



## INSURANCE REQUIREMENTS

Evidence of the following insurance coverage must be provided to and approved by California State University San Marcos Corporation (CSUSM Corporation) prior to the commencement of services. Please provide a copy of this document to your insurance agent and/or insurer. Certificates of Insurance and Policy Endorsements should be emailed to [corp@csusm.edu](mailto:corp@csusm.edu). If you have questions, please contact Janelle Temnick at (760) 750-4482 or [jtemnick@csusm.edu](mailto:jtemnick@csusm.edu).

REQUIRED MINIMUM LIMITS OF INSURANCE*	
<b>General Liability</b>	\$1,000,000 per occurrence, \$2,000,000 aggregate
<b>Business Automobile Liability</b> (owned, scheduled, non-owned and hired)	\$1,000,000 per occurrence
<b>Workers Compensation Insurance</b>	As required by California State Law
<b>Technology Acquisitions: Technology Professional Liability (if applicable)</b>	\$2,000,000 per occurrence/claim \$2,000,000 aggregate
<b>Technology Acquisitions: Cyber Security (if applicable)</b>	\$2,000,000 per occurrence/ claim \$2,000,000 aggregate

CERTIFICATE HOLDER
The certificate holder shall be: CSUSM Corporation 333 S. Twin Oaks Valley Road San Marcos, CA 92096

REQUIRED LANGUAGE TO BE PROVIDED ON A SEPARATE POLICY ENDORSEMENT
<p>Certificates of Insurance containing general liability coverage shall be endorsed to contain as additional insured, the following (the wording below must be shown exactly as below):</p> <p><i>That the State of California, the Trustees of the California State University, the California State University San Marcos Corporation (CSUSM Corporation), the California State University San Marcos Foundation (CSUSMF), the Associated Students, Inc. of California State University San Marcos (ASI), and California State University San Marcos (which is the Trustees of the California State University and is one of 23 campuses in the California State University System), and the employees, volunteers, officers, and agents of each of them are included as additional insureds, but only insofar as the operations under this contract are concerned.</i></p> <p>The insurance shall be primary.</p>

**OTHER REQUIREMENTS:**

1. Each insurer shall have an A.M. Best rating of at least A:VII
2. Coverage shall not be cancelled, modified, or reduced without thirty (30) days advance written notice to CSUSM Corporation.
3. For any claims related to this Agreement, the Contractor’s insurance coverage shall be primary with respect to those named as additional insured. The insurance maintained by CSUSM Corporation shall be in excess of the contractor/vendor’s insurance and shall not contribute.
4. As insurance policies expire during the term of a contract, the contractor/vendor must submit new certificates of insurance and endorsements in order to continue work.

\*CSUSM Corporation reserves the right, at its sole discretion and at any time, to modify the requirements for any contract.

**Reproduction of Insurance Services Office, Inc. Form****COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13****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 PARTThe 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.

SAMPLE

**-INSURED:**

POLICY NUMBER: XXXXXXXX

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED—OWNERS, LESSEES OR CONTRACTORS  
(FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

Name of Person or Organization:

The State of California, the Trustees of the California State University, the California State University San Marcos Corporation (CSUSM Corporation), the California State University San Marcos Foundation (CSUSMF), the Associated Students, Inc. of California State University San Marcos (ASI), California State University San Marcos (which is the Trustees of the California State University and is one of 23 campuses in the California State University System), and the employees, volunteers, officers, and agents of each of them, are included as additional insureds, as respects to the operations of the Named Insured. Coverage may not be canceled, reduced, or altered, without thirty days' prior written notice to CSUSM Corporation by the Insurer.

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” for that insured by or for you.

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Signature  
Authorized Representative