



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Insurance Requirements for Technology Acquisitions

Evidence of the following insurance coverage must be provided to and approved by California State University, Los Angeles (Cal State LA) prior to the commencement of services. Please provide a copy of this document to your insurance agent and/or insurer. Certificates of Insurance and Policy Endorsements should be emailed to procurement@calstatela.edu.

REQUIRED MINIMUM LIMITS OF INSURANCE*	
Commercial General Liability	\$2,000,000 per occurrence, \$4,000,000 aggregate (Bodily Injury - \$2,000,000 in the aggregate and Property Damage - Combined Single Limit) Personal Injury \$2,000,000 Products/Completed Operations \$2,000,000
Comprehensive Automobile Liability (Owned, scheduled, non-owned and hired)	\$1,000,000 per occurrence
Workers Compensation Insurance	\$1,000,000
Privacy, Technology and Data Security, Cyber Liability or Technology Professional Liability	\$5,000,000 each occurrence and \$5,000,000 in the general aggregate
REQUIRED LANGUAGE TO BE PROVIDED ON A SEPARATE POLICY ENDORSEMENT	
CERTIFICATE HOLDER	

The certificate holder shall be:

California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032
ATTN: Procurement and Contracts

California State University, Los Angeles, shall be listed as additional insured.

The wording on the endorsement must be exactly as shown below:

THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, CALIFORNIA STATE UNIVERSITY, LOS ANGELES, AND THE EMPLOYEES, OFFICERS, AND AGENTS OF EACH OF THEM, ARE INCLUDED AS ADDITIONAL INSURED, BUT ONLY INsofar AS THE OPERATION UNDER THIS CONTRACT ARE CONCERNED, AND THAT THE STATE, THE TRUSTEES, AND THE UNIVERSITY, AND THE EMPLOYEES, OFFICERS AND AGENTS OF EACH OF THEM WILL NOT BE RESPONSIBLE FOR ANY PREMIUMS OF ASSESSMENTS ON THE POLICY

OTHER REQUIREMENTS:

1. Each insurer shall have an A.M. Best rating of at least A:VII.
2. Coverage shall not be canceled, modified, or reduced without thirty (30) days advance written notice to Cal State LA.
3. The insurance maintained by Cal State LA shall be in excess of the contractor/vendor's insurance and shall not contribute.
4. As insurance policies expire during the term of a contract, the contractor/vendor must submit new certificates of insurance and endorsements in order to continue work.

*Cal State LA reserves the right, at its sole discretion and at any time, to modify the requirements for any contract. Other means or combinations of protection may be acceptable (self-insurance, umbrella policies, etc.) if approved by University Risk Management. Additional coverages may be required based on the services provided.

POLICY NUMBER: (MUST BE PROVIDED)

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

Name of Persons or Organization:

The State of California; the Trustees of the California State University; California State University, Los Angeles; and the officers, employees, volunteers and agents of each of them are additional insureds, except for professional liability and workers' compensation insurance.

Agreement to indemnify, defend and hold harmless the State of California; the Trustees of the California State University; California State University, Los Angeles; and the officers, employees, volunteers and agents for and against any claim, action, judgment, loss, liability, cost or expense, including reasonable attorney fees arising out of or in any way connected with your work and performance of the service requested with the exception of any liability arising out of the sole negligence or willful misconduct of the State of California; the Trustees of the California State University; California State University, Los Angeles; and the officers, employees, volunteers and agents.

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

Location and Description of Job: California State University - Los Angeles, 5151 State University Drive, Los Angeles, CA 90032



VENDOR / CONTRACTOR INSURANCE REQUIREMENTS CALIFORNIA STATE UNIVERSITY, LOS ANGELES

(Excludes: Hazardous and Waste Removal, Property Leases, and Transportation Services)

All Contractors, Consultants and Vendors providing services at California State University, Los Angeles shall provide the University with a Certificate of Insurance for both General and Automobile Liability with an A.M. Best rating of "A VII", and naming California State University, Los Angeles as additional insured. Certificate must note address where service is being performed.

LIABILITY INSURANCE

Prior to the commencement of performing services, University requires that Contractors and Vendors have insurance coverage at the Contractor's or Vendors expense, with the following minimum amounts:

- (a) Commercial General Liability -- \$4,000,000 General Aggregate / \$2,000,000 Each Occurrence - combined single limit for bodily injury and property damage.

Products/Completed Operations -- \$2,000,000 (\$2,000,000 in the aggregate):
- (b) Comprehensive Automobile Liability -- \$1,000,000.00
Combined Single Limit including: Owned Vehicles, Hired Vehicles, Non-owned Vehicles, Mobile Equipment
- (c) Worker's Compensation -- \$1,000,000
- (d) Professional Liability -- \$5,000,000 General Aggregate / \$5,000,000 Each Claim
- (e) Cyber Liability -- \$20,000,000 per occurrence/claim / \$20,000,000 Aggregate

The certificate holder shall be listed as:

California State University, Los Angeles
5151 State University Drive,
Los Angeles, CA 90032

- (f) California State University, Los Angeles, shall be listed as additional insured per the following endorsement:

THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, THE UNIVERSITY AND THE EMPLOYEES, OFFICERS AND AGENTS OF EACH OF THEM, ARE INCLUDED AS ADDITIONAL INSURED, BUT ONLY INsofar AS THE OPERATION UNDER THIS CONTRACT ARE CONCERNED, AND THAT THE STATE, THE TRUSTEES, AND THE UNIVERSITY, AND THE EMPLOYEES, OFFICERS AND AGENTS OF EACH OF THEM WILL NOT BE RESPONSIBLE FOR ANY PREMIUMS OF ASSESSMENTS ON THE POLICY

The Certificate of Insurance must state that the insurers shall provide thirty (30) days prior written notice of cancellation and/or material changes in risks and coverage insured to University.

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Email certificate to: procurement@calstatela.edu



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

X

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME: Insurance Provider	
Company Name	PHONE (A/C, No. Ext): Insurance Phone Number	
Company Address	FAX (A/C, No):	
Company Address	E-MAIL ADDRESS: Insurance Broker Email	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: COMPANY A	111111
	INSURER B: COMPANY B	222222
	INSURER C: COMPANY C	333333
	INSURER D: COMPANY D	444444
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: XXXXXX

REVISION NUMBER:

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	XXXXXX	07/01/2024	06/30/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	Y	Y	XXXXXX	07/01/2024	06/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$				07/01/2024	06/30/2025	EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ Y	N/A	XXXXXX	07/01/2024	06/30/2025	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Privacy, Technology/Data Security Liability, Cyber Liability, Tech Profes.	Y		XXXXXX	07/01/2024	06/30/2025	General Aggregate \$20,000,000 Each Occurrence \$20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, THE UNIVERSITY AND THE EMPLOYEES, OFFICERS, AND AGENTS OF EACH OF THEM, ARE INCLUDED AS ADDITIONAL INSURED, BUT ONLY INsofar AS THE OPERATION UNDER THIS CONTRACT ARE CONCERNED, AND THAT THE STATE, THE TRUSTEES, AND THE UNIVERSITY, AND THE EMPLOYEES, OFFICERS AND AGENTS OF EACH OF THEM WILL NOT BE RESPONSIBLE FOR ANY PREMIUMS OF ASSESSMENTS ON THE POLICY

30 Day Notice of Cancellation /

CERTIFICATE HOLDER**CANCELLATION**

California State University, Los Angeles 5151 State University Dr Los Angeles, CA 90032 ATTN: Procurement and Contracts	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
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