



Folsom Cordova Unified School District

### FCUSD Required Certificate of Insurance (COI) and Additional Insured Endorsement

Please provide Folsom Cordova Unified School District with the following insurance requirements:

1. **Commercial General Liability:** \$2 million per occurrence, \$4 million aggregate
2. **Automobile Liability:** \$1 million per occurrence
3. **Certificate Holder and Additional Insured:** Folsom Cordova Unified School District, 1965 Birkmont Drive, RC, CA 95742
4. **Additional Insured Endorsement page(s):** Folsom Cordova Unified School District. *The insurance policy number MUST appear on all Endorsement pages.*  
**The Endorsement shall state:**
  - *“The Contractor’s insurance policies shall be primary to any insurance or self-insurance maintained by District.”*
  - *“FCUSD and the State and their representatives, employees, trustees, officers, consultants, and volunteers are named additional insureds under all policies except Workers’ Compensation Insurance, Professional Liability, and Employers’ Liability Insurance.”*
5. **Workers’ Compensation AND Employers Liability Coverage:** Statutory Limits (when applicable)

\*Vendor must have a current and valid COI on file with district’s Risk Management Department for dates of service in order to receive payment. If we do not receive updated, valid insurance, your Contract may become null and void.

Email the Insurance documents to [ssharp@fcusd.org](mailto:ssharp@fcusd.org)

If you have questions, please contact:

Risk Management (916) 294-9000



# ENDORSEMENT PAGE(S) REQUIRED

Policy No. 90 C6V839 0

0419-FA82

CMP-4860.1  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## **CMP-4860.1 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION**

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This endorsement modifies insurance provided under the following:  
BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

**Policy Number:** 90 C6V839 0

**Named Insured:**

**Name And Address Of Additional Insured Person Or Organization:**

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT  
1965 BIRKMONT DR  
RANCHO CORDOVA CA  
95742

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization 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:
    - a. **Premises And Ongoing Operations**

Your acts or omissions or the acts or omissions of those acting on your behalf:

      - (1) In connection with your premises; or
      - (2) In the performance of your ongoing operations; or
    - b. **Products–Completed Operations**

“Your work” performed for that additional insured and included in the “products-completed operations hazard”.

However, Paragraph 1. above is subject to the following:

      - a. The insurance afforded to the additional insured only applies to the extent permitted by law;
    - b. If coverage provided to the additional insured is required by a contract or agreement, the insurance provided to the additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and
    - c. If the contract or agreement between you and the additional insured is governed by California Civil Code Section 2782 or 2782.05, the insurance provided to the additional insured is the lesser of that which:
      - (1) Is allowed for the satisfaction of a defense or indemnity obligation by California Civil Code Section 2782 or 2782.05 for your sole liability; or
      - (2) You are required by contract or agreement to provide for such additional insured.
- We have no duty to defend or indemnify the additional insured under this endorsement until a claim or “suit” is tendered to us.