GUSD requires all contractors and vendors to indemnify the school district with minimum coverages as follows:

General Liability - \$1,000,000 General Aggregate - \$1,000,000 Automobile Liability (Any) - \$1,000,000

*Workers Compensation* - Statutory which means if they have employees (excluding family members), they are required by law to have this coverage

## **Additional Coverage:**

Sexual Abuse/Misconduct/Molestation- Generally used when working with children

*Employee Liability* - Used to cover the actions of the employees of the contractor or vendors when employee does harm to District.

*Professional Liability* - Generally reserved for Professional Services (ie. A-E, Designers, Engineering, etc.)

Excess Liability - For additional coverage for specific area.

*Umbrella Liability* - For additional coverage above and beyond the normal coverage across the board.

Most proof of Insurance are made on the industry standard ACORD 25 (see next page)

## What to look for when asking for proof of insurance.

- 1. The Certificate of Liability Insurance (COI) should be sent directly to you from the insurance broker and *not* the contractor or vendor.
- 2. Look for the "INSURER(S) AFFORDING COVERAGE" box on the right side.
- 3. On the Procurement Website go to:
  - a) AM Best Insurance Rate link to check if they are A- or better. If not, they cannot do business with GUSD.
  - b) California Department of Insurance link. Check if the Insurance company is admitted. If not, they cannot do business in California.
- 4. If the Contractor or Vendor employs any workers, they must have Workers Comp.
- 5. If the Contractor or Vendor is working with children (under 18) they should have Sexual Misconduct Liability coverage.
- 6. On larger projects (multi-million dollars) they should have excess liability as well as their deductible.
- 7. Certificate Holder. This should be written to Glendale Unified School District, 223 N. Jackson Street or the school site and address.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2014

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

PRO	DDUCER		CONTACT NAME:					
M & T Insurance Agency, Inc. 285 Delaware Avenue, Ste 4000 Buffalo, NY 14202				PHONE				
285 Ruff	Delaware Avenue, Ste 4000 falo NY 14202		I E-MAIL					
<b>-</b>	1010, 101 14202			ADDRESS: PRODUCER NIAC	2A_8			
				PRODUCER CUSTOMER ID #: NIAC				1
NCHOEN VIANAPA ' ' }				INSURER(S) AFFORDING COVERAGE INSURER A: The Charter Oak Fire Ins Co				NAIC#
INSURED Niagara			INSURER B: Phoenix Insurance Company				25615	
				//////////////////////////////////////				25623
				INSURER C : Travele	rs Prop Ca	s Co of Amer	·~··	25674
			INSURER D : INSURER E : INSURER F :					
	*						<u> </u>	
			E NUMBER:			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	QUIREME PERTAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORDI	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
VSR TR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	1191				EACH OCCURRENCE	\$	1,000,0
A	X COMMERCIAL GENERAL LIABILITY	x	Y1N630183	10/01/2014	10/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,00
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	
			$\Lambda$ $\Lambda$			PERSONAL & ADV INJURY	\$	1,000,00
			/ \			GENERAL AGGREGATE	\$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,00
	POLICY PRO- LOC		/ <b>\  \  \</b>				\$	
В	AUTOMOBILE LIABILITY		\/\d\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	40/04/0044	10/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,0
	X ANY AUTO	ļ	Y1N810183D	10/01/2014		BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS					PROPERTY DAMAGE	\$	
	X HIRED AUTOS					(PER ACCIDENT)		
	X NON-OWNED AUTOS						\$	
							\$	
С	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	<u> </u>
	EXCESS LIAB CLAIMS-MADE		\			AGGREGATE	S	<del></del>
	DEDUCYBLE						\$	
	X RETENTION \$ 10000 WORKERS COMPENSATION					WC STATU- OTH-	\$	,
	AND EMPLOYERS' LIABILITY					TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1		E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	Colleges & Schools				,			
	HealthcareStudents	L	<u> </u>	rk	]	<u> </u>		
ء 1:	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL PROPERTY OF THE CONTROL OF T	ict. i	ts board of educat	ion officers	. agents.			
CE	RTIFICATE HOLDER			CANCELLATION				
			GLEND-5	A.I.A.I.I. A.I.I				
	Glendale Unified School District				N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		

223 N. Jackson Street

Glendale, CA 91206

AUTHORIZED REPRESENTATIVE