

# EVENT LIABILITY AND INSURANCE REQUIREMENTS



The following document is written in compliance with Executive Order 849 from the Chancellor's Office of the California State University (<http://www.calstate.edu/EO/EO-849.pdf>).

## REQUIRED DOCUMENTATION

- Certificate of Insurance evidencing general liability coverage with limits as indicated below. Certificate must name ASI as additional insured and dates must cover the date of the event being covered. (ATTACHMENT A)

- Additional Insured documentation that specifically and exactly names: (ATTACHMENT B)

*The State of California, the Trustees of the California State University, California State Polytechnic University, Pomona, the Associated Students, Inc. Cal Poly Pomona, Cal Poly Pomona Foundation and employees, officers, directors, volunteers and agents.*

- Endorsement documentation that shows the modification to the insurance policy and also names the additional insured as stated above. (ATTACHMENT C)

## INSURANCE REQUIREMENTS

- Must have an Acceptability of Insurers rating of a minimum AM BEST – A VII (A 7) or equivalent rating, unless otherwise agreed to by ASI. “A” being excellent and “VII” being \$50-100 million dollar financial size. For more information see: <http://www.ambest.com/ratings/guide.asp>.
- Provide a minimum of thirty (30) days advance written notice to ASI of any change, modification or cancellation of the insured's coverage.
- General liability coverage minimums:

General Liability – each occurrence	\$1,000,000.00
General Aggregate	\$2,000,000.00
Fire Damage	\$300,00.00
Medical Payments (any one person)	\$5,000.00
Personal / Adv Injury	\$1,000,000.00

DATE (MM/DD/YY)  
9/16/2010

PRODUCER

FOR SERVICE CALL:

Your insurance provider

**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.**

**COMPANIES AFFORDING COVERAGE**

COMPANY A	STARR INDEMNITY & LIABILITY COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

SPORTS AND RECREATION PROVIDERS ASSOCIATION  
(PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Your company here

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	S2GL-100000-02	9/22/2010	9/23/2010	GENERAL AGGREGATE \$ <b>2,000,000.00</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ <b>2,000,000.00</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ <b>1,000,000.00</b>
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ <b>1,000,000.00</b>
					FIRE DAMAGE (Any one fire) \$ <b>300,000.00</b>
					MED EXP (Any one person) \$ <b>5,000.00</b>
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	<b>OTHER</b>				
	Total Certificate Premium:				\$630.00

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Dance and Concert Activities

**CERTIFICATE HOLDER**

Associated Students, Inc.  
3801 West Temple Avenue  
Pomona, CA 91768

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

Francis L. Dean

## ADDITIONAL INSURED

Date (MM/DD/YY)  
9/16/2010

<b>AGENCY</b>	PHONE <small>(A/C, No, Ext):</small> 800-745-2409	<b>APPLICANT (First Named Insured)</b>		Phone <small>(A/C, No, Ext):</small>				
	FAX <small>(A/C, No.):</small> 630-665-7294			Your company here				
FRANCIS L. DEAN & ASSOCIATES, INC. 1776 S. NAPERVILLE RD., BLDG. B P.O. BOX 4200 WHEATON, IL 60187		<b>EFFECTIVE DATE</b> 9/22/2010	<b>EXPIRATION DATE</b> 9/23/2010					<b>CO/PLAN</b>
<b>CODE:</b>	<b>SUBCODE:</b>	<b>POLICY NUMBER:</b> S2GL-100000-02						
<b>AGENCY CUSTOMER ID</b>		<b>ACCOUNT NUMBER:</b>						

  

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	The State of California, the Trustees of the California State University, California State Polytechnic University, Pomona, the Associated Students, Inc. Cal Poly Pomona, Cal Poly Pomona Foundation and employees, officers, directors, volunteers and agents.			LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
			ITEM DESCRIPTION:		
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			
<input checked="" type="checkbox"/>	ADDITIONAL INSURED				LOCATION:      BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:      BOAT:
<input type="checkbox"/>	MORTGAGE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
		ITEM DESCRIPTION:			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

Policy Number: S2GL-10000-02/S2GL109452-02  
Insured: Associated Students, Inc

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
The State of California, the Trustees of the California State University, California State Polytechnic University, Pomona, the Associated Students, Inc. Cal Poly Pomona, Cal Poly Pomona Foundation and employees, officers, directors, volunteers and agents.
Information required to complete this Schedule, if not shown above will be shown in the Declarations.

**Section II - WHO IS AN INSURED** is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. &In the performance of your ongoing operations; or
- B. &In connection with your premises owned by or <sup>a</sup> rented to you.