



**Folsom Cordova Unified School District**

TO: Vendor / Service Business / Organization  
*[Share this notice with your insurance provider.]*

RE: **Required Certificate of Insurance (COI) and Additional Endorsement**

**Thank you for your interest in providing goods/services for FCUSD schools!**

Prior to the event, all vendors/service businesses/organizations are required to provide Folsom Cordova Unified School District with the following:

1. **Certificate of Insurance naming Folsom Cordova Unified School District as the Certificate Holder and Additional Insured with \$1,000,000 of General Liability coverage per occurrence**  
**For direct interaction with students, \$5,000,000 in sexual abuse/molestation coverage is also required.**
2. **Additional insured endorsement page(s)**

A Certificate of Insurance is necessary from those performing/providing a service or equipment for an event (such as food vendors, performers, assemblies, mobile labs/classrooms, etc.). Please give your insurance agent this request to provide the two items listed above. The COI cannot just have FCUSD in the "Description of Operations" section. The additional insured endorsement page(s) are required.

Send the Certificate of Insurance with additional insured endorsement page(s) to:

Folsom Cordova Unified School District  
1965 Birkmont Drive  
Rancho Cordova, CA 95742  
Attn.: Business Services Department  
[ssharp@fcusd.org](mailto:ssharp@fcusd.org)

*COIs will be on file for use at all sites until expired.*

Fulfillment of this requirement is a condition of being able to participate in school site events. If you have questions, please contact:

Business Services (916) 294-9004 [ssharp@fcusd.org](mailto:ssharp@fcusd.org)

# EXAMPLE

VERIFY THE HIGHLIGHTED AREAS.

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/05/2018

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 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 Name, address, contact information of Insured vendor/service provider	CONTACT NAME: PHONE (A/C No.): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE: NAIC #:
INSURED Name, address, contact information of Insured vendor/service provider	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		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.					
TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			01/05/2018	01/05/2019
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. LIMIT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE			
	DEDUCTIBLE \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/PAID MEMBER EXCLUDED? (Mandatory in NH) \$ year, distinct bio under DESCRIPTION OF OPERATIONS below	Y/N N		01/05/2018	01/05/2019
A	Directors & Officers			01/05/2018	01/05/2019
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
Folsom Cordova Unified School District is an additional insured.					

CERTIFICATE HOLDER Folsom Cordova Unified School District 1965 Birkmont Drive Rancho Cordova, CA 95742	CANCELLATION 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 AUTHORIZED SIGNATURE
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A separate ENDORSEMENT PAGE naming FCUSD as ADDITIONAL INSURED is required.

# EXAMPLE

VERIFY THE HIGHLIGHTED AREAS.

**POLICY NUMBER:**

Policy number on COI to match endorsement



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

ADDITIONAL INSURED - PERSON-ORGANIZATION

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT  
1965 BIRKMONT DRIVE  
RANCHO CORDOVA, CA 95742

**This additional insured endorsement page  
does not always look exactly like this.**

**Verify the policy number and that FCUSD is named as  
additional insured.**