**Insurance Checklist**

**Disclaimer**

This checklist is provided by the Office of Systems Integration (OSI) for informational purposes only. The OSI does not guarantee the completeness or accuracy of the items in this checklist. Nothing contained herein shall constitute a waiver of or supersede any of the requirements in the Agreement. This checklist is intended to only address the requirements for the certificate of insurance (COI) and the required endorsements and waiver of subrogation. This checklist does not cover all of the insurance requirements of the Agreement. Contractor is responsible for ensuring that it complies with all the requirements of the Agreement.

Please contact your Procurement Official for questions about your insurance requirements.

**COI – General Requirements**

Includes the following general requirements.

[ ]  The Certificate Holder on the Contractor’s certificate of insurance shall include the following:

* OSI's address as listed in the solicitation **and**
* Agreement Number

[ ]  Named insured matches the Contractor name listed on the Agreement (STD.213)

[ ]  Policy number provided

[ ]  Policy effective date is prior to the contract effective date (applies to all insurance types)

**COI – Requirements by Insurance Type**

1. **Commercial General Liability**

Provides for commercial general liability (CGL) insurance and includes the following requirements.

[ ]  Occurrence box is checked

[ ]  Minimum limit for each occurrence is $1,000,000

[ ]  Minimum limit for general aggregate is $2,000,000

1. **Automobile Liability**

Provides for automobile insurance and includes the following requirements.

[ ]  For type of autos, any one of the following options is acceptable:

[ ]  Option 1 – “Any autos” box is checked,

[ ]  Option 2 – “Owned,” “hired,” and “non-owned” boxes are all checked, **or**

[ ]  Option 3 – If Contractor does not have any commercially owned autos under the business name:

* “Hired” and “non-owned” autos boxes are both checked, **and**
* Provide a signed [No Owned Autos Certification](https://www.osi.ca.gov/ProcurementForms/No%20Owned%20Autos%20Certification.docx) certifying that Contractor does not own any automobiles

[ ]  Minimum combined single limit is $1,000,000 per accident

1. **Workers’ Compensation**

Provides for workers’ compensation and employers’ liability (E.L.) insurance and includes the following requirements. \*

[ ]  Limit for E.L. – each accident is a minimum of $1,000,000

[ ]  Limit for E.L. disease – each employee is a minimum of $1,000,000

[ ]  Limit for E.L. disease – policy limit is a minimum of $1,000,000

\* If Contractor does not employ any individuals in any manner as to become subject to the workers’ compensation laws of California, provide a signed [Workers' Compensation Statement of Exemption](https://www.osi.ca.gov/ProcurementForms/Workers%27%20Compensation%20Statement%20of%20Exemption.docx).

**D. Professional Liability**

Provides for professional liability insurance and includes the following requirements.

[ ]  Minimum limit of $1,000,000 per occurrence

[ ]  Minimum aggregate limit of $2,000,000

1. **Umbrella Policy (as applicable)**

If any of the above insurance limits are not met, the State will accept an umbrella policy that provides the additional coverage to meet the contract limits. In these situations, the COI must provide the following requirements.

[ ]  The umbrella policy limit is sufficient to make up the difference in coverage

[ ]  Attached endorsement pages identifying the underlying policy/policies as covered under the umbrella policy

**Endorsements and Waiver of Subrogation**

1. **Additional Insured Endorsement**

Additional insured endorsements for CGL and Auto Insurance includes the following requirements.

[ ]  Any one of the following options is acceptable:

[ ]  Option 1 – “Required by contract” blanket additional insured endorsement, **or**

[ ]  Option 2 – If endorsement specifies the name of additional insured person or organization, it must state, “The Office of Systems Integration, the State of California, its officers, agents, and employees”

[ ]  Endorsement page(s) identify the policy number and that policy number matches the policy number on the COI

1. **Waiver of Subrogation for Workers’ Compensation**

Waiver of subrogation/waiver of right to recover endorsement for workers’ compensation includes the following requirements.

[ ]  Any one of the following options is acceptable:

[ ]  Option 1 – “Required by contract” waiver of subrogation/right to recover endorsement, **or**

[ ]  Option 2 – If endorsement specifies the name, it must state “State of California”

[ ]  Endorsement page(s) identify the policy number and that policy number matches the policy number on the COI