

# **Insurance Requirements**

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 by vendor type can be found on the next page.

Questions regarding insurance requirements should be directed to the Office of Risk Management & Treasury at (215) 204-8523 or InsCert@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 from a vendor for a particular project or event due to 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 the Vendor's General Liability policy.
- > Demonstrate insurance policies are underwritten by a carrier rated at least "A" in Best's Key Rating Guide.
- > Contain a provision that a thirty (30) day prior written notice of cancellation shall be sent to the University.
- > Maintain insurance is primary and non-contributory as to any other valid and collectible insurance in force.

## 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 & Treasury 1803 North Broad Street, 6th Floor Carnell Hall Philadelphia, PA 19122

Fax: (215) 204-4426

Email: InsCert@temple.edu

Type of Coverage (per occurrence)

				Турск	of Coverag	T (per occu	in ence,		Athletic	
	General	Auto or Aviation	Professional Liability or	Cyber	Media	Pollution/ Environmental			Particpant/ Spectator	Sexual Assault/
Type of Vendor or Service	Liability	Liabilty	Malpractice	Liability	Liability	Liability	Cargo	Warehousing	Medical	Molestation
Airplane Charter	\$10M	\$10M								
Architects/Engineers	\$1M		\$1M							
Artist/Musician/DJ	\$1M									
Asbestos Abatement	\$5M					\$10M				
Attorneys	\$1M		\$1M							
Boilers/Steam Generators	\$5M	\$2M								
Caterer	\$1M	\$1M								
Charter/School Bus	\$1M	\$5M								
Cleaning (Exterior)	\$5M									
Cleaning (Interior)	\$1M	\$1M								
Coach/Athletic Consultant	\$1M								\$1M	\$1M
Consultant - General (On Campus)	\$1M									
	\$1M		\$1M							
Consultant - Clinicals/Training	\$1M		·							
Consultant - Grants/Research	\$1M			\$5M						
Consultant - Software	\$1M		\$1M	φσιιι	\$1M					
Copywriting	\$1M	\$2M	ŢIIVI		ÇIIVI					
Driver			Ć1N4							
Electrician	\$1M	\$1M	\$1M							
Elevator Work	\$5M	\$1M								
Exterminator - Indoor	\$5M	\$2M				\$5M				
Exterminator - Outdoor	\$2M	\$2M				\$5M				
Flooring	\$1M									
Food Truck	\$1M	\$1M								
Hazordous Waste Removal/Transportation	\$10M	\$10M				\$10M				
Health Care Provider	\$1M		\$1M							\$1M
HVAC	\$2M	\$1M	\$1M							
Painting (Exterior)	\$5M									
Painting (Interior)	\$1M									
Photographer/Videographer	\$1M									\$1M
Plumber	\$1M	\$1M	\$1M							
Roofing/Scaffolding/Façade Work	\$7M									
Social Media Management	\$1M			\$2M	\$2M					
Software	\$1M			\$1M						
Software Integrated Into	\$1M			\$5M						
Temple Systems	\$1M			\$10M						
Software with Access to PII/PHI	\$1M	\$1M					\$1M	\$1M		
Storage of Property	\$1M	\$1M					\$1M	ŶŢĮŶĬ		
Transportation of Property							ا۱۷۱			
Window Washers	\$10M	\$1M								



# Quick Tips: Understanding the Acord Certificate of Insurance

	ACORDO (	CERTIFICATE OF LIA	ABILITY INSURA	NCE DATE (MM/DD/YYY	Y)	
1. PRODUCER	CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF II REPRESENTATIVE OR PRODUCER,	ATIVELY OR NEGATIVELY AMEND NSURANCE DOES NOT CONSTITU AND THE CERTIFICATE HOLDER.	), EXTEND OR ALTER THE JTE A CONTRACT BETWE	HTS UPON THE CERTIFICATE HOLDER. THE COVERAGE AFFORDED BY THE POLICIEN THE ISSUING INSURER(S), AUTHORIZ	ES ED	7. POLICY EFFECTIVE DATE
Insurance Agent/Broker	IMPORTANT: If the certificate holds If SUBROGATION IS WAIVED, subjethis certificate does not confer right	eu.	Must be prior to or			
who issues certificate.	PRODUCER		CONTACT NAME:	FAY	$\Box$ $\angle$	coincidental with effective
	<b>A</b>		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		date of contract
	i		INSURER(S)	AFFORDING COVERAGE		
2. NAME OF INSURED	INSURED		INSURER A : INSURER B :			
Must be the legal name of			INSURER C:			8. POLICY EXPIRATION DATE
the contracting party			INSURER D :		_	If occurrence form, date must be on or after
			INSURER F:			
	COVERAGES CE THIS IS TO CERTIFY THAT THE POLICE	ERTIFICATE NUMBER: ES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUED TO THE IN	REVISION NUMBER: SURED NAMED ABOVE FOR THE POLICY PERI	OD	termination of contract
3. TYPES OF INSURANCE	INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIREMENT, TERM OR CONDITION Y PERTAIN, THE INSURANCE AFFOR CH POLICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTRACT OR OTH DED BY THE POLICIES DESCI E BEEN REDUCED BY PAID CL	SUMED NAMED ABOVE FOR THE BOLICY PERI IER DOCUMENT WITH RESPECT TO WHICH TI RIBED HEREIN IS SUBJECT TO ALL THE TERM AIMS.	IIS IIS,	termination of contract
Must include the types of	INSR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD POLICY NUMBER	POLICY POLICY (MM/DD/)	EXYYY) LIMITS		
insurance required by	CLAIMS-MADE OCCUR			EACH OCCURRENCE S  DAMAGE TO RENTED PREMISES (Ea occurrence) S	$\overline{}$	
contract		_		MED EXP (Any one person) S		9. LIMITS OF INSURANCE
Contract	GEN'L AGGREGATE LIMIT APPLIES PER:	-		PERSONAL & ADV INJURY S GENERAL AGGREGATE S	- \	Must be the same or
4. POLICY FORM	POLICY PRO. LOC			PRODUCTS - COMP/OP AGG S		greater than required by
	OTHER: AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	-	contract
Occurrence required for Commercial General	ANY AUTO OWNED SCHEDULED			BODILY INJURY (Per person) S		contract
Liability	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S		
Liability				s		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MA	DE		EACH OCCURRENCE S AGGREGATE S		
5. NAMED ADDITIONAL	DED RETENTIONS	55		S S	_	10. DESCRIPTION OF
INSURED	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			STATUTE ER S	_	OPERATIONS
Temple University of the	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		E.L. DISEASE - EA EMPLOYEE S		Temple is often named
Commonwealth of Higher	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT S		additional insured here;
Education, Its Trustees,	i I					place and event sometime
Officers, Employees and	DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	HCLES (ACORD 101 Additional Remarks Scher	fule may be attached if more space is	required	_	described here
agents	Temple University of the Co and agents are named as a excess/umbrella, auto, or of					
	other valid and collectible in					
	CERTIFICATE HOLDER		CANCELLATION		_	44 411711001750
6. CERTIFICATE HOLDER  Must be Temple University	Temple University		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			11. AUTHORIZED
	1803 N. Broad Street Carnell Hall, Suite 615					REPRESENTATIVE
	Philadelphia, PA 19122		AUTHORIZED REPRESENTATIVE			Must be signed, not
	1					stamped
	ACORD 25 (2016/03)	The ACORD name and logo		ACORD CORPORATION. All rights reser	ved.	

- THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
- NAME OF INSURED: Must be legal name of contracting party.
- TYPES OF INSURANCE: Must include types required by contract
- POLICY FORM: Will indicate claims-made or occurrence form.
- NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations or by attached endorsement, that Temple University is named additional insured.
- 6. CERTIFICATE HOLDER: Must be Temple University

- POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.
- 8. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- 9. LIMITS OF INSURANCE: Must be same or greater than required by contract.
- 10. DESCRIPTION OF OPERATIONS: Review information in this section to determine it is consistent with contract.
- 11. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer