AUHSD Certificate of Insurance Requirements (COI)

Before the Facility Rental Department will approve your Facility Rental Permit, two insurance documents are required with the application. The following describes these insurance documents:

- 1. <u>Certificate of Liability Insurance</u> (Form ACCORD 25) signed by the insurer's representative.
 - a. List the "Certificate Holder" as follows:

Acalanes Union High School District 1212 Pleasant Hill Road Lafayette, CA 94549

- b. Comprehensive General Liability with minimum limits of \$1,000,000 combined single limit per occurrence is required, \$250,000 Damage to Premises per each occurrence, and no less than \$2,000,000 General Aggregate. (The District reserves the right to increase the minimum insurance requirements upon the recommendation of the District's Risk Management Department).
- 2. <u>An Additional Insured Endorsement</u> (Form CG 2026 Additional Insured Designated Person or Organization) <u>must</u> accompany the Certificate of Insurance, referencing the policy number. Please note the following on Form CG 2026:
 - a. List the "Additional Insured" as follows:

"Acalanes Union High School District, its board of trustees, officials, and employees, are listed as additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the names insured for which a premium has been paid."

Workers' Compensation may also be required:

- If the group or organization, renting a facility, has employees who will be working at an activity or event held at an AUHSD facility they will be required to also have workers' compensation of the current statutory limit of \$1,000,000 on their COI.
- If the group or organization, renting a facility is hiring a third party vendor who will in turn have its employees working at this activity or event, the renter **and** the third party vendor will be required to have workers' compensation of the current statutory limit for workers' compensation insurance of \$1,000,000 on their respective COI's.

The Certificate of Insurance and additional insured endorsement must be turned in with Facility Rental Permit application.

A group will not receive approval for the event until the Certificate of Insurance is received by the Acalanes Union High School District Business Office. **No exceptions.**

If you have further questions regarding certificate of insurance requirements, please call the District Business Services office at 925-280-3908.

Please see the sample Certificate of Insurance and Additional Insured Endorsement on the following pages.

1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current Date

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 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).

PRODUCER				NAME:			TEAV			
ABC INSURANCE					PHONE (AJC, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:					
Facility User's Insurance			-	ADDRE						
			-			URER(S) AFFOR	RDING COVERAGE		NAIC#	
INSURED					INSURER A:					
Facility User's Organization					INSURER B :					
					INSURER C : INSURER D :					
			ľ							
					INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:					RF:		REVISION NUMBER:	_		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF EQUIPER	INSUF REME TAIN,	RANCE LISTED BELOW HAV NT, TERM OR CONDITION O THE INSURANCE AFFORDE	DF ANY	CONTRACT	THE INSURE OR OTHER D S DESCRIBED	D NAMED ABOVE FOR TH OCCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO V	VHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3		
GENERAL LIABILITY	li wan	1111	, , , , , , , , , , , , , , , , , , , ,		(minipolitical)		EACH OCCURRENCE	s	1,000,000	
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	250,000	
CLAIMS-MADE X OCCUR								\$		
			Policy Number	Po	Policy	Exp Date	PERSONAL & ADV INJURY	\$		
							GENERAL AGGREGATE	s	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:			1				PRODUCTS - COMP/OP AGG	\$		
X POLICY PRO- JECT LOC							I I	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
ANY AUTO					, ,			\$		
ALL OWNED SCHEDULED AUTOS NON-OWNED							, , , , , , , , , , , , , , , , , , , ,	\$		
HIRED AUTOS NON-OWNED AUTOS		1			_		(Per accident)	\$		
	╄	_						\$		
UMBRELLA LIAB OCCUR	4			_				\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION		₩						\$		
AND EMPLOYERS' LIABILITY Y / N							WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below	+	\vdash					E.L. DISEASE - POLICY LIMIT	\$		
	Ц									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach	ACORD 101, Additional Remarks S	ichedule	, if more space is	required)				
CERTIFICATE HOLDER					CANCELLATION					
Acalanes Union High School District 1212 Pleasant Hill Road Lafayette, CA 94549					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					
ACORD 25 (2010/05)					© 1988-2010 ACORD CORPORATION. All rights reserved.					

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2

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):

Acalanes Union High School District, its board of trustees, officials, and employees, are listed as additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the names insured for which a premium has been paid.

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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 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:

- Required by the contract or agreement; or
- 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.