CERTIFICATE OF INSURANCE GUIDELINES

For Vendors, Independent Contractors, Consultants, and/or Other Service Providers Performing Work/Services for UC Berkeley.

Vendors, independent contractors, consultants, and/or other service providers performing work/services under a purchase order, contract, or other agreement for the University must include as part of their contractual obligation a provision to defend and hold the University harmless from any loss, injury, or damage occurring during the performance of their work, and must indemnify The Regents for any loss suffered as a result of negligence on the part of the contractors, consultants, affiliates, or service providers, including their employees, agents, and sub-contractors. Insurance provides the funding source in case the vendor, independent contractor, consultant, or other service provider needs to make good on this indemnification.

Under the terms and conditions of any purchase order, contract, or other agreement, the non-University entity is required to show evidence of adequate insurance coverage by furnishing a Certificate(s) of Insurance indicating compliance with the required coverages found in *Business and Finance Bulletin*, BUS 63, ("Insurance Requirements/Certificates of Insurance") found at

http://www.ucop.edu/ucophome/policies/bfb/bus63-VendorMatrix.pdf

The information that must be contained on the Certificate is technical and needs to be precisely stated to effectively protect the University's interests. What to look for when you receive the certificate is discussed below.

1. Review the Insured information – this is the name of the individual, group, or property that is covered by the Insurance Policy. The Producer's name will be the Insured's broker. The Insurers information names the carrier(s), and identifies the type of coverage the carrier is giving the Insured.

PRODUCER **Name, Address, phone and fax number of the broker/carrier that issued the certificate.** **PHONE -** **FAX –**	**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**
	INSURERS AFFORDING COVERAGE
INSURED **Vendor Name** **Vendor Address**	INSURER A **Name of the Carrier for GL Insurance**
	INSURER B. **Name of the Carrier for Auto Insurance**
	INSURER C. **Name of the Carrier for Excess Liability Insurance**
	INSURER D.

2. Review the Policy Effective and Expiration dates to make sure the **policy covers the terms of the contract or scope of work.**

3. Review the **Insurance Limits** to make sure they are what are stated in the contract.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM\DD\YY)	POLICY EXPIRATION DATE (MM\DD\YY)	LIMITS – Stated in the contract/PO	
A	*GENERAL LIABILITY* ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐PRO-JECT ☐LOC	Policy Number	Please check the policy effective date.	Please check the policy expiration date.	EACH OCCURANCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
					PRODCUTS-COMP/OP AGG	

4. Make sure **The Regents of the University of California** is named as an **additional insured**! This allows the University to work directly with the insurance carrier in case of a claim.

5. Check to make sure The Regents of the University of California is listed under the Certificate Holder along with the Department Name, Department Contact and address.

6. Review and make sure there is a 30 Days written notice under Cancellation.

Description of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provision.

IMPORTANT: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS NAMED AS AN ADDITIONAL INSURED.
(precise wording is key here)

CERTIFICATE HOLDER	CANCELLATION
The Regents of the University of California **Name of the Department** **Department Contact Person** **Campus Address**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE *Authorized Signature*

If you have any questions, please call the Office of Risk Management at 642-5141.