

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

Quick Tips: Understanding the Acord Certificate of Insurance

ACORD® 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).

1. **PRODUCER**
Insurance Agent/Broker who issues certificate.

2. **NAME OF INSURED**
Must be the legal name of the contracting party

3. **TYPES OF INSURANCE**
Must include the types of insurance required by contract

4. **POLICY FORM**
Occurrence required for Commercial General Liability

5. **NAMED ADDITIONAL INSURED**
Temple University of the Commonwealth of Higher Education, Its Trustees, Officers, Employees and agents

6. **CERTIFICATE HOLDER**
Must be Temple University

7. **POLICY EFFECTIVE DATE**
Must be prior to or coincidental with effective date of contract

8. **POLICY EXPIRATION DATE**
If occurrence form, date must be on or after termination of contract

9. **LIMITS OF INSURANCE**
Must be the same or greater than required by contract

10. **DESCRIPTION OF OPERATIONS**
Temple is often named additional insured here; place and event sometimes described here

11. **AUTHORIZED REPRESENTATIVE**
Must be signed, not stamped

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP - WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)
	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 <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				
	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 named as additional insured under the General Liability Policy, any applicable excess/umbrella, auto, or other policies where required by written contract. This insurance is primary to any other valid and collectible insurance in force.				
CERTIFICATE HOLDER Temple University 1803 N. Broad Street Carnell Hall, Suite 615 Philadelphia, PA 19122			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		

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- 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.
- CERTIFICATE HOLDER:** Must be Temple University
- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- 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.
- LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer