

**Vendor Insurance Requirements - Low**  
*Must be in place before work begins or payment is made*

College Contact:

Vendor Name/Contact:

- Find paragraph 11 in the District's contract and initial the appropriate statement regarding your workers compensation insurance.
- Sign and date the contract. Include your Tax ID number on the signature page.
- Complete a W-9 form
- Collect the following required documentation from your insurance provider. The district must have BOTH of the following documents before work begins or payment is made.

- Insurance Certificate
- Insurance Endorsement

**The Certificate of insurance and insurance endorsement must reflect the coverage amounts and the certificate and endorsement language as stated below. The district suggests that you give this page to your insurance provider to avoid delays due to incorrect documents.**

**Required Coverage.**

*Comprehensive General Liability and Property Damage insurance including:*

Bodily Injury Liability insurance which provides for injuries including accidental death, per any one occurrence in an amount not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate; and Property Damage insurance in an amount not less than \$1,000,000 per occurrence.

*Business Automobile Liability insurance* in an amount not less than \$1,000,000 including coverage for owned, non-owned and hired vehicles; and

*Umbrella liability* in an amount not less than \$2,000,000 per occurrence and annual aggregate,

**Required Rating.** Insurance carriers must have a Best rating of A(-)X or better.

**Required Endorsements and Certificates of Insurance.** San Mateo County Community College District, its Officers, Agents and Employees must be named by endorsement on Contractor's Comprehensive General Liability and Property Damage Policies as co-insured or additional insured. (The certificate holder must be listed as *San Mateo County Community College District, 3401 CSM Drive San Mateo, CA 94402*)

Certificates of Insurance and endorsements for coverages required herein shall be filed with District's Executive Vice Chancellor *prior to the commencement of work*. The certificates shall provide that if the policy or policies be canceled by the insurance company or Contractor during the term of this Agreement, thirty (30) days written notice prior to the effective date of such cancellation will be given to District's Executive Vice Chancellor. The certificates shall also show the information that the San Mateo County Community College District is named on Contractor's Comprehensive General Liability and Property Damage policies as co-insured or additional insured. Certificates shall clearly state that "The San Mateo County Community College District, its Officers, Agents and Employees are named as additional insured per attached endorsement" and that such insurance policy shall be primary to any insurance or self-insurance maintained by the District.

- Forward the contract and documentation to the your college contact for processing

**Vendor Insurance Requirements - Medium**  
*Must be in place before work begins or payment is made*

College Contact:

Vendor Name/Contact:

- Find paragraph 11 in the District's contract and initial the appropriate statement regarding your workers compensation insurance.
- Sign and date the contract. Include your Tax ID number on the signature page.
- Complete a W-9 form
- Collect the following required documentation from your insurance provider. The district must have BOTH of the following documents before work begins or payment is made.
  - Insurance Certificate
  - Insurance Endorsement

**The Certificate of insurance and insurance endorsement must reflect the coverage amounts and the certificate and endorsement language as stated below. The district suggests that you give this page to your insurance provider to avoid delays due to documents that have been prepared incorrectly.**

**Required Coverage (all coverages listed are required).**

*Comprehensive General Liability and Property Damage insurance including:*

Bodily Injury Liability insurance which provides for injuries including accidental death, per any one occurrence in an amount not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate; and Property Damage insurance in an amount not less than \$1,000,000 per occurrence.

*Business Automobile Liability insurance* in an amount not less than \$1,000,000 including coverage for owned, non-owned and hired vehicles; and

*Umbrella liability* in an amount not less than \$3,000,000 per occurrence and annual aggregate,

**Required Rating.** Insurance carriers must have a Best rating of A(-)X or better.

**Required Endorsements and Certificates of Insurance.** San Mateo County Community College District, its Officers, Agents and Employees must be named by endorsement on Contractor's Comprehensive General Liability and Property Damage Policies as co-insured or additional insured. (The certificate holder must be listed as *San Mateo County Community College District, 3401 CSM Drive San Mateo, CA 94402*)

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**Vendor Insurance Requirements – Charter Transportation**  
*Must be in place before work begins or payment is made*

College Contact:

Vendor Name/Contact:

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- Sign and date the contract. Include your Tax ID number on the signature page.
- Complete a W-9 form
- Collect the following required documentation from your insurance provider. The district must have BOTH of the following documents before work begins or payment is made.

- Insurance Certificate
- Insurance Endorsement

**The Certificate of insurance and insurance endorsement must reflect the coverage amounts and the certificate and endorsement language as stated below. The district suggests that you give this page to your insurance provider to avoid delays due to incorrect documents.**

**Required Coverage.**

*Comprehensive General Liability and Property Damage insurance including:*

Bodily Injury Liability insurance which provides for injuries including accidental death, per any one occurrence in an amount not less than \$5,000,000 per occurrence and \$5,000,000 annual aggregate; and Property Damage insurance in an amount not less than \$5,000,000 per occurrence; and

*Business Automobile Liability insurance* in an amount not less than \$5,000,000 including coverage for owned, non-owned and hired vehicles.

**Required Rating.** Insurance carriers must have a Best rating of A(-)X or better.

(NOTE THAT DISTRICT REQUIRES BOTH THE CERTIFICATE **AND** AN ADDITIONAL INSURED ENDORSEMENT)

**Required Endorsements and Certificates of Insurance.** San Mateo County Community College District, its Officers, Agents and Employees must be named by endorsement on Contractor’s Comprehensive General Liability and Property Damage Policies as co-insured or additional insured. (The certificate holder must be listed as *San Mateo County Community College District, 3401 CSM Drive San Mateo, CA 94402*)

Certificates of Insurance and endorsements for coverages required herein shall be filed with District’s Executive Vice Chancellor *prior to the commencement of work*. The certificates shall provide that if the policy or policies be canceled by the insurance company or Contractor during the term of this Agreement, thirty (30) days written notice prior to the effective date of such cancellation will be given to District’s Executive Vice Chancellor. The certificates shall also show the information that the San Mateo County Community College District is named on Contractor’s Comprehensive General Liability and Property Damage policies as co-insured or additional insured. Certificates shall clearly state that “The San Mateo County Community College District, its Officers, Agents and Employees are named as additional insured per attached endorsement” and that such insurance policy shall be primary to any insurance or self-insurance maintained by the District.

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