



**PURCHASING
& CONTRACT
SERVICES**

INSURANCE REQUIREMENTS

A certificate of insurance and endorsement signed on behalf of the insurer, by its authorized representative, is required prior to final execution of the contract or purchase order. San Joaquin Delta College, reserves the right to require additional insurance levels based on the work or service being performed. Refer to the sample below for coverage and required language in the description of operation box.

SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
PRODUCER		THIS CERTIFICATION 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.			
INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		INSURERS AFFORDING COVERAGE		NAIC #	
INSURED		INSURER A: INSURANCE COMPANY NAME(S)			
INSURED NAME INSURED ADDRESS		INSURER B:			
		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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	POLICY NUMBER	CURRENT POLICY PERIOD		DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person) \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY				GENERAL AGGREGATE \$ \$ 2,000,000
	<input type="checkbox"/> ANY AUTO	POLICY NUMBER	CURRENT POLICY PERIOD		PRODUCTS - COMP/PROP AGG \$
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	EXCESS/UMBRELLA LIABILITY				OTHER THAN AUTO ONLY: EA ACC \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGG \$
	DEDUCTIBLE				EACH OCCURRENCE \$
	RETENTION \$				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	CURRENT POLICY PERIOD		WC STATU- TORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED?				OTH- ER \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ \$ 1,000,000
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
San Joaquin Delta College, its officers, employees, and agents as additionally insured.					
CERTIFICATE HOLDER			CANCELLATION		
San Joaquin Delta College 5151 Pacific Avenue Stockton, CA 95207			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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		
ACORD 25 (2001/08)			© ACORD CORPORATION 1988		

Coverage Limits

General Liability

- \$1,000,000 per occurrence
- \$2,000,000 aggregate

Automobile Liability

- \$1,000,000 per occurrence

Workers Compensation and Employers' Liability

- \$1,000,000 CA minimum

Description:
San Joaquin Delta College, its officers, employees, and agents named as additionally insured.

Insurance Company:
Must be licensed to do business in California.

Subrogation Waiver:
Each required policy must include an endorsement that the insurer agrees to waive any right of subrogation it may have against District or the District's insurers.

SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT

<div style="display: flex; justify-content: space-between;">POLICY NUMBER:COMMERCIAL GENERAL LIABILITY</div> <p style="text-align: center;">THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p style="text-align: center;">ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION</p> <p>This endorsement modifies insurance provided under the following:</p> <p style="text-align: center;">COMMERCIAL GENERAL LIABILITY COVERAGE PART.</p> <p style="text-align: center;">SCHEDULE</p> <p>Name of Person or Organization:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px; position: relative;"><div style="position: absolute; top: 5px; left: 5px; background-color: yellow; padding: 2px 5px;">San Joaquin Delta Community College, its officers, employees, and agents.</div></div> <p style="font-size: small; margin-top: 10px;">(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p style="font-size: x-small; margin-top: 10px;">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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;">CG 20 26 11 85Page 1 of 1 <input type="checkbox"/></div>	<p>Name of Person or Organization:</p> <ul style="list-style-type: none">San Joaquin Delta College, its officers, employees, and agents named as additional insured
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Possible supplemental Insurance requirements:

- Transporting minors:** must provide abuse/molestation coverage for the same limits as general liability.
- Transportation Automobile:** \$5M per occurrence
- Construction Projects:** \$2M per occurrence & \$4M aggregate.
- Abuse/Molestation:** \$1M per occurrence and \$2M aggregate.
- Professional Firms:** Professional Liability Insurance including Errors and Omissions in the amount of \$1M CSL, \$2M aggregate occurrences, such as Architects, Engineers, Legal Firms, Consultants, etc...