



University of California, Santa Barbara

Request for Proof of Insurance From (Sub)Contractor

furnishing Construction-Related Services to UCSB

INSTRUCTIONS TO UC DEPARTMENT

Use the Request for Proof of Insurance From (Sub)Contractor form to obtain a Certificate of Insurance from a (sub)contractor with whom the University has an agreement and from whom it is necessary to obtain proof of insurance coverage that meets University insurance requirements.

DEPARTMENT

Date of Request: _____ Contract Start Date: _____ Contract Finish Date: _____
 Department: _____ Ph: _____ Fax: _____
 Dept. Contact: _____ Email: _____

INSTRUCTIONS TO CERTIFICATE PROVIDER

This is a request for a Certificate of Insurance. It is designed to provide the information necessary to produce a certificate that meets the requirements of the Regents of the University of California. The Regents, on behalf of the University of California, Santa Barbara campus, have entered into an agreement with the (Sub)Contractor identified below as the Named Insured (must be legal name of contracting party). The certificate is required to show that the Named Insured meets University insurance requirements as indicated below. An Acord form certificate or other type may be used as long as all requirements are fulfilled. Special Provisions # 1 - 4 MUST be met, either on the face of the certificate or by endorsement.

NAMED INSURED (legal name): _____
 Address: _____
 City, State, Zip Code: _____
 Phone & Fax: _____
 Contact Person/Email Address: _____

UNIVERSITY INSURANCE REQUIREMENTS

NAME OF CERTIFICATE HOLDER: _____ The Regents of the University of California
 Department: _____
 Campus: _____ University of California, Santa Barbara
 City, State: _____ Santa Barbara, CA 93106
 Contact Person/Email Address: _____
 Phone & Fax: _____

GENERAL LIABILITY
 General Aggregate: _____ \$ _____
 Prods./Comp. Ops.: _____ \$ _____
 Personal & Adv. Inj.: _____ \$ _____
 Each Occurrence: _____ \$ _____

AUTOMOBILE LIABILITY: _____ \$ _____

PROFESSIONAL LIABILITY
 Gen. Agg./Per Occ.: _____ \$ _____

WORKERS' COMPENSATION: _____ As required by California State law

AGREEMENT EFFECTIVE/EXPIRATION DATE: . _____

OTHER ISSUES, TERMS & CONDITIONS:

- SPECIAL PROVISIONS:**
- 1) The Regents of the University of California, its officers, agents, employees, consultants, representatives and representative's consultants are included as additional insureds but only in connection with: _____
 - 2) This insurance shall be primary insurance as respects the Regents of the University of California, its officers, agents, and employees. Any insurance or self-insurance maintained by the Regents of the University of California shall be excess of and non-contributory with this insurance.
(Provisions 1 & 2 do not apply to Professional Liability)
 - 3) The provisions under Paragraphs (1 & 2) of this section, "Special Provisions" shall apply to claims, costs, injuries, or damages but only in proportion to and to the extent such claims, costs, injuries, or damages are caused by or result from the negligent acts or omissions of the named insured.
 - 4) Should any of the insurance programs described herein be canceled before expiration date thereof, the issuing company will mail thirty (30) days (ten (10) days for non-payment of premium) written notice to the certificate holder.