

INSURANCE REQUIREMENTS

1. COVERAGE LIMITS:

Fraternity/Sorority shall maintain for not less than the duration of the agreement between Fraternity/Sorority and University, at least the following types and amounts of insurance for claims that may arise from or in connection with services or events:

- **General Liability(GL)** - comprehensive or commercial with minimum limits of \$2,000,000 per occurrence and \$4,000,000 general aggregate.
- **Sexual Abuse or Molestation (SAM)** *(if minors will participate)* Fraternity/Sorority shall obtain and Maintain a Policy covering Sexual Abuse or Molestation with a limit of no less than \$2,000,000 per occurrence or claim.
- *If additional insurance coverage is required after a review of the activity/event Risk Management will notify the Fraternity/Sorority*

2. CERTIFICATE HOLDER:

CSU, Northridge
Attn: Insurance & Risk Management
18111 Nordhoff Street
Northridge, CA 91330-8458
Email: risk@csun.edu

3. ENDORSEMENTS AND PROVISIONS:

Policies must include additional insured endorsements that contain the following provisions:

a) **Additional Insured: for GL & SAM**

All of the entities listed below MUST be included as additional insured with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the vendor/contractor; and with respect to liability arising out of work or operations performed by or on behalf of the Vendor/contractor including materials, parts or equipment furnished in connection with such work or operations. General liability coverage is to be provided in an endorsement to the vendor/contractor's insurance, or as a separate owner's policy.

The State of California; The Trustees of the California State University; California State University, Northridge; and their officers, agents, volunteers and employees

(Requirements continue on the next page)

b) Primary, Non-Contributory Insurance: for GL

For any claims related to any project, the vendor/contractor's insurance coverage shall be primary insurance as respects the Campus, its trustees, officers, employees, representatives and volunteers. Any insurance or self-insurance maintained by the Campus, its trustees, officers, employees, or volunteers shall be excess of the vendor/contractor's insurance and shall not contribute with it.

c) Waiver of Subrogation: for GL

All rights of subrogation under the insurance policies have been waived against the Campus.

4. RATINGS:

Insurance shall be placed with insurers with a current A.M. Best's rating of no less than A: VII.

5. SUBMISSION:

Fraternity or Sorority submit copies of your Certificate of Insurance and three endorsement, within the MIC application section "Fraternity/Sorority Insurance Documents".

If you have any questions, please contact (818) 677-6830 or email risk@csun.edu. For technical question with the application contact MIC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2024

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.

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.

PRODUCER: Insurance Provider Name, Mailing Address
INSURED: Fraternity or Sorority Name, Mailing Address
CONTACT NAME: Name of Insurance Agent
PHONE: (818)XXX-XXXX
ADDRESS: INSURER(S) AFFORDING COVERAGE
INSURER A: Insurance Carrier

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, and Umbrella Liability.

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

CERTIFICATE HOLDER CANCELLATION

Certificate holder information: California State University-Northridge
Cancellation notice: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Fraternity/Sorority Insurance Program General Liability Coverage

**ADDITIONAL INSURED LANGUAGE BELOW. PLEASE READ THE
ENDORSEMENT CAREFULLY**

"IX. ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

1) SCHEDULE OF ADDITIONAL INSUREDS

ADDITIONAL INSURED

Additional insureds as requested by the insureds but, (a) only when the Company has agreed to the additional insured, and (b) the additional insured has accepted the terms of coverage, and (c) the additional insured is shown as an additional insured on a signed certificate of insurance.

2) SPECIAL LIMITATIONS FOR ADDITIONAL INSUREDS

1) Who Is An Insured (SECTION II) is amended to include as an additional insured the person(s) or organization(s) shown in the schedule above, but only with respect to any "Bodily Injury," "Property Damage," "Personal Injury" or "Advertising Injury" arising solely out of an occurrence or offense by an insured.

2) This insurance does not apply on any basis to "Bodily Injury," "Property Damage," "Personal Injury" or "Advertising Injury" arising out of an occurrence or offense by the additional insured. This exclusion applies to any claim alleging liability arising out of, in any way related to, or in any way resulting from or involving the additional insured's negligence under any legal theory, including but not limited to negligence or negligent failure to supervise.

3) In no event shall any additional insured be considered a "Primary Insured" pursuant to Special Endorsement A.

4) This insurance is excess over any other insurance, including any self-insured retention or deductible portion thereof, whether primary, excess, contingent or on any other basis, available to the additional insured unless, (a) the First Named Insured has agreed in a written agreement for this insurance to apply otherwise, and (b) the Company has agreed to provide primary coverage, and (c) primary coverage is shown on a signed certificate of insurance.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

PRIMARY NONCONTRIBUTORY

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SAMPLE

Fraternity/Sorority Insurance Program **General Liability Coverage**

**WAIVER OF SUBROGATION LANGUAGE BELOW. PLEASE READ THE
ENDORSEMENT CAREFULLY**

Waiver of Subrogation **WAIVER OF SUBROGATION**

Insured hereby grants to Additional Insured a waiver of its right to subrogation which any insurer of said insured may acquire against the additional insured by virtue of the payment of any loss under such insurance for which the insured is exclusively liable. Insured agrees to obtain any endorsement or maintain policy provisions that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the insured has received a waiver of subrogation endorsement from the insurer.

All other terms and conditions remain unchanged.

SAMPLE