



Certificate of Insurance/Additional Insured Endorsement & Current W9

The District must receive, signed by the broker, originals of a certificate of insurance and additional insured endorsement before any work can be done or payments made. These documents must contain the correct wording and policy limits as outlined in the contract agreement.

- **Certificate of Insurance and Additional Insured Endorsement Must Include the Following:**

Contractors must submit a signed original of these documents which accurately states policy limits, policy duration, and identifies Coast Community College District as additional insured. For your reference, attached are samples which exemplify the specific requirements.

1. The General Liability certificate of insurance (COI) (Acord 25 or similar form) is to be issued by the vendor's insurance company or broker, and include the District's address:

Coast Community College District
1370 Adams Avenue
Costa Mesa, CA 92626

2. Does the COI reflect the correct name of the insured?
3. Does the COI cover the dates of the event/contract? Coverage must be in force for the complete term of the contract. If the coverage(s) expire during the term of the contract, the District must receive a new COI and Additional Insured Endorsement at least ten (10) days prior to the expiration of the policy(ies).
4. Does the COI include policy numbers and not TBD?
5. Does the COI have the Commercial General Liability and Occurrence boxes checked?
6. Description of Operations: A brief description of the event or activity, location, and dates if at all possible.
7. An endorsement is to be issued, specifically naming The Coast Community College District, its Colleges, its Board of Trustees, and its officers, agents, representatives, and its employees as **Additional Insured** with respects to the insured's general liability policy. The policy number on the certificate of insurance must match the policy number on the endorsement.

Primary wording for endorsement:

The Coast Community College District, its Colleges, its Board of Trustees, and its officers, agents, representatives, and its employees are named as an additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by DISTRICT shall be excess and noncontributory.

- **Request for Taxpayer Identification (W-9)**

Current W9 form attached



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/15

PRODUCER ABC Insurance 1234 Apple Street Orange, CA 12345 Jane Smith	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	NAIC #
INSURED: <i>SAMPLE CERTIFICATE</i>	INSURER A: ABC Insurance Company	#1234
	INSURER B: DEF Insurance Company	#5678
	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 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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	AB123456789	07/01/15	07/01/16	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
						SAM Coverage/Ea. Occ.	\$1,000,000
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	AB123456789	07/01/15	07/01/16	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	CW123456789	07/01/15	07/01/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	<input checked="" type="checkbox"/>	OTHER Sexual abuse/Sexual Molestation Liability		07/01/15	07/01/16	Each Occurrence	\$1,000,000
						Aggregate	\$2,000,000

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

Insert a brief description of the event or activity, location, and dates:

Sexual Abuse or Sexual Molestation Liability - \$1,000,000 Each Occurrence, included above/\$2,000,000 Aggregate, included above.

CERTIFICATE HOLDER

CANCELLATION

Coast Community College District 1370 Adams Avenue Costa Mesa, CA 92626	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE <i>John Doe</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Policy Number: #####

Insured: (Your Organization)

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 PART.

SCHEDULE

Name of Person or Organization:

The Coast Community College District, its Colleges, its Board of Trustees, and its officers, agents, representatives, and its employees
1370 Adams Ave,
Costa Mesa, CA 92626

Re: Project Name/Description:

As respects for Agreement #####, the (enter the name of your organization and program) from (date) through (date).

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.