## **Vendor Insurance Requirements:**

## The vendor must provide the following three items:

- Certificate of Insurance naming the <u>California State PTA</u> as the certificate holder and <u>additional</u> insured. (Sample Certificate is attached and important to <u>NOTE</u>: <u>THE SPECIAL WORDING</u> highlighted in yellow which must be used.)
- 2. Additional Insured Endorsement CG 20 26 07 04 (can be a blanket form) Sample Attached
- 3. Hold Harmless Agreement Completed and signed by the vendor (attached)

### Instructions:

- The vendor should give items 1 and 2 above to their insurance agent/company for completion.
- Vendor signs and completed the mutual Hold Harmless agreement
- Vendor emails all 3 items back to me

Note: Please do not reference the convention or put dates of convention on the certificate. We want your business to work with the PTA all year long not just at the convention. Annual Insurance is required.

Thank you!

Email address: judi.kusumoto@yahoo.com



The California State PTA insurance does not cover vendors/concessionaires/service providers. Consequently, all vendors/concessionaires/service providers are required to provide Evidence of Insurance to each PTA unless annual Evidence of Insurance has been filed with the California State PTA Insurance Broker.

### HOLD HARMLESS AGREEMENT

FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

### **Insurance Requirements:**

- (a) Workers' Compensation Insurance: Required if you have employees engaged in the performance of work under the agreement.
- (b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable.
- (c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for Limo's with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other Autos at \$1M (including Food Trucks).

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy MUST be submitted with your contract.

# Endorsement containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.

The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

(Name of v	vendor/concessionaire/ser	vice provider)
I/We		
Parents, Teachers, and Students, Inc. (California Stadirectors, members and volunteers with respect to	ate PTA), including all o my/our liability for octs or omissions or for erations; or cts; or	mnify and hold harmless, the California Congress of unit, council and district PTAs and all of their officers, "bodily injury," "property damage" or "personal and the acts or omissions of those acting on my/our behalf:
Unless caused by the negligence of the California S	State PTA, unit, counci	l or district PTAs.
<b>NOTE:</b> The terms and conditions of this agreement sha any unit, council, district or State PTA in California.	ll apply with respect to V	Vendor's/Concessionaire's/Service Provider's operations for
PRINT NAME OF ENTITY:		
DATE:	SIGNED:	(Vendor/Concessionaire/Service Provider)
PRINT NAME:	TITLE:	·

Vendor: If you wish to be included as an approved vendor on the PTA Insurance website contact our broker at (818) 662-4200 or email at <a href="https://praces.python.org/PTACA@Knightins.net">PTACA@Knightins.net</a>.

Client#: 1255615 306CALIFCON

# ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/05/2011

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 Vendor's Agent				
Insurance Producer Name	PHONE (A/C, No, Ext): 555-555-5555 FAX (A/C, No):				
Address	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:				
Phone Number					
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: Insurance Company	9999			
Vendors Name & Address	INSURER B: Insurance Company	9999			
	INSURER C:				
	INSURER D:				
SAMPLE FOR VENDOR'S INSURANCE AGENT	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION 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 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.

SR	TYPE OF INSURANCE	ADDL S		DOLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<u> </u>
R		INSR W		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		<u> </u>
1	X COMMERCIAL GENERAL LIABILITY	^		Policy Number Ar		surance	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
	CLAIMS-MADE X OCCUR				Requi	red	MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS						· · · · · · · · · · · · · · · · · · ·	\$
	NON-OWNED ACTOO							\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number An	nual In	surance	X WC STATU- TORY LIMITS OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE			Re	quired		E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)		N/A		_		E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Work Comp.only need	ed if ve	endor	E.L. DISEASE - POLICY LIMIT	\$1,000,000
				has employe	es			

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

California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and Volunteers are named as Additional Insured per the attached Additional Insured endorsement.

California State PTA c/o Knight Insurance Services 535 N. Brand Blvd., Suite 1000 Glendale, CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Gioridaio, GA G1200	AUTHORIZED REPRESENTATIVE		
	Signature		

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**CANCELLATION** 10 Days for Non-Payment

**CERTIFICATE HOLDER** 

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

#### Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and volunteers.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.