

PTA INSURANCE QUICK REFERENCE GUIDE

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Overview

Poway Unified School District (PUSD) and California PTA (CAPTA) each have specific insurance requirements that have to be met in order to have vendors on school property, or when signing a contract for services. This means TWO Certificates of Liability Insurance and Endorsements are needed for every event on school property -- one for the school district and one for the PTA (PUSD does not require a Hold Harmless Agreement). The goal of this document is to help clarify those requirements and provide samples that can be given to the vendor. It should be used in conjunction with the Insurance Guide provided by our insurance broker (see below).

Book fairs, instructors, inflatable companies, DJs, food purveyors, and anyone else you hire to provide a service or sell goods must provide these documents to protect PTA and PUSD against lawsuits in the case of accident or negligence. Each vendor should give the samples provided below to their insurance agent. As a PTA board member, you have a fiduciary responsibility to the PTA members to be familiar with these insurance requirements. There can be serious legal implications for failing to collect the appropriate insurance documents, and there has been occasion where a PTA president has been *personally sued for damages*.

Please read AIM's Insurance Guide for an understanding and overview of what the PTA's insurance covers. This document is available on the Palomar Council website at https://www.palomarcouncil.com/resources_and_forms

For insurance questions, contact Jamie Fagan at:

AIM Association Insurance Management Inc.
8144 Walnut Hill Ln Suite 900 Dallas TX 75231
(214) 360-8733 • FAX (214) 360-0802
Email: CAPTA@aim-companies.com

CAPTA Requirements

You must collect a Certificate of Liability Insurance, Endorsement/Additional Insured, and Hold Harmless Agreement from the vendor. *The PTA unit is responsible for reviewing them, and comparing them to the samples given. Failure to do so may result in an uncovered claim.*

File these documents onsite, as you will be asked to produce them in the case of an incident. If you would like to add this vendor to the "Approved Vendor List", email a copy to our insurance broker (capta@aim-companies.com). This will avoid them having to produce the documents again when visiting another PUSD school site in the future.

Hold Harmless Agreement

The vendor/concessionaire/service provider must sign a Hold Harmless Agreement. The Hold Harmless Agreement spells out the insurance requirements for the vendor/concessionaire/service provider. *The PTA is not allowed to sign a hold harmless or indemnity agreement unless our insurance broker reviews it first to make sure the wording is not slanted against the PTA.*

Certificate of Liability Insurance

The vendor needs to provide a Certificate of Liability insurance naming California PTA as the certificate holder. Effective and expiration dates of policy must be current as of date of event.

Certificate Holder section must read:

CAPTA

c/o AIM Association Insurance Management Inc.

8144 Walnut Hill Ln Suite 900

Dallas TX 75231

Endorsement (Additional Insured)

An endorsement is not additional insurance; it simply names California State PTA as Additional Insured on the policy. There is very specific wording on the sample that protects the PTA.

Contracts

PTA Bylaws require the president and another elected board member read and sign all contracts. Contracts with any vendor need to be in the name of the PTA unit (not the school or an individual), for the PTA Insurance to cover a negligent act of a member or volunteer of your PTA. Please sign "<your name> (position), for <your unit name> PTA".

Off Campus Venues

If facilities other than school premises are used for PTA events, the events site may ask you to list them as an Additional Insured on your General Liability policy. AIM does not charge for this and will be happy to do this at your request. As a precaution, you must know that adding someone as an Additional Insured means you share your limits with someone else under your policy (contact AIM for more info). Fill out a General Liability Additional Insured Request Form (in the AIM Insurance Guide) and send to aim@aim-companies.com (allow 24 hours for processing).

Sample Documents for CAPTA

Hold Harmless Agreement



The California State PTA insurance policy does not cover vendors/concessionaires/service providers. Consequently, all vendors/concessionaires/service providers are required to provide Evidence of Insurance to each PTA unless annual Evidence of Insurance has been filed with the California State PTA Insurance Broker.

HOLD HARMLESS AGREEMENT

FOR PTA FUND RAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

Insurance Requirements:

- (a) Workers' Compensation Insurance: Required if you have employees engaged in the performance of work under the agreement.
- (b) Comprehensive General Liability: Required \$1,000,000 Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and includes Bodily Injury, Property Damage, Personal Injury and Products Liability if applicable.
- (c) Automobile Liability Insurance: Required only if you are providing transportation (e.g., limousine or bus service) at a PTA event. \$5,000,000 limit required. \$1,500,000 for Limo's with 15 or less passengers. Limousines must be school bus certified if over 10 students per AB830. Other Autos at \$1M (including Food Trucks).
If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy **MUST** be submitted with your contract.

Endorsement containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all their officers, directors, members and volunteers.

The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and

_____ (Name of vendor/concessionaire/service provider)

I/We _____ (vendor/concessionaire/ service provider) agree(s) to defend and to indemnify and hold harmless, the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers with respect to my/our liability for "bodily injury," "property damage" or "personal and advertising injury" to the extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:

- a) In the performance of my/our ongoing operations; or
- b) In the sale or distribution of my/our products; or
- c) In connection with my/our premises rented to you.

Unless caused by the negligence of the California State PTA, unit, council or district PTAs.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor's/Concessionaire's/Service Provider's operations for any unit, council, district or State PTA in California.

PRINT NAME OF ENTITY: _____

DATE: _____ SIGNED: _____
(Vendor/Concessionaire)

PRINT NAME: _____ TITLE: _____

Vendor: If you wish to be included as an approved vendor on our Approved Vendor List, please contact our broker at

(800) 876-4044 or email at CAPTA@aim-companies.com.

Certificate of Liability Insurance

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/05/2019					
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 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 Insurance Producer Name Address Phone Number	CONTACT NAME: Vendor's Agent PHONE (A/C, No., Ext): 555-555-5555 FAX (A/C, No): ADDRESS: PRODUCER CUSTOMER ID #:						
INSURED Vendors Name & Address SAMPLE FOR VENDOR'S INSURANCE AGENT	INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company INSURER B : Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 9999 9999					
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 INSR	SUBR MVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERC <input type="checkbox"/> LOC	X		Policy Number	dates must be current at event		EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COM/PO/ AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Policy Number	dates must be current at event Auto needed for transportation or if vehicle(s) on site of event		COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	Policy Number	dates must be current at event Work Comp. only needed if vendor has employees working at event	X	WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and Volunteers are named as Additional Insured per the attached Additional Insured endorsement.							
CERTIFICATE HOLDER California State PTA c/o AIM Association Insurance Management 8144 Walnut Hill Ln. Ste 900 Dallas, TX 75231 *****or***** Unit's Address - for Specific Event				CANCELLATION 10 Days for Non-Payment 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			

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Endorsement (Additional Insured)

POLICY NUMBER: policy # here

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

California State PTA, all units, councils and districts of the California State PTA and all of their officers, directors, members and volunteers.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

PUSD Requirements

As with CAPTA requirements, you must collect a Certificate of Liability Insurance and Endorsement/Additional Insured from the vendor. **PUSD does not require a Hold Harmless Agreement.** Email a copy of these two documents to PUSD Facilities Department (vnorris@powayusd.com) and keep a copy, as you will be asked to produce them in the case of an incident. These documents must be sent to the district office together. If they are sent separately, the insurance will be declined. PUSD does not assist with insurance in any way. It is the vendor's responsibility to obtain adequate insurance.

Certificate of Liability Insurance

The vendor needs to provide a Certificate of Liability Insurance naming PUSD as the certificate holder. Effective and expiration dates of policy must be current as of date of event.

Endorsement (Additional Insured)

The vendor needs to add PUSD onto their insurance policy by providing an endorsement naming PUSD as an Additional Insured on the policy.

An endorsement is not additional insurance. External groups are required to provide the minimum insurance limits below:

General Aggregate \$2,000,000 (annual)
General Liability \$1,000,000 per occurrence
Products-Comp/Ops Aggregate \$1,000,000
Personal & Adv. Injury \$1,000,000
Each Occurrence \$1,000,000
Fire Damage \$100,000*
Medical Expense (per person) \$5,000

Coverage must be per occurrence NOT claims made.

*Activities that place buildings at risk for fire (use of kitchen, portable lighting, heavy electrical gear, pyrotechnics, etc) should have a \$1,000,000 Property/Fire limit.

Certificate holder section must state:

**Poway Unified School District
Attn: Risk Management
13626 Twin Peaks Road
Poway, CA 92064**

Documents for PUSD

Certificate of Liability Insurance

Certificate of Liability Insurance sample for PUSD is the same as for CAPTA (above), however Certificate Holder must be:

**Poway Unified School District
13626 Twin Peaks Road
Poway, CA 92064**

Endorsement (Additional Insured)

Endorsement is also the same for PUSD as CAPTA, but 'Name of Additional Insured Person(s) or Organization(s)' must be:

**Poway Unified School District
13626 Twin Peaks Road
Poway, CA 92064**

Reporting Incidents at PTA Events

The Incident Form (see next page) must be completed for every incident or accident that occurs. Please refer to the Insurance Guide for detailed procedures. It is important you have full/complete information, but you must not give the impression that because you have completed an Incident Report Form that the PTA is responsible and will “take care” of the injured party. Make four copies of the completed Incident Report Form and distribute as follows:

California State PTA:	insurance@capta.org
Palomar Council PTA President:	palomarcouncilpta9@gmail.com
9 th District PTA President:	president@ninthdistrictpta.org
AIM (insurance broker):	PTAclaims@aim-companies.com

Incident Report Form



Claim/Incident Report Form

Date: _____

Producer/Mailing Address:
AIM Association Insurance Management, Inc.
PO Box 742946
Dallas, TX 75374
1-800-876-4044 * FAX 214-360-0802
PTAClaims@aim-companies.com

Insured Information:

Name of Organization: _____		
Insured ID: _____	Policy Number: _____	
Address: _____	Council: _____	
City: _____	State: _____	Zip: _____

Person Reporting Claim:

Name: _____	Position: _____
Phone Number: _____	Email Address: _____

Type of Loss:

<input type="checkbox"/> Theft of money Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Theft or Damage of property Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Injury
<input type="checkbox"/> Other: _____

Witness Contact Information:

Witness Name: _____	Phone: _____
Email: _____	
Witness Name: _____	Phone: _____
Email: _____	