

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 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 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 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) | | | | | | | | | |
|--|------------------------------|---------------------------------|---|--------------------|--------------------|--|-------|-------------|-------------------------------------|----------------|
| Type of Vendor or Service | General Liability | Auto or Aviation Liabilty | Professional Liability or Malpractice | Cyber Liability | Media Liability | Pollution/ Environmental Liability | Cargo | Warehousing | Particpant/ Spectator Medical | Sexual Assault |
| | \$10M | \$10M | | , , | | , | | | | |
| Airplane Charter | \$1M | | \$5M | | | | | | | |
| Architects/Engineers | \$1M | | φσ | | | | | | | |
| Artist/Musician/DJ 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 | \$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 Temple Systems | \$1M | | | \$5M | | | | | | |
| Software with Access to PII/PHI | \$1M | | | \$10M | | | | | | |
| Storage of Property | \$1M | \$1M | | | | | \$1M | \$1M | | |
| Transportation of Property | \$1M | \$1M | | | | | \$1M | | | |
| Window Washers | \$10M | \$1M | | | | | | | | |



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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 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). CONTACT NAME: PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC# INSURER A INSURED INSURER B INSURER C INSURER D INSURER E 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE \$ PREMISES (Ea occurrence) **Policy Effective Dates** MED EXP (Any one person) \$ X X PERSONAL & ADV INJURY \$ must coincide with GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ dates of contract. POLICY PRODUCTS - COMP/OP AGG \$ OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ ANY AUTO BODILY INJURY Limits of Insurance OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY must be greater PROPERTY DAN (Per accident) than or equal to contract UMBRELLA LIAB EACH OCCURRI OCCUR requirements. EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT **Description of Operations must** OFFICER/MEMBER EACLODED/ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ include additional insured and E.L. DISEASE - POLICY LIMIT 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 noncontributory 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 1803 N. Broad Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Carnell Hall, 6th Floor Philadelphia, PA 19122 Certificate Holder must be AUTHORIZED REPRESENTATIVE Temple University - Of The

Commonwealth System of Higher Education.

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