

# MOORPARK UNIFIED SCHOOL DISTRICT

## INSURANCE REQUIREMENTS

### **General Requirements and Insurance Company Ratings:**

Providers shall maintain and provide evidence of the following program(s) of insurance as indicated by the District. Such insurance shall be primary to and not contributing with any other insurance of self-insurance programs. Such certificates of other evidence of coverage shall include the A.M. Best rating of each insurer, which shall not be less than A:VII, unless otherwise acceptable to the District.

**Insurance Certificates:** The District requires an original insurance certificate, or other evidence of insurance acceptable to the District, be forwarded to our Business office prior to commencing the permitted activity or service. The District reserves the right to decline to issue or to cancel any service if the Providers insurance or evidence of coverage does not satisfy these requirements.

### **Insurance Certificate must contain the following limits:**

- One Million Occurrence / Two Million Aggregate Commercial General Liability
- One Million Combined Single Limit Automobile Liability (For Commercial Vehicles) **or**
- Five Hundred Thousand Combined Single Limit (For Personal Vehicles)
- One Million Workers Compensation Statutory Limit / Employers Liability
- Two Million per Occurrence / Four Million Aggregate (SAM) Abuse and Molestation (If Applicable) **Can only be modified or waved by the Business Office**
- One Million per Occurrence / Two Million Aggregate for Professional Liability (If Applicable)

### **All insurance certificates must be accompanied by:**

- Additional Insured Endorsement (commonly referred to as an AI) – naming the Moorpark Unified School District as an additional insured.
- Additional Endorsements Required: PN-C, Waiver of Subrogation, Automobile

### **Insurance Ratings:**

- The Moorpark Unified School District will not accept a rating lower than A.



# S-A-M-P-L-E

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 26 10 01

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

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Moorpark Unified School District  
5297 Maureen Lane  
Moorpark, CA 93021

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 additional 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 or 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 rented to you.

# S-A-M-P-L-E

COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

# S-A-M-P-L-E

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Any Person or organization where required by written contract executed prior to a loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

# S-A-M-P-L-E

POLICY NUMBER \_\_\_\_\_

COMMERCIAL AUTO

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

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### SCHEDULE

<b>Name Of Person(s) Or Organization(s):</b>
Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.  This policy will be primary and non-contributory to any like insurance available to the person or organization noted above.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** - Covered Autos Coverages of the Auto Dealers Coverage Form.