

All Contractors and Vendors are required to provide a certificate of insurance evidencing relevant coverages before commencing work on behalf of the University.

Required coverages and limits by vendor type can be found on the next page.

Questions regarding insurance requirements should be directed to the Office of Risk Management at RiskManagement@temple.edu.

Consult Risk Management if:

- **Projects is in excess of \$10M**
- **Vendor is for inflatables/attractions/fireworks**
- **Vendor or work location is international**
- **Asbestos/natural gas/hazardous waste/environmental work**
- **Vendor will have roof access or be off the ground**
- **Project involves minors**

Information Technology or software vendors need to complete the Vendor Information Security Questionnaire.

Temple University reserves the right to require higher limits or additional coverages from a vendor for a particular project or event based upon the nature of the event/project, venue, or anticipated number of attendees.

A **Certificate of Insurance** (COI) is required to demonstrate contractors and vendors' policy compliance with insurance requirements.

The Certificate of Insurance must:

- Name Temple University - Of The Commonwealth System Of Higher Education, Its Trustees, Officers, Employees and Agents as an Additional Insured under all applicable insurance policies, including, but not limited to, the Vendor's General Liability, Automobile Liability, Umbrella/Excess Liability, and Cyber Liability policies.
- Demonstrate insurance policies are underwritten by a carrier rated at least "A-" by A.M. Best.
- Contain a provision that a thirty (30) day prior written notice of cancellation shall be sent to the University.
- Maintain insurance that is primary and non-contributory as to any other valid and collectible insurance in force and shall waive subrogation in favor of Temple University.

For any **athletic** or **sporting event**, the following language is required:

- This insurance does not exclude coverage for bodily injury to any person while observing, practicing, or participating in any sports/athletic contest or exhibition sponsored by the Name Insured.

For events involving **minor participants**, the following language is required:

- This insurance does not exclude coverage for sexual assault and/or sexual molestation.

Forward Certificates of Insurance to:

Office of Risk Management

1803 North Broad Street

Carnell Hall, 6th Floor

Philadelphia, PA 19122

Email: RiskManagement@temple.edu

Type of Coverage (Aggregate Limit)

| Type of Vendor or Service | General Liability | Auto or Aviation Liability | Professional Liability or Malpractice | Cyber Liability | Media Liability | Pollution/ Environmental Liability | Cargo | Warehousing | Athletic Participant/ Spectator Medical | Sexual Assault/ Molestation |
|---|-------------------|----------------------------|---------------------------------------|-----------------|-----------------|------------------------------------|-------|-------------|---|-----------------------------|
| Airplane Charter | \$10M | \$10M | | | | | | | | |
| Architects/Engineers | \$1M | | \$5M | | | | | | | |
| Artist/Musician/DJ | \$1M | | | | | | | | | |
| Asbestos Abatement | \$5M | \$5M | | | | \$10M | | | | |
| Attorneys | \$1M | | \$1M | | | | | | | |
| Boilers/Steam Generators | \$5M | \$2M | \$1M | | | | | | | |
| Caterer | \$1M | \$1M | | | | | | | | |
| Charter/School Bus | \$1M | \$5M | | | | | | | | |
| Cleaning (Exterior) | \$5M | \$1M | | | | | | | | |
| Cleaning (Interior) | \$1M | \$1M | | | | | | | | |
| Coach/Athletic Consultant | \$1M | | | | | | | | \$1M | \$1M |
| Consultant - General (On Campus) | \$1M | | \$1M | | | | | | | |
| Consultant - Clinicals/Training | \$1M | | \$1M | | | | | | | |
| Consultant - Grants/Research | \$1M | | \$1M | | | | | | | |
| Consultant - Software | \$1M | | \$5M | \$5M | | | | | | |
| Copywriting | \$1M | | \$1M | | \$1M | | | | | |
| Driver (Personal) | \$1M | \$2M | | | | | | | | |
| Electrician | \$1M | \$1M | \$1M | | | | | | | |
| Elevator Work | \$5M | \$1M | \$5M | | | | | | | |
| Exterminator - Indoor | \$5M | \$2M | | | | \$5M | | | | |
| Exterminator - Outdoor | \$2M | \$2M | | | | \$5M | | | | |
| Flooring | \$1M | | | | | | | | | |
| Food Truck | \$1M | \$1M | | | | | | | | |
| Hazardous Waste Removal/Transportation | \$10M | \$10M | \$1M | | | \$10M | | | | |
| Health Care Provider | \$1M | | \$3M | | | | | | | \$1M |
| HVAC | \$2M | \$1M | \$1M | | | | | | | |
| Painting (Exterior) | \$5M | | | | | | | | | |
| Painting (Interior) | \$1M | | | | | | | | | |
| Photographer/Videographer | \$1M | | \$1M | | \$1M | | | | | \$1M |
| Plumber | \$1M | \$1M | \$1M | | | | | | | |
| Roofing/Scaffolding/Façade Work | \$7M | | | | | | | | | |
| Social Media Management | \$1M | | | \$2M | \$2M | | | | | |
| Software | \$1M | | \$5M | \$1M | | | | | | |
| Software Integrated Into Temple Systems | \$1M | | \$5M | \$5M | | | | | | |
| Software with Access to PII/PHI | \$1M | | \$5M | \$10M | | | | | | |
| Storage of Property | \$1M | \$1M | | | | | \$1M | \$1M | | |
| Transportation of Property | \$1M | \$1M | | | | | \$1M | | | |
| Window Washers | \$10M | \$1M | | | | | | | | |

Temple University reserves the right to require higher limits or additional coverages from a vendor for a particular project, event, or engagement based upon the nature of the project/event/engagement, venue, or anticipated number of attendees.

SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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: | | FAX (A/C, No): |
| | PHONE (A/C, No, Ext): | | |
| INSURED | E-MAIL ADDRESS: | | |
| | INSURER(S) AFFORDING COVERAGE | | |
| | INSURER A : | | |
| | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| INSURER E : | | | |
| INSURER F : | | | NAIC # |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | X | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY \$ BODILY INJURY \$ PROPERTY DAN (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRI \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

Policy Effective Dates must coincide with dates of contract.

Limits of Insurance must be greater than or equal to contract requirements.

Description of Operations must include additional insured and waiver of subrogation language.

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

Temple University - Of The Commonwealth System of Higher Education, Its Trustees, Officers, Employees and agents are additional insured where required by written contract. This insurance is primary and non-contributory to any other valid and collectible insurance in force, and shall waive subrogation.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| Temple University - Of The Commonwealth System of Higher Education 1803 N. Broad Street Carnell Hall, 6th Floor Philadelphia, PA 19122 | 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 |
|---|---|

Certificate Holder must be Temple University - Of The Commonwealth System of Higher Education.