language included in contracts which states that the Contractor will indemnify and hold the District harmless for any loss related to the Contractors performance of work with the District. *Note:* There are a few occasions where a mutual indemnification is acceptable. If in doubt, contact District Risk Management.

B. Minimum Scope and Limit of Insurance

1.

In addition to indemnifying and agreeing to hold the District harmless, all Contractors shall secure and maintain insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, its agents, representatives, or employees for the duration of the contract. Limits can be increased by purchasing umbrella or excess insurance. **Coverage shall be at least as broad as:**

aggreg Distric	mits no less than \$2,000,000 per occurrence, \$4,000,000 aggregate. Note: Occurrence and ate limit may need to be increased depending on the size and scope of the contract. Please contact to Risk Management regarding construction projects over \$5,000,000. The policy shall include the ang endorsements:
	Additional Insured - District shall be named as an additional insured on the Contractor's policy.
	Primary Non-Contributory Coverage – Contractor's insurance coverage shall be primary non-contributory insurance coverage for the District.
	Waiver of Subrogation – Contractor's insurance carrier agrees to waive their right to recover any payment made.

products and completed operations, property damage, bodily injury and personal & advertising injury

Commercial General Liability (CGL): Policy shall be on "occurrence" basis, including

- **2. Automobile Liability:** Coverage should be <u>Any Auto</u>. If Contractor has no owned autos, then coverage should for <u>Hired and Non-Owned Vehicles</u> with limit no less than \$1,000,000 per accident for bodily injury and property damage. *If applicable:* Auto liability is not needed if the contractor provides written verification stating that they and all subcontractors will only use District parking lots and agree not use any vehicles within a school campus or other facility. The policy shall include the following endorsements:
 - Additional Insured District shall be named as an additional insured on the Contractor's policy.
 Primary Non-Contributory Coverage Contractor's insurance coverage shall be primary non-contributory insurance coverage for the District.
 Waiver of Subrogation Contractor's insurance carrier agrees to waive their right to recover any payment made.
- **3. Workers' Compensation** insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury

	ase. <i>If applicable:</i> Workers' Compensation not required if contractor provides written verification o employees. The policy shall include the following endorsements:
	Waiver of Subrogation – Contractor's insurance carrier agrees to waive their right to recover any payment made.
applica a profe insuran other p	Professional Liability (Errors and Omissions) Insurance appropriates to the Contractors ion, with limit no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate. If the: Professional liability insurance coverage is normally required if the Contractor is providing ssional service regulated by the state. (Examples of service providers regulated by the state are ace agents, architects, engineers, doctors, certified public accountants, lawyers, etc.). However, refessional Contractors, such as computer or software designers, should also have professional of the Indoubt, please contact District Risk Management. The policy shall include the following ements:
	Waiver of Subrogation – Contractor's insurance carrier agrees to waive their right to recover any payment made.
\$2,000 , insured <i>Not req</i>	Aviation Liability insuring bodily injury and property damage arising out of the use of owned n-owned unmanned aircraft (also known as "drones"). The limit of liability shall not be less than 1,000 each occurrence. A copy of the policy scheduling each insured unmanned aircraft and each operator of an unmanned aircraft is to be included with the certificate of insurance. If applicable: ruired if contractor provides District with written notice that they and all subcontractors agree not a unmanned aircraft. The policy shall include the following endorsements:
	Additional Insured - District shall be named as an additional insured on the Contractor's policy.
	Primary Non-Contributory Coverage – Contractor's insurance coverage shall be primary non-contributory insurance coverage for the District.
	Waiver of Subrogation – Contractor's insurance carrier agrees to waive their right to recover any payment made.
per pol	Contractors Pollution Liability and/or Asbestos Pollution Liability applicable to the work performed, with a limit no less than \$1,000,000 per claim or occurrence and \$2,000,000 aggregate icy period of one year. If applicable: This coverage applies to primarily environmental service extension who handles or potentially handles hazardous materials. The policy shall also include the nig endorsements:
	Additional Insured - District shall be named as an additional insured on the Contractor's policy.
	Primary Non-Contributory Coverage – Contractor's insurance coverage shall be primary non-contributory insurance coverage for the District.
	Waiver of Subrogation – Contractor's insurance carrier agrees to waive their right to recover any payment made.
er Insu	rance Provisions to be Included in Contract and Policies:

C. Oth

The contract and insurance policies are to contain, or be endorsed to contain, the following provisions:

Notice of Cancellation

Each insurance policy required above shall state that coverage shall not be canceled, except with notice to the District.

2. District shall have access to Highest Policy Limits

It should state in the contract that if the Contractor maintains higher than required limits than shown above the District shall be entitled to that coverage.

3. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared and approved by the District. The District may require proof of ability to pay losses and claim defense within the retention.

4. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

5. Claims Made Policies (Generally found in Professional Liability policies)

If any of the required policies provide coverage on a claims-made basis:

- a. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
- b. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the contract of work.

6. Verification of Coverage

Contractor shall furnish the District with certificates and endorsements of the applicable policy language effecting coverage. All certificates and endorsements are to be received and approved by the District before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractors obligation to provide them.

7. Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that District is an additional insured on insurance required from subcontractors.

8. Special Risks or Circumstances

District reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.



CERTIFICATE OF LIABILITY INSURANCE

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 COVER OF A FORDED 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(les) must be endorsed of SUB OGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A subject to the certificate holder in lieu of such endorsement(s).

PRODUCER	1	CC ACT NAI. PHO. (A/C, N Ext): FAX (A/C, No): E-MAII. ADDRE	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Philadelphia Indemnity Company	18058
INSURED		INSURER B: Philadelphia Insurance Company	R92535
		INSURER C:Star Insurance Company	18023
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2015 - 2016 CERTS

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.

NSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	2,000,000
A		CLAIMS-MADE A OCCUR	х	Y	Policy #	11/1/2015	11/1/2016	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY			,			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	х	ANY AUTO						BODILY INJURY (Per person)	\$	
A		ALL OWNED SCHEDULED AUTOS			Policy #	11/1/2015	11/1/2016	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		7,6166						Medical payments	\$	5,000
В	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	4,000,000
		EXCESS LIAB CLAIMS-MADE				26 2 2 2 2		AGGREGATE	\$	4,000,000
_		DED X RETENTION\$ 10,000			Policy #	11/1/2015	11/1/2016		\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
С	(Mar	(Mandatory In NH)	1/A	Policy #	3/1/2016	3/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

School District, its Officers, Directors, Employees and Volunteers are named as Additional Insureds as respects general liability when required by contract which includes 1. Additional Insured & Auto Additional Insured Endorsement; 2. Endorsement Primary and Non-Contributory for Commercial General Liability;

3. Endorsement Waiver of Subrogation for General Liability and Worker's Compensation All Forms attached.

CERTIFICATE HOLDER	CANCELLATION
School District's Full Name & Address	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
School District, its Directors, Officers, Employees, Volunteers, and Agents	(Z)
OR Blanket All Person(s) or Organization (s) as required by written contract agreement or permit.	All Locations
Information required to complete this Schedule, if not shown	above, will be shown in the Declarations.

- A. 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 "bodly injury" "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

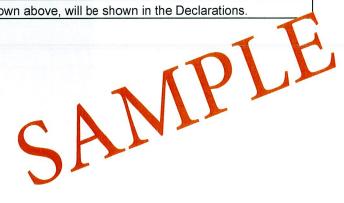
School District, its Directors, Officers, Employees, Volunteers, and Agents

Blanket All Person (s) or Organization(s) as required by written contract, agreement or permit

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
School District, its Directors, Officers, Employees, Volunteers, and Agents	
Information required to complete this Schedule, if not shown	n above, will be shown in the Declarations.

- A. 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:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

COMMERCIAL AUTO CA 20 48 02 99

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

School District, its Directors, Officers, Employees, Volunteers, and Agents

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

School District, its Directors, Officers, Employees, Volunteers, and Agents

SAMPLE WC WAIVER OF SUBROGATION