

Request for Certificate of Insurance and Additional Insured Endorsement

The California State University requires that all vendors who provide services on its campuses maintain adequate general liability, auto liability, professional liability (when applicable) and Worker's Compensation insurance. The University Corporation, San Francisco State is requesting your firm submit a certificate of insurance as evidence of coverage in compliance with CSU Requirements.

The limits of liability required are as follows*:

General Liability:	\$1,000,000 per occurrence/\$2,000,000 aggregate
Auto Liability:	\$1,000,000
Workers Comp:	As required under California law

* Note: These are minimum levels of insurance. If you are entering into a contract with UCorp, please refer to the insurance requirements in your contract, which may have different limits and categories of insurance required.

By executive order of the CSU Chancellor, insurance policies must be endorsed to include **San Francisco State University, the state of California, the Trustees of the California State University, the University, employees, officers, and agents of each of them**, as additional insured. Since your agreement is with the University Corporation, San Francisco State, the **University Corporation** must also be endorsed as additionally insured. Please note the bold text and provide this to your agent or carrier. The endorsement must contain this exact language.

Due to the disclaimer which appears on the back or upper right hand corner of most certificate of insurance forms, SF State requires a separate additional insured endorsement form. The additional insured clause appearing in the description box on the face of the Certificate IS NOT SUFFICIENT.

Please see the attached sample of an acceptable endorsement.

All certificates of insurance provided to UCorp also require the following:

- A. that the insurer will not cancel the insured's coverage without thirty (30) days prior notice to the University;

Please have your insurance company fax or email a copy the certificate and mail the original to the address noted above. When mailing, please address to the attention of "Insurance Coordinator".

The following is a sample provided for your convenience. If you have any questions, please do not hesitate to contact Anthony Victoria at the University Corporation, San Francisco State at (415)338-2238.

POLICY NUMBER:

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:

San Francisco State University, University Corporation, the State of California, the Trustees of the California State University, the University, employees, officers, and agents of each of them.

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.

This is a SAMPLE Document