INSURANCE REQUIREMENTS

Saint Paul Public Schools - ISD 625 requires that the following minimum insurance requirements be met by entities entering into contracts or purchase orders with ISD 625 – Saint Paul Public Schools.

Coverage	Limits
Commercial General Liability	$1,000,000 Each Occurrence
	$300,000 Damage to Rented Premises Each Occurrence
	$5,000 Medical Expense Any One Person
	$1,000,000 Personal and Advertising Injury
	$2,000,000 General Aggregate Per Project
	$2,000,000 Products & Completed Operations Aggregate
(Commercial General Liability policy must be on a per Occurrence basis. The Commercial General Liability Aggregate Limit is to apply in aggregate.)	
Business Automobile Liability	$1,000,000 Combined Single Limit (Including HNOA Coverage)
Workers' Compensation	Statutory
Employers' Liability	$500,000 Accident Limit
	$500,000 Disease – Policy Limit
	$500,000 Disease – Person Limit
(Statutory Coverage as required by state in which the work is to be performed. If you are self-employed with no other employees, or qualified self-insured, or not required to carry Workers' Compensation, you must submit a letter stating this, or a copy of your certificate of self-insurance.)	
Umbrella/Excess	$1,000 000 Per Occurrence
(Must be on follow-form basis)	$1,000,000 Aggregate
Professional Liability	$1,000 000 Per Wrongful Act
(If providing professional services)	$1,000,000 Aggregate
Crime and Fidelity	(If handling money or have fiduciary responsibilities for ISD 625 and must include District as a joint loss payee.)

All policies to be purchased from a carrier licensed to do business in the state of Minnesota and carry a Best Rating of A-VII or better.

Certificate of Insurance "Description of Operations" area must identify project or indicate "All Products & Services Provided by the Named Insured".

All liability policies must include 1) Saint Paul Public Schools, ISD 625, as additional insured on a Primary Basis and Non-Contributory Basis, 2) General Liability must be on an Occurrence Based Policy, 4) Any liability Limits may be met by using combination of underlying and umbrella/excess policies.

The Service providers Liability and Workers' Compensation policies shall be endorsed to provide a Waiver of Subrogation to Saint Paul Public Schools - ISD 625.

Certificates of Insurance must be on file at Saint Paul Public Schools - ISD 625, prior to start of work. A current certificate is required at all times. Renewal certificates are to be provided 7 days prior to expiration of certificate on file.

Contractor must provide a 30-day Notice of Cancellation to Saint Paul Public Schools - ISD 625,

Direct-writer insurance companies may use own proprietary form for providing proof of insurance is the ACORD 25 Certificate form with attached copies of additional insured and waiver of subrogation endorsements.

Certificates to be submitted to:

Saint Paul Public Schools - ISD 625
Purchasing / Business & Financial Affairs
360 Colborne Street
St Paul, MN 55102

NOTE: If any subcontractors or sub-subcontractors are to be used, they must also meet these insurance provisions.

INSURANCE REQUIREMENTS

Saint Paul Public Schools - ISD 625 requires that the following minimum insurance requirements be met by entities entering into contracts with ISD 625 – Saint Paul Public Schools.

Endorsement	Form(S) Required
Commercial General Liability*	
Additional Insured (AI)	CG 20 26 12 19 or Blanket Option or Equivalent
Primary and Non-Contributory	CG 20 01 12 19 or Blanket Option or Equivalent
Waiver of Subrogation (WS)	CG 24 04 12 19 or Blanket Option or Equivalent
Commercial Auto Liability	
Additional Insured (AI)	Proprietary Insurance Company Form
Primary and Non-Contributory	CA 04 50 11 16 or Blanket Option or Equivalent
Waiver of Subrogation (WS)	CA 04 44 10 13 or Blanket Option or Equivalent
Workers' Compensation	
Waiver of Subrogation	Minnesota WC 00 03 13 (no other form is acceptable)
If No Insurance Company Involved	Letter on own company letterhead attesting to the effect, or copy of Certificate of Self-Insurance
Umbrella/Excess Liability	
Additional Insured (AI)	Proprietary Insurance Company Form
Primary and Non-Contributory	Umbrella Policy Form
Waiver of Subrogation	CU 24 03 12 20 or Equivalent

*Construction or Repair/Renovation contractors must use CG 20 38 12 19 and CG 20 40 12 19 in lieu of CG 20 26 12 19. These Additional Insured endorsements are designed to address qualifying upstream parties required by written construction agreements, including situations without direct contractual privity. Designated construction project aggregate form CG 25 03 05 09 must also be included, as well as CG 20 01 12 19 and CG 24 04 12 19.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/02/2026

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME: Example Only	
Agency Name 123 Market Street Minneapolis MN 55401	PHONE (A/C, No, Ext): (555) 555-5555	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@example.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Example Insurance Company	99999
INSURER B :	Example Auto Insurance Company	99998
INSURER C :	Example Workers Compensation Carrier	99997
INSURER D :	Example Excess Carrier	99996
INSURER E :	Example Professional Carrier	99995
INSURER F :		

INSURED
Example, LLC
456 Vendor Avenue
St. Paul MN 55101

COVERAGES **CERTIFICATE NUMBER:** SAMPLE-ISD625-001 **REVISION NUMBER:** 0

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	Example	01/01/2026	01/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1000000 $ 300000 $ 5000 $ 1000000 $ 2000000 $ 2000000 $
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	Y	Y	Example	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1000000 $ $ $ $
D	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $	Y	Y	Example	01/01/2026	01/01/2027	EACH OCCURRENCE AGGREGATE $	$ 1000000 $ 1000000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	Example	01/01/2026	01/01/2027	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500000 $ 500000 $ 500000
E	Professional Liability	Y	Y	Example	01/01/2026	01/01/2027	Per Wrongful Act	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All products and services provided by the named insured for Saint Paul Public Schools - ISD 625. Saint Paul Public Schools, ISD 625 is additional insured on a primary and non-contributory basis where required by written contract. Service provider liability and Workers Compensation policies include waiver of subrogation in favor of Saint Paul Public Schools - ISD 625. CGL is occurrence based; general aggregate applies per project. Carrier licensed in Minnesota and rated A-VII or better. Renewal certificates due 7 days prior to expiration. 30 days cancellation notice subject to policy provisions and applicable law.

CERTIFICATE HOLDER

Saint Paul Public Schools - ISD 625
Purchasing / Business & Financial Affairs
360 Colborne Street
St. Paul MN 55102

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
Signature

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