

INSTRUCTIONS FOR COMPLETING, EXECUTING AND SUBMITTING
EVIDENCE OF INSURANCE TO
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
(Hereinafter referred to as District)

Insured _____ Date _____
(Contractor, Lessee, etc.)
Contract/Reference No. _____

A. INSURED

1. In order to reduce problems and time delays in providing evidence of insurance to the District, you are requested to give your insurance agent or broker a copy of the Insurance Requirements Sheet (attached) along with these instructions/endorsement forms for completing, executing, and submitting evidence of insurance.
2. If the agreement requires Workers' Compensation coverage and you have been authorized by the State of California to self-insure Workers' Compensation, then a copy of the certificate from the State authorizing self-insurance for Workers' Compensation shall meet the requirements for Workers' Compensation insurance covering activities within the State of California.
3. All questions relating to insurance should be directed to the department or person responsible for your contract, lease, permit, or other agreement as noted in B12 of this form.

B. INSURANCE AGENT OR BROKER

1. Certificates of Insurance are required by the District in those areas indicated.
2. The appropriate Endorsement Form shall be used where required. No changes in the terms or conditions of the Endorsement Forms will be permitted.
3. The coverages and limits for each type of insurance are specified on the insurance requirements sheet.
4. You shall have an authorized representative of the underwriting insurance Company sign the completed endorsement form and transmit the forms to the District. Signatures must be originals as we will not accept facsimile (rubber stamp, photocopy, etc.) or initialed signatures.
5. The "General description of agreement(s) and/or activity(s) insured" shall include reference to the activity and /or to either the specific contract number, lease number, permit number or construction approval number.

6. Endorsements to excess policies will be required when primary insurance is insufficient in complying with the requirements.
7. If there is insufficient space on the form to note pertinent information, such as inclusions, exclusions or specific provisions, etc., a separate sheet may be attached.
8. When additional sheets are attached, change the number of pages at the bottom of the form.
9. Improperly completed Endorsements will be returned to your insured for correction by an authorized representative of the insurance company.
10. DELAY IN SUBMITTING PROPERLY COMPLETED ENDORSEMENT FORMS MAY DELAY YOUR INSURED INTENDED OCCUPANCY OR OPERATION UNDER AGREEMENT WITH THE DISTRICT.
11. For extensions or renewals of insurance policies which have our Endorsement Form(s) attached, we will accept a copy of the endorsement (with an original signature) to extend the period of coverage as evidence of continued coverage.
12. Completed Endorsement(s) and questions relating to the required insurance are to be directed to:

NUTRITION SERVICES DEPARTMENT,
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
ATTN: PURCHASING OFFICE
1257 NORTHPARK BOULEVARD
SAN BERNARDINO, CA 92407

SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT

INSURANCE REQUIREMENTS

Insured _____
 (Contractor, Lessee, etc.)

Contract/Reference No. _____

The following coverages noted on the left with an "X" are required (Certificate of Endorsement) with the Combined Single Limits (CSL) as noted on the right. Comparable split limits may be accepted.

<u>Cert./End.</u>		<u>Minimum Combined Single Limits</u>
<u>X / X</u>	Workers' Compensation	Insured - <u>Statutory</u>
		Self Insured - <u>\$5,000,000</u>
<u>/</u>	Employers Liability	<u>\$1,000,000</u>
<input type="checkbox"/>	Broad Form All States Endorsement	
<input type="checkbox"/>	Longshoremen's and Harbor Workers' Compensation Act Endorsement	
<input type="checkbox"/>	_____	
<u>X / X</u>	Comprehensive General Liability	<u>\$1,000,000</u>
<input type="checkbox"/>	Premises and Operations	<input type="checkbox"/>
<input type="checkbox"/>	Contractual Liability	<input type="checkbox"/>
<input type="checkbox"/>	Independent Contractors	<input type="checkbox"/>
<input type="checkbox"/>	Products/Completed Operations	<input type="checkbox"/>
<input type="checkbox"/>	Broad Form Property Damage	<input type="checkbox"/>
<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>
<input type="checkbox"/>	Broad Form Liab. Endorsement	<input type="checkbox"/>
<input type="checkbox"/>	Fire Legal Liability	<input type="checkbox"/>
<input type="checkbox"/>	Watercraft Liability	<input type="checkbox"/>
<input type="checkbox"/>	Incidental Medical Malpractice	<input type="checkbox"/>
<input type="checkbox"/>	Explosion Hazard	
<input type="checkbox"/>	Collapse Hazard	
<input type="checkbox"/>	Underground Hazard	
<input type="checkbox"/>	Garagekeepers Legal Liab.	
<input type="checkbox"/>	Hangar Keepers Legal Liab.	
<input type="checkbox"/>	Owned Automobiles	
<input type="checkbox"/>	Nonowned Automobiles	
<input type="checkbox"/>	Hired Automobiles	
<input type="checkbox"/>	_____	
<u>X / X</u>	Automobile Liability (if not included in General Liability coverage checked above)	<u>\$1,000,000</u>
<u>/</u>	Aviation/Airport Liability (including appropriate General Liability coverage checked above)	\$ _____
<u>/</u>	Professional Liability	\$ _____

<u>Cert./End.</u>	<u>Minimum Combined Single Limits</u>
<u> </u> / <u> </u> Property Insurance _____	\$ _____
<input type="checkbox"/> Extended Coverage	<input type="checkbox"/> Debris Removal
<input type="checkbox"/> Vandalism & Malicious Mischief	<input type="checkbox"/> Sprinkler Leakage
<input type="checkbox"/> Flood	<input type="checkbox"/> All Risk
<input type="checkbox"/> Earthquake \$ _____	<input type="checkbox"/> Other
<u> </u> / <u> </u> Fine Arts Property Insurance including appropriate Property coverage checked above	\$ _____
<u> </u> / <u> </u> Aircraft Liability (Bodily injury and property damage)	\$ _____
<u> </u> / <u> </u> Ocean Marine	\$ _____
<input type="checkbox"/> Protection & Indemnity	<input type="checkbox"/> Cargo
<input type="checkbox"/> Charter's Legal Liability	<input type="checkbox"/> Jones Act
<u> </u> / <u> </u> Fire Legal Liability	\$ _____

San Bernardino City Unified School District
GENERAL LIABILITY
ADDITIONAL INSURED ENDORSEMENT

Named Insured and Address _____

(General Description of Agreement(s) and/or Activity(s) Insured)

Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement now or hereafter attached thereto, it is agreed as follows:

1. San Bernardino City Unified School District, its departments, officers, agents and employees are insured thereunder in relation to those operations, uses, occupations, acts, and activities described generally above with regard to operations performed by or on behalf of the named insured.
2. Such insurance shall be primary, and not contributing with any other insurance maintained by _____ (insured).
3. The policy to which this endorsement is attached shall apply separately to each insured against whom claim is made or suit is brought except with respect to the limits of the company's liability.
4. The policy to which this endorsement is attached shall not be subject to cancellation, change in coverage, reduction of limits or non-renewal except after written notice to the San Bernardino City Unified School District by certified mail, return receipt requested, not less than thirty (30) days prior to the effective date thereof.

ADDRESS CANCELLATION NOTICE TO : and/or ISSUE ENDORSEMENT TO:

Nutrition Services Dept., Attn: Purchasing Office
San Bernardino City Unified School District
1257 Northpark Boulevard
San Bernardino, CA 92407

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements, or exclusions of the policy to which this endorsement is attached.

Endorsement No.	Effective Date	Policy No.
Type Of Coverage To Which This Endorsement Attaches	Policy Period From To	Limits of Liability

Scheduled items or locations are to be identified on an attached sheet.

The following inclusions, exclusions, extensions or specific provisions relate to the above coverage. Aggregate limits and separate deductibles, if applicable, are to be noted after the stated coverage. (Attach additional pages if space is insufficient).

INCLUDES:

- | | |
|--|--|
| <input type="checkbox"/> Premises & Operations | <input type="checkbox"/> Incidental Medical Malpractice |
| <input type="checkbox"/> Contractual Liability | <input type="checkbox"/> Explosion Hazard |
| <input type="checkbox"/> Independent Contractors | <input type="checkbox"/> Collapse Hazard |
| <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Underground Hazard |
| <input type="checkbox"/> Broad Form Property Damage | <input type="checkbox"/> Garagekeepers Legal Liability
(Primary) \$ _____ |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Owned Automobiles |
| <input type="checkbox"/> Broad Form Liab. Endorsement | <input type="checkbox"/> Nonowned Automobiles |
| <input type="checkbox"/> Fire Legal Liability | <input type="checkbox"/> Hired Automobiles |
| <input type="checkbox"/> Watercraft Liability | <input checked="" type="checkbox"/> <u>Automobile Liability</u> |

EXCLUDES:

DEDUCTIBLE:

A deductible or self-insured retention (strike out one) of \$ _____ applies to _____ coverage.

DEDUCTIBLE APPLIES PER CLAIM (), PER OCCURRENCE ().

INSURANCE COMPANY
ADDRESS: _____

I, _____, (type or print name) hereby declare under penalty of perjury, under the laws of the State of California, that I have the authority to bind the above-named insurance company to this endorsement and by my execution hereof, do so bind said company.

Signature of Authorized Representative
(Original Signature only; No facsimile
signature or initialed signature accepted)

Executed at _____, _____ on _____, _____

Phone No.: () _____