INSURANCE REQUIREMENTS

Evidence of the following insurance coverage must be provided to and approved by California State University San Marcos (CSUSM) 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 LSwensen@csusm.edu.

<table>
<thead>
<tr>
<th>REQUIRED MINIMUM LIMITS OF INSURANCE*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Liability</strong></td>
</tr>
<tr>
<td><strong>Business Automobile Liability</strong> (owned, scheduled, non-owned and hired)</td>
</tr>
<tr>
<td><strong>Workers Compensation Insurance</strong></td>
</tr>
</tbody>
</table>

CERTIFICATE HOLDER

The certificate holder shall be: California State University San Marcos
Procurement & Support Services
333 S. Twin Oaks Valley Road
San Marcos, CA 92096

REQUIRED LANGUAGE TO BE PROVIDED ON A SEPARATE POLICY ENDORSEMENT

Certificates of Insurance containing general liability coverage shall be endorsed to contain the following provisions. The wording on the endorsement must be exactly as shown below:

That the State of California, the Board of Trustees of the California State University, the California State University San Marcos Corporation, the California State University San Marcos Foundation, the Associated Students, Inc., and California State University San Marcos, and the employees, volunteers, officers, representatives, and agents of each of them, are Additional Insured but only insofar as the operations under this contract are concerned.

The insurance shall be primary.

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.
3. The insurance maintained by CSUSM 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 reserves the right, at its sole discretion and at any time, to modify the requirements for any contract. Other means or combinations of protection may be acceptable (self-insurance, umbrella policies, etc.) if approved by University Risk Management. Additional coverages may be required based on the services provided.
# Certificate of Liability Insurance (Standard Form)

**DATE (MM/DD/YYYY)**

**Producer**
- **Name:**
- **Address:**
- **Phone:**

**Insured**
- **Name:**
- **Address:**
- **Phone:**

**Contact**
- **Name:**
- **Address:**
- **Phone:**

**NAIC #**

**Insurer(s) Affording Coverage**
- **Name:**
- **Address:**
- **Phone:**

**Certificate Number:**

**Revision Number:**

**Coverages**

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Description</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>Claims-Made</td>
<td>Occur</td>
</tr>
<tr>
<td></td>
<td>Premises-Related</td>
<td>Premises-Related</td>
</tr>
<tr>
<td></td>
<td>Products-Related</td>
<td>Products-Related</td>
</tr>
<tr>
<td></td>
<td>Occurrence</td>
<td>Occurrence</td>
</tr>
<tr>
<td></td>
<td>Aggregate</td>
<td>Aggregate</td>
</tr>
</tbody>
</table>

**Workers' Compensation and Employer's Liability**

- **Name:**
- **Address:**
- **Phone:**

**Description of Operations / Locations / Vehicles**

**Certificate Holder**

**Cancellation**

- **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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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD
Policy Number:

Commercial General Liability
CG 20 10 04 13

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

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
<th>Location(s) Of Covered Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>California State University, the State of California, the Trustees of the California State University, and their officers, representatives, volunteers, employees and agents as additional insureds under the policy.</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

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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 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 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.