COI GUIDELINES FAQs



General information about the insurance requirements for Contractors providing a service to the Kern Community College District (KCCD) and to assist the campus with understanding the insurance requirements as outlined in <u>Contract Checklist</u>; This guide is not separate from the General Contract Guidelines, and does not replace or supersede existing <u>General Contract Guidelines</u>, rules and requirements or any other applicable statute or policy.

INSURANCE REQUIREMENTS:

included here.

additional-insured requirements.

Unless otherwise specifically agreed to in writing in advance of execution of this Agreement, Contractor agrees to obtain, pay for, and maintain in effect during the Term of this Agreement or Date(s) of Service(s), the following policies of insurance issued by an insurance company rated not less than "A-VI" in A.M. Best's Insurance Rating Guide:

- (i) Commercial General Liability insurance (including contractual, products and completed operations coverage, bodily injury, and property damage liability insurance) with single combined limits of not less than \$1,000,000 per occurrence;
- (ii) Commercial Automobile Liability insurance for "any auto" with combined single limits of liability of not less than \$1,000,000 per occurrence;
- (iii) Professional Liability insurance (also known as "Errors and Omissions" insurance) with a limit of liability of not less than \$1,000,000 per occurrence;
- (iv) Cyber Liability insurance of not less than \$2,000,000; and
- (v) Worker's Compensation and State Disability insurance as required under law.

Each policy shall contain an endorsement naming the Kern Community College District as an additional named insured insofar as this Agreement is concerned, and provide that written notice shall be given to the District at least thirty (30) days prior to cancellation or material change in the form of the policy or reduction in coverage. Prior to rendering Services pursuant to this Agreement, and at Contractor's expense, Contractor shall furnish the District with a Certificate of Insurance (COI) evidencing the endorsements required above, and the District shall have the right to inspect the Contractor's original insurance policies upon request. Upon notification of a notice of cancellation, change or reduction in coverage, Contractor shall immediately file with the District a certified copy of the required new or renewal policy and certificates for such policy. Nothing in this agreement concerning minimum insurance requirements shall reduce the Contractor's liabilities or obligations under the indemnification provisions of this Agreement.

Confirm that the Contractor submits at least 2 documents - COI <u>AND</u> Additional Insured Endorsement which includes the following requirements. Any area unchecked, please work with the Contractor to get an updated COI to meet the insurance requirements as outlined in the Contract Guidelines.

Please review the following checklist to ensure the COI submission includes all required information prior to submittal to contracts@kccd.edu. CERTIFICATE OF LIABILITY INSURANCE (COI): The certificate is proof of coverage only. An Endorsement for each policy is required in order to provide additional coverage and verbiage per the contract. INSURED: Must be complete with the Contractor Name and Address; Verify that the name matches the legal name on Contract (include DBA if applicable). INSURER(S) AFFORDING COVERAGE: Name of the Carrier/ Insurance Company that holds Contractor's insurance policy. The insurer(s) issue the Additional Insured Endorsement and are responsible for paying when a covered claim is filed. ADDL INSD: Box(es) in this column should either be checked or have a "Y" to indicate that the policy includes additional insured as written in the Description of Operations box, and Additional Insured Endorsement(s) should be attached. SUBR WVD: Box(es) in this column should either be checked or have a "Y" and an Endorsement(s) should be attached, if required by the contract. POLICY EFFECTIVE & EXPIRED DATE: The policy must be active (not expired) when entering contract, and the Contractor must provide a new or renewal COI that covers the full Contract Terms. 7. **LIMITS**: Limits should be at least the minimum requested in the contract or District limits (must match or exceed). **GENERAL LIABILITY**: The box that needs to be checked is "occurrence". 8. **DESCRIPTION OF OPERATIONS**: Must clearly state naming Kern Community College District as additional insured for the coverage as required by the contract. All Endorsements should be attached to the COI, regardless if insured language is

organization as required by the written contract". Verify that the Policy Number shown on both the Additional Insured Endorsement and COI match.

10. CERTIFICATE HOLDER: Identified as our legal name - Kern Community College District (not college name). Please note

having KCCD name & address here does NOT make KCCD an additional insured (see instructions in no. 4 & 9 above for

11. ADDITIONAL INSURED ENDORSEMENT(S): Must show KCCD as "insured" or that the endorsement says, "any person or

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Certificate of Liability Insurance (COI

DATE (MM/DD/YYYY)

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	CONTACT NAME:			
<producer address:="" agent="" and="" broker="" insurance="" name="" p="" the="" who<=""></producer>	PHONE FAX (A/C, No, Ext): (A/C, No):			
issues certificates.>	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE NAIC #			
	Insurance company rated not			
INSURED	less than "A-VI" in A.M. Best's			
Contractor Name & Address must	INCURED C.			
match the legal name on Contract -	Insurance Rating Guide			
clude DBA if applicable)	INSURER E :			
(marado Darrin applicatio)	INSURER F:			
COVERAGES CERTIFICATE NUMBER	DEVISION 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 WIZE RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT T THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS Coverage amount must match or exceed District limits. POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY **EACH OCCURRENCE** \$1,000,000.00 Dates must cover DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ the Contract Term CLAIMS-MADE X MED EXP (Any one person) \$5.000.00

GEN'L AGGREGATE LIMIT APPLIES PER:				IES PER:			
	POLICY PE	CT		LOC			
AUT	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED				\	Required if Contractor will be on Campus / KCCD event site
	UMBRELLA LIAB			OCCUR			
	EXCESS LIAB			CLAIMS-MADE			

N/A

Required if Contractor has at least one employee

AGGREGATE \$ \$ WC STATU-TORY LIMITS <Statutory limit> E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 FI DISEASE - POLICY LIMIT

\$1,000,000.00

\$2,000,000.00

\$1,000,000.00

\$

\$

\$ \$

\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICA ES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) MUST contain either 1 of the following 3 options & all Endorsements should be attached:

Specifically name KCCD as additional insured:

RETENTION \$

Professional Liability - Frors and Omission - Not Less Than \$1,000,000 Cyber Liability - Not Less Than \$2,000,000

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

Other Insurance (if applicable):

If yes, describe under DESCRIPTION OF OPERATIONS below

Kern Community College District, its Officers, Agents and Employees are named as additional insured per attached endorsement.

State that the certificate holder is & additional insured (and list KCCD in the Certificate Holder box below):

Certificate holder is named as additional insured per attached endorsement.

Blanket statement:

PERSONAL & ADV INJURY

PRODUCTS - COMP/OP AGG

GENERAL AGGREGATE

COMBINED SINGLE LIMIT (Ea accident)

PROPERTY DAMAGE (Per accident)

EACH OCCURRENCE

BODILY INJURY (Per person) BODILY INJURY (Per accident)

Those usual to the Insured's operation. Blanket additional Insured applies per coverage form XXX-XXX XX XX. Certificate holder is hereby an additional insured.

CERTIFICATE HOLDER

Must be - KERN COMMUNITY COLLEGE DISTRICT (not college name). NOTE: Having KCCD name & address here does NOT make KCCD an additional insured (see instructions in the box #9 above for additional insured requirements).

Kern Community College District 2100 Chester Avenue Bakersfield, CA 93301

CANCELLATION

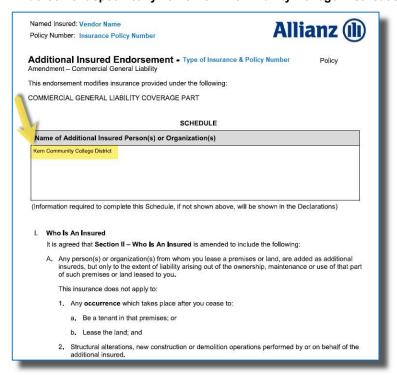
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

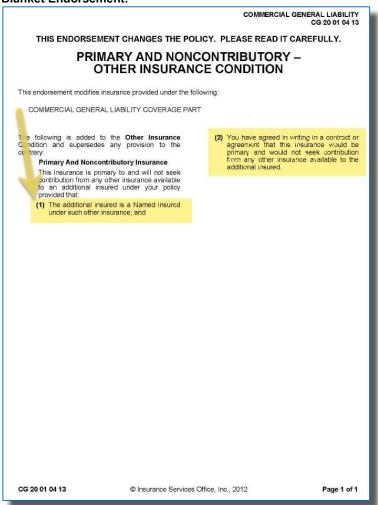
<Must be signed by cert ficate Producer's Representative>

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11.A. Endorsement specifically name Kern Community College District as additional insured:



11.B. Blanket Endorsement:



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