



## Oxnard School District

### ***Additionally Insured***

## **Insurance Certificate & Endorsement Requirements**

**Give this document to your organization's insurance agent.**

Your Certificate of Insurance and Endorsement must be within 10 working days prior to event.

- ✓ **Certificate of Liability Insurance and Additional Insured Endorsement for your event must contain the following clause:**

*"This insurance is primary and non-contributory with any insurance carried by the certificate holder."*

- ✓ **Certificate must include:**

- Date of Event or date range of coverage
- Location of event.
- Name of Organization/Group/Business
- Must be on occurrence basis.

- ✓ **Additional Insured Endorsement/Certificate Holder section must read:**

- Oxnard School District its Officers, Agents, Directors, Employees, and/or Volunteers
- 1051 South A Street, Oxnard, CA 93030

- ✓ **Cancellation Clause must read as follows:** "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 10 days' written notice to the certificate holder named to the left."

- ✓ **Minimum General Liability Limits are \$1,000,000.**

- \$2,000,000. General Aggregate
- \$1,000,000. Per Occurrence
- \$1,000,000. Products Completed-Operations
- \$1,000,000. Personal & Advertising Injury
- \$100,000. Fire Legal
- \$5,000. Medical Expense

- ✓ **Consultants, Subcontractors. Vendors, Caters (No Food Trucks Allowed)**

If retained or hired by Use of Facilities Entity the district will require they maintain coverage(s), limits and terms equivalent to those required of the prime Use of Facilities Entity .

## Insurance Certificate & Endorsement Requirements

✓ **Abuse/ Molestation**

Required for vendors, service providers, contractors and/or consultants working with or around students -\$1,000,000 per occurrence with minimum \$2,000,000 per occurrence for general Aggregate.

**NOTE:** Abuse/Molestation coverage limits may be satisfied with general liability or umbrella coverage, only if Abuse/Molestation is covered under those policies. Proof of such must be provided. The policy must remain in force and the Oxnard School District is named as "Additional Insured", evidenced by Endorsement number and a copy of the Endorsement\*

✓ **Workers Compensation**

Statutory limits are required of not less than \$1,000,000.

✓ **Automobile Liability**

For vendors who will drive on district property, Automobile Liability in an amount not less than \$1,000,000 combined single limit for bodily injury and property damage, including owned, hired and non-owned vehicle coverage.

✓ **Professional Liability**

\$1,000,000 each claim for all professional services including, but not limited to, architects, engineers, consultants, and testing services.

**Mail, Email or Fax to:**

Oxnard School District

Risk Management

1051 South A Street, Oxnard, CA, 93030

**Phone (805) 385-1501 ext. 2443**

**Fax # (805) 240-5963**

# SAMPLE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY):  
11/30/2012

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(ies) must 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).

<b>PRODUCER</b> XYZ Insurance Agency 456 State St. Springfield USA 01111	<b>CONTACT NAME:</b> PHONE (A/C No. Ext.): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FAX (A/C No.): (805) 585-6256														
<b>INSURED</b> Use of Premises - Entity Name 22 Main Street Ventura CA 93000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: ABC Indemnity</td> <td style="text-align: center;">1234</td> </tr> <tr> <td>INSURER B: 123 Insurance Company</td> <td style="text-align: center;">2345</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ABC Indemnity	1234	INSURER B: 123 Insurance Company	2345	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                      **CERTIFICATE NUMBER:** VCSSFA Sample Cert 3 12/13                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TBD1213	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> ABUSE/MOLESTATION			TBD1213			PERSONAL & ADV INJURY \$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY			TBD1213	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 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 (Per accident) \$
<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							\$
<input type="checkbox"/> UMBRELLA LIAB      OCCUR <input type="checkbox"/> EXCESS LIAB      CLAIMS-MADE DEDUCTIBLE RETENTION \$							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			COV1213	01/01/2012	01/01/2013	Y WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate Holder is Additional Insured per the attached endorsement CG2011 1/96

<b>CERTIFICATE HOLDER</b> Oxnard School District 1051 South A Street Oxnard, CA 93030	<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
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# SAMPLE

POLICY NUMBER: **TBD 1 213**

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04

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
Oxnard School District 1051 South A Street Oxnard, CA 93030	
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 "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.

**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.