

Maricopa County Community College District Requirements for External Certificates of Insurance

Before a purchase order is released or a contract signed, vendors / contractors doing business with the Maricopa County Community College District are required to provide a certificate of insurance.

The certificate must contain the following:

1. MCCCCD named as certificate holder:
Maricopa County Community Colleges
Chandler-Gilbert Community College
2626 E Pecos Rd
Chandler, AZ 85225
2. MCCCCD named as an additional insured:
Maricopa County Community College District, its agents, officers, officials, employees, and volunteers are hereby named as additional insureds as their interests may appear.
3. 30-day cancellation notice
4. The certificate must also include, at a minimum, the following insurance coverages:
General Liability (GL) = \$1,000,000
Automobile Liability (AL) = \$1,000,000
Workers' Compensation (WC) = statutory limits

Certain vendors or contractors may be exempt from providing proof of Workers' Compensation insurance. In which case a Sole Proprietor Waiver or an Independent Contractor Agreement should be completed.

Questions?

Please contact Susan Chiara in the Risk Management Department at 480-731-8157.



The Maricopa County Community College District is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1

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. **2**

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 3	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):	5		
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED 4	INSURER A :			
	INSURER B :			7
	INSURER C :			
	INSURER D :	6		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
8	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		1112	13	14 15	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 16 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/OP AGG \$ 17 OTHER \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		1112	13	14 15	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
8	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		1112	13	14 15	EACH OCCURRENCE \$ 18 AGGREGATE \$ OTHER \$
8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 19 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
8	21					

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

22

CERTIFICATE HOLDER 23	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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CERTIFICATE OF INSURANCE CHECKLIST AND GUIDE

1. The date the COI was issued
2. Legal Disclaimer-This is not the actual insurance policy
3. The insurance agent/broker who has authority to issue the Certificate of Insurance for and on behalf of the Carrier
4. The person, firm, or organization that you are doing business with (your contractor). The name shown here should match the name on your contract. For example, if you're doing business with a DBA (doing business as) and not the parent company, the DBA should be mentioned here.
5. Name of Insurance Company providing a policy corresponding to the "INSR LTR"
6. The insurance agent/broker who has authority to issue the Certificate of Insurance for and on behalf of the carrier
7. Matches the NAIC (National Association of Insurance Commissioners) number on AmBest when verifying the carriers rating.
8. Denotes Insurer(s) Affording Coverage LTR
9. Must always be checked when this policy is required. Must also indicate if it is "OCCURRENCE" or "CLAIMS MADE" coverage.
10. A box should be marked to indicate how the limits apply
11. Must be checked or a "Y" indicated for Additional Insured.
12. Must be checked or a "Y" indicated for WAIVER OF SUBROGATION.
13. Must always have a POLICY NUMBER when this policy is required.
14. The date the coverage begins (POLICY EFF) This box must ALWAYS have dates.
15. The date the coverage ends (POLICY EXP). This box must have a date ONE-YEAR-LATER than the Policy Effective Date, and cover the period of your contract.
16. This number must always correspond to the limit specified in your contract when this policy is required
17. This number must always correspond to the limit specified in your contract when this policy is required.
18. Can be left blank, however, if they have excess or umbrella liability coverage, it should show their limits along with all other information on the policy.

19. This number must always correspond to the limit specified in your contract when this policy is required.
20. Must always be checked when this policy is required. Must also indicate if it is "OCCURRENCE" or "CLAIM MADE" coverage.
21. This section is blank and will only be completed if the contract requires additional coverages outside of the three most commonly required (i.e. professional liability, fidelity, etc.)
22. This field is restricted to the Description of Operations of the named insured. It should represent what the insured is doing for MCCCCD and can include their contract number or other identifying information. It may also include other details on any of the listed policies on the certificate.
23. The certificate holder should read: Maricopa County Community Colleges Chandler-Gilbert Community College 2626 E Pecos Rd Chandler, AZ 85225
24. AUTHORIZED REPRESENTATIVE is the broker/agent authorized to sign on behalf of the broker.