



REQUEST FOR CERTIFICATE OF INSURANCE

Give this form to your insurance agent/broker.

1. Insurance Requirements

Commercial General Liability: Vendor shall maintain throughout the term of the agreement Commercial General Liability coverage with limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate.

Automobile Liability: If the use of personal or company vehicles are included in the scope of the contracted purpose on LC State campus, then auto liability coverage with limits of not less than \$1,000,000 for each accident are required.

Workers Compensation: As required by the State of Idaho, with Statutory Limits, **and** Employers' Liability insurance with a limit of no less than \$1,000,000 per accident for bodily injury or disease.

2. Additional Insured Status:

All policies (except Workers' Compensation) shall name The State of Idaho, Lewis-Clark State College, 500 8th Ave., Lewiston, ID 83510, as additional insured via endorsement to Vendor's policy.

3. Certificate Holder shall read:

*State of Idaho, Lewis-Clark State College
500 8th Avenue
Lewiston, Idaho 83501*

4. Insurer's Rating:

Insurance is to be placed with an insurer with a Best's rating of no less than A-.

- All certificates and endorsements are to be received by LC State prior to the provision of a service or purchase of a product.
- LC State reserves the right to require complete copies of insurance policies at all times.
- Endorsement must be attached
- LC State prefers to have only scanned and emailed certificates. Please email certificates to risk@lcsc.edu.

If you have additional questions, please contact:

Risk Management
Lewis-Clark State College
208-792-2507
risk@lcsc.edu



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Hold Harmless and Indemnity Language

The following language will be included in any Agreement or MOU that LC State is party to.

_____ (*Name of business*) shall protect, indemnify, and save Lewis-Clark State College harmless from and against any damage, cost, or liability including reasonable attorney's fees for any or all injuries to persons, property or claims for damages arising from any acts or omissions of the Contractor, its employees, or subcontractors. It is agreed by and between the parties hereto that in no event shall any official, officer, employee or agent of the college be in any way personally liable or responsible for any covenant or agreement herein contained whether expressed or implied, nor for any statement, representation or warranty made herein or in any connection with this Agreement.

Please note: Lewis-Clark State College is prohibited by Idaho State law to provide other organizations with indemnity and hold harmless language.

Failure of Certificate Holder to demand a certificate or other evidence of full compliance with these insurance requirements or failure of Certificate Holder to identify a deficiency from evidence that is provided shall not be construed as a waiver of Insured's obligation to maintain such insurance. Failure to maintain the required insurance may result in termination of the 3rd party contract/event at the Certificate Holder's option.

By requiring this insurance, Certificate Holder does not represent that coverage and limits will necessarily be adequate to protect Insured, and such coverage and limits shall not be deemed as a limitation on Insured's liability.

LC State reserves the right to modify coverage and or limit requirements.

Lewis-Clark State College Risk Management
(208) 792-2507, risk@lcsc.edu.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MB

DATE (MM/DD/YYYY)

Current date

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).

PRODUCER	CONTACT Agents Name		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED Contractor's Company Name Address	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Company ABC		
	INSURER B : Insurance Company DEF		
	INSURER C :		
	INSURER D :		
	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
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NE) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N / A				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	DED <input type="checkbox"/> RETENTION \$					
	DED <input type="checkbox"/> RETENTION \$					
	DED <input type="checkbox"/> RETENTION \$					
	DED <input type="checkbox"/> RETENTION \$					

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

Any additional comments that need to be added

CERTIFICATE HOLDER

CANCELLATION

State of Idaho Lewis-Clark State College 500 8th Ave. Lewiston, ID 83501	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 Signature needed