



INSURANCE REQUIREMENTS

Nature of Work/Event/Activity	
Date(s) of Work/Event/Activity	
One-Time or On-Going?	<input type="checkbox"/> On-going service <input type="checkbox"/> One-time service <input type="checkbox"/> On-going event <input type="checkbox"/> One-time event <input type="checkbox"/> Lessee
Location of Work/Event/Activity	
ASI Dept. & Person Overseeing Work/Event/Activity	

CERTIFICATE OF INSURANCE:

- Insured (second box from the top) -- verify that proper company/entity name listed

Insured's Name	
Insured's Address	
Contact Person & Phone Number	

- Coverages (main part of Certificate) – we require general liability coverage with a minimum of \$2,000,000 aggregate
- Policy Term – verify the period covered Expiration Date: _____
- Description of Operations – review
- Certificate Holder (bottom left-hand box) -- must list "Associated Students, CSUF, Inc." on the first line

ADDITIONAL INSURED ENDORSEMENT

- Verify that the policy # listed on the Endorsement matches the policy # listed on the main Certificate
- Make sure it lists the following as additional insureds:
 - The Associated Students, California State University, Fullerton, Inc.;
 - The State of California;
 - The Trustees of the California State University;
 - California State University, Fullerton;
 - And all of their several officers, agents, employees and volunteers
- If a "blanket endorsement" has been provided not specifically naming the parties listed above – (1) verify that we have a written contract with this company/entity, and (2) that the written contract specifically sets forth our insurance requirements and names the "additional insureds" listed above

AUTOMOBILE COVERAGE:

- Obtain evidence of automobile coverage Expiration Date: _____

WORKERS' COMPENSATION COVERAGE

- Obtain evidence of workers' compensation coverage Expiration Date: _____
- Sole Proprietor (prior approval required)

Approved by ASI Administration: _____ Date: _____