

Exhibit C – Insurance Requirements Sample

The University Auxiliary and Research Services Corporation as an auxiliary organization of the California State University San Marcos requires a certificate of insurance prior to commencement of any work. An underwriter's endorsement is also required with additional insured verbiage and the A.M. Best's rating, as stated in items 1 & 2, on Public Liability and Vehicle Liability Insurance.

1. The insurance must be placed with insurers with a current A.M. Best's rating of no less than A: VII and be listed on the endorsement.
2. The insurer will not cancel insured's coverage without thirty - (30) days prior written notice to the Corporation.

Only the following "marked" boxes are applicable to your insurance requirement.

Endorsement to the Certificate:

The endorsement to the certificate of insurance shall include additional insured verbiage as follows: "The State of California, the Trustees of the California State University, California State University, San Marcos, University Auxiliary and Research Services Corporation, Associated Students, Inc., California State University, San Marcos Foundation, University Village Apartments, The QUAD, UVSM, Capstone On-Campus Management, and all of their officers, agents, employees, and volunteers and agents of each of them are Additional Insured as respects to the operations of the Named insured".

Public Liability and Property Damage Insurance:

Contractor/vendor shall procure and maintain during the term of this Agreement public liability insurance in an amount not less than \$1,000,000 per occurrence, \$2,000,000 aggregate, and include bodily injury, personal injury and property damage.

Vehicle Liability Insurance:

Contractor/vendor shall also procure and shall maintain during the term of this Agreement vehicle liability insurance in an amount not less than \$1,000,000 for injuries, including accidental death, to any one person, and subject to the same minimum for each person, in an amount not less than \$1,000,000 for each accident, and property damage insurance in an amount of not less than \$1,000,000.

Workers' Compensation Insurance:

Contractor/vendor shall secure payment of Workers' Compensation to contractor's/vendor's employees in accordance with Labor Code Section 3700 et seq.

Please direct all correspondence and any questions to:

Summer Conferences
California State University San Marcos
San Marcos, CA 92096-0001
Tel: 760.750.3722
www.csusm.edu/summerconferences

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE
(MM/DD/YY)
3/30/17

PRODUCER
Your Insurance Agent & Address

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

INSURED
Name & Address

INSURER A:	Insurance Company
INSURER B:	Insurance Company
INSURER C:	
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 OF 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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	Date	Date	EACH OCCURENCE \$1,000,000-00
					FIRE DAMAGE (Any one) \$XXX,XXX
					MED EXP (Any one) \$XXX,XXX
					PERSONAL & ADV \$1,000,000-00
					GENERAL AGGRREGATE \$2,000,000-00
					PRODUCTS-COMP/OP \$2,000,000-00
					AGG
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	Policy Number	Date	Date	COMBINED SINGLE LIMIT \$1,000,000-00 (Ea accident)
					BODILY INJURY \$ (Per person)
					BODILY INJURY \$ (Per accident)
					PROPERTY DAMAGE \$ (Per accident)
					AUTO ONLY-EA \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				OTHER THAN EA \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy Number	Date	Date	EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
B A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	Date	Date	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTH-ER
					E-L. EACH ACCIDENT \$1,000,000-00
					E-L. DISEASE-EA \$1,000,000-00
					E-L. DISEASE - POLICY \$1,000,000-00
	OTHER				\$

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

All Operations Performed at California State University San Marcos. Reference: Summer Conference Agreement #.
The State of California, the Trustees of the California State University, California State University, San Marcos, University Auxiliary and Research Services Corporation, Associated Students, Inc., California State University, San Marcos Foundation, University Village Apartments, The Quad, UVSM, Capstone On-Campus Management, and all of their officers, agents, employees, and volunteers and agents of each of them are Additional Insured as respects to the operations of the Named insured.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _ CANCELLATION

Summer Conferences
California State University San Marcos
333 S. Twin Oaks Valley Rd.
San Marcos, CA 92096-0001

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

AUTHORIZED REPRESENTATIVE

John Doe

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, California State University, San Marcos, University Auxiliary and Research Services Corporation, Associated Students, Inc., California State University, San Marcos Foundation, University Village Apartments, The Quad, UVSM, Capstone On-Campus Management, and all of their officers, agents, employees, and volunteers and agents of each of them are Additional Insured as respects to the operations of the Named Insured.

(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.

Signature
Authorized Representative