



**SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
INSURANCE REQUIREMENTS
AND
CERTIFICATE OF INSURANCE (COI) AND ENDORSEMENT GUIDELINES**

A COI is proof of a third party's insurance and corresponding limits. The following guidelines outline minimum coverage and limits that must be reflected on a third party's Certificate of Insurance (COI) and Additional Insured (AI) endorsement. It shall be the responsibility of all District employees who create, handle, or process District contracts and agreements to read and adhere to these guidelines.

Each third party entity who has entered into a contract/agreement with the District is required to provide a COI and AI endorsement, which must reflect the coverages and limits requested in the contract/agreement.

Agreement/contracts shall be processed by the District/college, presented to District Contract Specialist, and fully executed by the Vice Chancellor of Business Services or designee prior to requesting a COI and endorsement (if applicable).

If an entity requires the District to provide a COI/endorsement, please submit a COI Request form along with a copy of the fully executed contract/agreement to riskmanagement@socccd.edu. Please allow at least five (5) business days for processing.

Minimum Insurance Requirements

The District reserves the right to modify any or all of the following limits to determine whether or not they are suitable based on the risk and nature of the event/activity/contract/agreement.

1. General Liability

Coverage insures against bodily injury and/or property damage.

\$1,000,000 Limit per Occurrence

\$2,000,000 General Aggregate

2. Host Liquor Liability (Coverage is required if event/activity will involve the serving of alcohol. It may be included under General Liability policy, otherwise coverage shall be provided in a separate policy.)

Insures against third party injuries and/or property damage from liquor-related claims/lawsuits.

\$1,000,000 Limit per Occurrence

\$2,000,000 General Aggregate

3. Automobile Liability

\$1,000,000 Combined Single Limit for "Any Auto"

4. Sexual Abuse/Molestation (Coverage is required if event/activity involves minors. Coverage may be included under General Liability policy, otherwise coverage shall be provided in a separate policy.)

Insures against third party injuries from sexual abuse/molestation-related claims/lawsuits.

\$1,000,000 Limit per Occurrence

\$2,000,000 General Aggregate

5. Additional Insured Endorsement

Either a blanket or scheduled additional insured endorsement shall be provided. If scheduled additional insured endorsement is provided, it must specifically name South Orange County Community College District, its officers, agents, employees, and volunteers as additional insureds with respect to insured's liability policies (with the exception of Professional Liability). In addition, the policy number on the COI shall match the policy number reflected on the scheduled endorsement.

6. Primary and Non-Contributory Endorsement

In the event primary and non-contributory verbiage is not included in the required additional insured endorsement (typically when a blanket additional insured endorsement is provided), a separate primary and non-contributory endorsement should be issued with the following verbiage or a copy of the policy reflecting similar verbiage shall be provided:

Such insurance as is afforded by the insured's policy(ies) shall be primary, and any insurance carried by South Orange County Community College District shall be excess and non-contributory.

7. Professional Liability/Errors & Omissions (Claims Made)

Coverage is required if third party will be providing a professional service (i.e., legal, medical, architectural, etc.). Insures third party against liability claims/lawsuits related to the professional services they provide.

\$1,000,000 Limit per Claim

\$2,000,000 General Aggregate

8. Cyber Liability (First and Third Party Coverage)

Coverage is required if third party will be providing the District, information technology consulting services with limits not less than the following:

\$1,000,000 Limit per Claim

\$2,000,000 General Aggregate

9. Workers' Compensation and Employer's Liability (If vendor/supplier/consultant has employees)

Proof of Workers' Compensation coverage with statutory limits and Employer's Liability with the following limits:

E.L. Each Accident: \$1,000,000

E.L. Disease - Each Employee: \$1,000,000

E.L. Disease - Policy Limit: \$1,000,000

10. A.M. Best Rating

Insurers affording coverage should maintain at least an A-:VII or better rating with A.M. Best. A.M. Best's financial strength rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.

To look up an insurer's financial rating, please go to www.ambest.com. Go to Advanced Search under "Ratings & Analysis". You may search by insurer name or by NAIC #. Once the insurer name or the NAIC # is inputted, click on search and the financial rating should appear.

Should you have any questions regarding these guidelines, please feel free to contact Risk Management at riskmanagement@socccd.edu.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2019

PRODUCER ABC Insurance 1234 Apple Street Orange, CA 12345 Jane Smith	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.	
	INSURERS AFFORDING COVERAGE 10	NAIC #
INSURED Name of Insured Address 1 City, State, Zip Code Attention:	INSURER A: ABC Insurance Company	#1234
	INSURER B: DEF Insurance Company	#5678
	INSURER C: GHI Insurance Company	#8910
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY 1 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR HOST LIQUOR LIABILITY 2 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	AB123456789	MM/DD/YY <div>Date must be current</div>	MM/DD/YY <div>Date must be current</div>	EACH OCCURENCE	\$1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$100,000	
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
						HOST LIQUOR LIABILITY	\$1,000,000
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY 3 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	AB123456789	MM/DD/YY <div>Date must be current</div>	MM/DD/YY <div>Date must be current</div>	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
		BODILY INJURY (Per person)				\$	
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below 9	CW123456789	MM/DD/YY <div>Date must be current</div>	MM/DD/YY <div>Date must be current</div>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	<input checked="" type="checkbox"/>	OTHER Sexual Abuse/Molestation 4	AB567894	MM/DD/YY <div>Date must be current</div>	MM/DD/YY <div>Date must be current</div>	EACH OCCURRENCE	\$1,000,000
		GENERAL AGGREGATE				\$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert purpose of certificate (e.g., event/activity with dates and times, contractor - scope of work, use of facilities - date and time, etc.).

Note: If third party is providing a blanket Additional Insured Endorsement to the District, you may see the following verbiage under this section: **5**

South Orange County Community College District, its officers, agents, employees, and volunteers are added as Additional Insureds as required by written contract.

CERTIFICATE HOLDER

South Orange County Community College District
28000 Marguerite Parkway
Mission Viejo, CA 92692
Attention: District Risk Manager

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

John Doe

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED 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):

South Orange County Community College District, its officers, agents, employees, and volunteers
28000 Marguerite Parkway
Mission Viejo, CA 92692

5

Such insurance as is afforded by the insured's policies shall be primary, and any insurance carried by South Orange County Community College District shall be excess and non-contributory.

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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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;
or
2. In connection with your premises owned by or rented to you.

**Please note, there are many versions of
Additional Insured endorsements.
This is just one sample.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PRIMARY AND NONCONTRIBUTORY - AUTOMATIC STATUS WHEN REQUIRED IN CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II - Who Is An Insured** is **amended** to include as an additional insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations for the additional insured; or
 2. In connection with premises owned by or rented to you.
- But only for:
1. The limits of insurance specified in such written contract or agreement, but in no event for limits of insurance in excess of the applicable limits of insurance of this policy; and
 2. "Occurrences" or coverages not otherwise excluded in the policy to which this endorsement applies.
- B. Status as an additional insured for the person or organization to which this endorsement applies:**
1. Commences during the policy period and after such written contract or agreement has been executed; and
 2. Ends when:
 - a. Your ongoing operations for that additional insured are completed;
 - b. The contractor's contract or agreement is terminated;
 - c. The lease of premises expires; or
 - d. Your policy cancels or expires;
 whichever occurs first.
- C. The following is added to 4.a. of Other Insurance of Section IV - Commercial General Liability Conditions:**
- If required in a written contract, your policy is primary and noncontributory in the event of an "occurrence" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf that occurs while performing ongoing operations for the additional insured, or in connection with premises owned by or rented to you.
- D. With respect to the insurance afforded to the additional insured, the following exclusions apply:**
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
1. All work on this project, including materials, parts, or equipment furnished in connection with such work (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.

All other terms and conditions of this policy remain unchanged.



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	INSURERS AFFORDING COVERAGE 10	NAIC #
INSURED Name of Insured Address 1 City, State, Zip Code Attention:	INSURER A: PL INSURANCE COMPANY	#9006
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR HOST LIQUOR LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
						HOST LIQUOR LIABILITY	\$
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	<input checked="" type="checkbox"/>	OTHER PROFESSIONAL LIABILITY 7	PL123456	MM/DD/YY <div>Date must be current</div>	MM/DD/YY <div>Date must be current</div>	EACH OCCURRENCE GENERAL AGGREGATE	\$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert brief description of contractor's scope of work and provide dates of service.

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Mission Viejo, CA 92692
Attention: District Risk Manager

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