



Ventura County Community College District

PURCHASING DEPARTMENT

TO: All Vendors
FROM: The Purchasing Department
SUBJECT: Insurance Requirements

Vendors providing services to the Ventura County Community College District can not begin work until the proof of insurance has been submitted to and approved by the District. Satisfactory proof of insurance consists of:

1. A certificate of insurance on an ACORDTM Form
2. A policy endorsement issued by the Vendor's insurance company that references the policy number and the District named as additionally insured.

Except for worker's compensation insurance, the policy shall not be amended, modified or the coverage amounts reduced without the District's prior written consent. The District shall be furnished thirty (30) days written notice prior to cancellation of the insurance. Vendors shall not allow any Subcontractor, employee or agent to commence work until the insurance required has been obtained.

The following are the insurance minimums required by the District; larger projects may require additional insurance coverage.

- A) **WORKER'S COMPENSATION INSURANCE.** Vendors must maintain Worker's Compensation Insurance on all employees to be engaged in work for the District. In case of any such work sublet, the Vendor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees employed in connection with the work unless the Vendor's insurance covers the subcontractor and its employees.
- B) **PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE.** Vendors shall maintain Public 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 limit for each person, in an amount not less than \$1,000,000 on account of one accident, and Property Damage Insurance in an amount not less than \$1,000,000. Any subcontractor employed in connection with the work shall maintain such insurance unless the Vendor's insurance covers the subcontractor and its employees.
- C) **AUTOMOBILE LIABILITY INSURANCE:** \$1,000,000 combined single limit per accident or bodily injury and property damage.

Please return the completed forms to: Ventura County Community College District
Purchasing Department
761 E. Daily Drive, Suite 200
Camarillo, CA 93010

Or the forms may be faxed to: 805-652-7700

Samples of the required insurance forms are attached for your information.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
MM/DD/YYYY

PRODUCER
*ABC Insurance
555 W. 5th Street
Anywhere, CA 55555*

THIS CERTIFICATE 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
*Vendor Name
555 W. 9th Street
Anywhere, CA 55555*

INSURER A: *ABC Insurance*
INSURER B: *DCF Insurance*
INSURER C:
INSURER D:
INSURER E:

COVERAGES

SAMPLE COPY

THE POLICES 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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (any 1 fire)	\$
					MED EXP (any 1 person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$
	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"/>				COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000
					BODILY INJURY (per person)	\$ 1,000,000
					BODILY INJURY (per accident)	\$ 1,000,000
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X WC Statutory Limits <input type="checkbox"/> Other	\$ 1,000,000
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE -EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE -POLICY LIMIT	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
Ventura County Community College District as additionally insured by the above named policy (s)

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

*Ventura County Community College District
Attn: Purchasing Department
761 E. Daily Dr. Suite 200
Camarillo, CA 93010*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Signature **REMEMBER TO SIGN**

This form must be accompanied by an Additional Insured Endorsement naming VCCCD as additionally insured from the named insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED-OWNERS, LESSEES OR
CONTRACTORS-SCHEDULE PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Ventura County Community College District

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

- A. Section II – Who is An Insured 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 ongoing operations performed for that insured.
 - B. With respect to the insurance afforded to these additional insured, the following exclusion is added:
 - 2. Exclusions
 - 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 site of cover-ed operations has been completed;
or
 - (2) That portion of work “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

SAMPLE FORM