



Oxnard School District Insurance Certificate & Endorsement Requirements

Give this document to your organization's insurance agent.

Your Certificate of Insurance and Endorsement must be within **10** working days prior to the event.

Certificate of Liability Insurance and Additional Insured Endorsement for your event must contain the following clause:

"This insurance is primary and non-contributory with any insurance carried by the certificate holder."

Certificate must include:

- Date of Event or date range of coverage
- location of event
- Name of Organization/Group/Business
- Must be on occurrence basis.

Additional Insured Endorsement/Certificate Holder section must read:

- Oxnard School District
- Its Officers, Agents, Directors, Employees, and/or Volunteers
- 1051 South A Street, Oxnard, CA 93030.

The Cancellation Clause must read as follows: "Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will mail 10 days' written notice to the certificate holder named to the left."

Minimum General Liability Limits are \$1,000,000.

- \$2,000,000. General Aggregate
- \$1,000,000. Per Occurrence
- \$1,000,000. Products Completed-Operations
- \$1,000,000. Personal & Advertising Injury

Consultants, Subcontractors. Vendors, Caterers (No Food Trucks Allowed)

If retained or hired by Use of Facilities Entity the district will require, they maintain coverage(s), limits and terms equivalent to those required of the prime Use of Facilities Entity.

Insurance Certificate & Endorsement Requirements

Abuse/ Molestation

Required for vendors, service providers, contractors and/or consultants working with or around students.
\$2,000,000 per occurrence with minimum \$4,000,000 per occurrence for general Aggregate.

NOTE: Abuse/Molestation coverage limits may be satisfied with general liability or umbrella coverage, only if Abuse/Molestation is covered under those policies. Proof of such must be provided. The policy must remain in force and the Oxnard School District is named as "Additional Insured", evidenced by Endorsement number and a copy of the Endorsement.

Workers Compensation

As required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.

Automobile Liability

For vendors who will drive on district property, including parking lots Automobile Liability in an amount not less than \$1,000,000 combined single limit for bodily injury and property damage, including owned, hired and non-owned vehicle coverage.

Professional Liability

\$1,000,000 - accountants, auditors, attorneys, education consultants, nurses, therapists, etc.

\$2,000,000 - architects, engineers, inspectors, technology

\$5,000,000 - physicians or doctors

Mail, Email or Fax to:

Oxnard School District

Attn: Facilities Department

1055 South C Street, Oxnard, CA,
93030

Phone (805) 385-1514 ext. 2501

Fax# (805) 486-5848



Distrito Escolar de Oxnard

Requisitos del Certificado de Seguro y Endoso

Entregue este documento al agente de seguros de su organización

Debe tener su **Certificado de Seguro y Endoso** dentro de los 10 días hábiles antes del evento.

El certificado del seguro de responsabilidad y el endoso del asegurado adicional para su evento deben contener la siguiente cláusula:

"Este seguro es primario y no-contributivo con respecto a cualquier seguro contratado por el titular del certificado".

El certificado debe incluir:

- La fecha del evento o las fechas del periodo de cobertura.
- Lugar del evento.
- Nombre de la organización/grupo/negocio.
- Debe ser por ocurrencia.

La sección del endoso del asegurado adicional/titular del certificado debe decir:

- Distrito Escolar de Oxnard, sus funcionarios, agentes, directores, empleados y / o Voluntarios
- 1051 South A Street, Oxnard, CA 93030

La cláusula de cancelación debe decir lo siguiente: "Si cualquiera de las pólizas descritas anteriormente se cancela antes de la fecha de vencimiento de las mismas, la empresa emisora enviara por correo un aviso por escrito, con 10 días de antelación, al titular del certificado nombrado a la izquierda".

Los límites mínimos de Responsabilidad General son de \$ 1,000,000.

- | | |
|----------------|------------------------------------|
| • \$2,000,000. | Total General |
| • \$1,000,000. | Por Ocurrencia |
| • \$1,000,000. | Operaciones y Productos terminados |
| • \$1,000,000. | Danos personales y publicitarios |

Consultores, Subcontratistas. Proveedores, Proveedores de comida (No se permiten camiones de comida) Si es contratado por la Entidad que hace uso de las instalaciones, el Distrito requerirá que mantenga la(s) cobertura(s), los límites y términos equivalentes a aquellos que se exigen a la Entidad que hace uso principal de las instalaciones.

Requisitos del Certificado de Seguro y Endoso

Abuso/ Abuso sexual

Obligatorio para proveedores, proveedores de servicios, contratistas y/o consultores que trabajan con los estudiantes o cerca de estos: \$2,000,000 por ocurrencia y para el Total General un mínimo de \$4,000,000 por ocurrencia.

NOTA: Los límites de cobertura por abuso/abuso sexual pueden satisfacerse con la cobertura de responsabilidad general o la cobertura global, solo si el abuso/abuso sexual esta cubierto por esas pólizas. Se debe presentar evidencia de dicho abuso/abuso sexual. La póliza debe permanecer vigente y el Distrito Escolar de Oxnard debe ser nombrado como "Asegurado Adicional", acreditado por el número del endoso y una copia del endoso".

Compensación laboral

Seguro de Compensación Laboral, según lo requiere el Estado de California, con los límites legales, y un seguro de responsabilidad del empleador con un límite no menor de \$1,000,000 por accidente, por lesiones corporales o enfermedad.

Responsabilidad civil de automóviles

En el caso de proveedores que conducen automóviles en el área de propiedad del Distrito, incluido el estacionamiento, un seguro de responsabilidad civil para automóviles por un límite único combinado no menor de \$1,000,000 por lesiones corporales y danos a la propiedad, incluida la cobertura de vehículos propios, contratados y de terceros.

Responsabilidad profesional

\$1,000,000 - contadores, auditores, abogados, consultores de educación, enfermeros, terapeutas, etc.

\$ 2,000,000 - arquitectos, ingenieros, inspectores, técnicos.

\$ 5,000,000 - doctores o médicos.

Enviar por correo postal, correo electrónico, o fax al:

Distrito Escolar de Oxnard

Atención: Departamento de Facilidad

1055 South C Street, Oxnard, CA 93030

Teléfono (805) 385-1514 ext. 2501

Fax (805) 486-5848

SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/00/YYYY)

11/30/2012

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 XYZ Insurance Agency 456 State St. Springfield USA 01111	PRODUCER PHONE: (508) 555-6256 FAX: (508) 555-6256 E-MAIL: info@xyz.com PRODUCER: J. O. Miller, Jr.
INSURED Use of Premises - Entity Name 22 Main Street Ventura CA 93000	INSURER(S) AFFORDING COVERAGE INSURER A: ABC Indemnity 1234 INSURER B: 123 Insurance Company 2345 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: VCSSF A Sample Cert 3 12/13

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	POLICY NUMBER	POLICY EFFECT DATE (MM/00/YYYY)	POLICY EXPIRATION DATE (MM/00/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	801213	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000 PREMISES \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND \$ 2,000,000
	ABUSE & MOLESTATION X ABUSE & MOLESTATION	TBD1213			
	UMBRELLA LIABILITY H UMBRELLA LIABILITY				
	EXCESS LIABILITY EXCESS LIABILITY				
A	AUTOMOBILE LIABILITY X ANY AUTO	1213	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				
	UMBRELLA LIABILITY H UMBRELLA LIABILITY				
	EXCESS LIABILITY EXCESS LIABILITY				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	01213	01/01/2012	01/01/2013	WC STATUS: J
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER/ EMPLOYED?					N/A
EACH ACCIDENT					\$ 1,000,000
EACH EMPLOYEE					\$ 1,000,000
POLICY LIMIT					\$ 1,000,000

(Mandatory in NH)

Relationships below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AUACHORD 101, Additional Remarks Schedule, If more space is required)
Certificate Holder is Additional Insured per the attached endorsement CG2011 1/96

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

Oxnard School District
;-10 5 1 South A Street
Oxnard, CA 93030

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

ACORD 25 (2009/09)
IN5025 (2009091

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SAMPLE

POLICY NUMBER: **TBD1213**

COMMERCIAL GENERAL LIABILITY
CG20100704

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED 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):	Location(s) Of Covered Operations
Oxnard School District 1051 South A Street Oxnard, CA 93030	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf.

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

8. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance, or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.