



## Modesto Junior College

### Insurance Requirements: Vendors and Outside Groups Using Campus Facilities

There are certain insurance requirements mandated by the MJC if an outside vendor or group is coming on campus to use campus facilities for any purpose, or to provide a contracted service. Examples of such events may be, but are not limited to:

Dance Groups	Workshops/Seminars	Sports events
Car Shows/Festivals	Meeting space	Other type of facility rental
Tours	Animal Shows/Sales	

The requirements are as follows:

A Certificate of Insurance (COI) **and** an additional insured endorsement must be provided with the following coverage limits:

- GENERAL LIABILITY COVERAGE:**
  - Comprehensive **or** Commercial form minimum limits (higher limits may be required due to the nature of the event or the number of people in attendance):
    - Each Occurrence \$1,000,000; Animal Shows/Sales: \$3,000,000; Bull Shows/Sales: \$5,000,000
    - General Aggregate \$2,000,000/\$3,000,000/\$5,000,000
    - Products/Completed Operations Aggregate \$1,000,000/\$3,000,000/\$5,000,000
- EMPLOYER LIABILITY:** (Commercial Entities) \$1,000,000
- BUSINESS AUTOMOBILE LIABILITY:** If applicable (using non-state vehicles at the event), COI must show evidence of minimum limits for Owned, Scheduled, Non-Owned, or Hired Automobiles with a combined single limit of not less than \$1,000,000.
- WORKERS' COMPENSATION:** If applicable, the COI must show evidence as required under California State Law with Employer's Liability \$1,000,000.
- RATING:** Coverage must be placed with an insurance company with an AM Best rating of A VII or equivalent unless otherwise agreed to by the College.
- DESCRIPTION OF OPERATIONS:** The COI must show specific information as to the date(s) and event for which it's being issued. If **Blanket COI** please add in the description field to include all activities during the policy year.
- ADDITIONAL INSURED ENDORSEMENT FORM:** Accompanying the COI must be a separate endorsement to the policy naming: **Yosemite Community College District, its board, officers, agents and employees** of each of them as additional insured, except for professional liability and workers' compensation insurance.
- HOLD HARMLESS CLAUSE:**
- CANCELLATION:** Be in compliance with the latest revised *ACORD* form standard cancellation language "*Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.*"
- DEADLINE:** We request this information to be received by the Events/Facilities Office (mjcevents@yosemite.edu) at least **two weeks prior to the event.**

*These requirements are made pursuant to the Modesto Junior College and in accordance to Board Policy and Administrative Procedures No. 6700. Inquiries should be directed to the College Events/Facilities office at (209) 575-6020.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 [1] <i>Insurance Company's Name</i> <i>Address</i> <i>Telephone and Fax Numbers</i>	CONTACT NAME: _____ PHONE (A/C No. Ext): _____ FAX (A/C No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____	
	INSURER(S) AFFORDING COVERAGE [3]	
INSURED [2] <i>Insured's Name</i> <i>Address</i>	INSURER A:	
	INSURER B:	
	INSURER C:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSION 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.															
INSR LTR	TYPE OF INSURANCE [4]	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
[A]	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				[5]		EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COM/OP AGG \$ _____ _____ \$ _____								
[B]	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO				[9]		COMBINED SINGLE LIMIT (Ea accident) \$ _____								
[C]	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ _____</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ _____	E.L. DISEASE - EA EMPLOYEE	\$ _____	E.L. DISEASE - POLICY LIMIT	\$ _____
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$ _____														
E.L. DISEASE - EA EMPLOYEE	\$ _____														
E.L. DISEASE - POLICY LIMIT	\$ _____														
[C]															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 [6] Yosemite Community College District is named as Additional insured for: [insert dates, title and purpose of event or if blanket coverage please add in the description field to include all activities during the policy year]. Holder requests 30-day written notice of changes or cancellation.

CERTIFICATE HOLDER [7]  <b>Yosemite Community College District/MJC</b> <b>Attn: Events/Facilities Office</b> <b>435 College Avenue</b> <b>Modesto, CA 95350</b>	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  [8]

**Legend**

- [1] **Producer** provides information as indicated.
- [2] Provide **Insured** information (Official legal name of Insured)
- [3] List of **Company A, B, C or D** from "Insurers Affording Coverage" into corresponding Coverage's **INSR LTR** field.
- [4] **Type of Insurance** shall be in accordance with Insurance Requirements as specified in contract documents.
- [5] **Policy** shall be in effect during the term of the contract. **Renewals** shall be mailed to Certificate Holder.
- [6] Add **Additional Insured** provision and **attach required additional insured policy endorsement**.
- [7] Make certificate holder out to the address and attention of Modesto Junior College Facilities and Events
- [8] Insurance Certificate must be signed by **Authorized Representative**.
- [9] Automobile limits required for any transports by bus or van owned or operated by an Educational Institution.

[1] POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

[2] This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

[3] Name Of Additional Insured Person(s) Or Organization(s)

**Yosemite Community College District / Modesto Junior College, its  
board, officers, agents and employees.**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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.

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

**Legend**

[1] **Policy Number** corresponds with number on Certificate of Insurance

[2] Statement that the **Endorsement** modifies Certificate of Insurance provided

[3] Names **Yosemite Community College District / Modesto Junior College, its board, officers, agents, and employees** as additional insureds, except for professional liability and workers' compensation insurance.