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 CAPTA Insurance Guide provided by our insurance broker (see below).

A Safe PTA Event Checklist is provided on page 4 to help you keep track of the documents collected.

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 the CAPTA Insurance Guide for an understanding and overview of what the PTA’s insurance covers. You must verify that your PTA-sponsored event is a “green” level activity on the Red Light, Yellow Light, Green Light list in the CAPTA Insurance Guide. If the activity is “yellow”, it means that the activity is generally allowed but has added risk and requires additional caution. Refer to the ‘Best Practices Guidelines’ on page 9 – 10 of the CAPTA Insurance Guide for more information around yellow events, or contact AIM directly for guidance. “Red” activities are not covered by our insurance and should not be sponsored by PTA. The Guide is available on Palomar Council’s website at https://www.palomarcouncil.com/resources_and_forms

For insurance questions, contact AIM at:

AIM Association Insurance Management Inc.
8144 Walnut Hill Ln Suite 900 Dallas TX 75231
(214) 360-0801 • FAX (214) 360-0802
Email: CAPTA@aim-companies.com
Safe PTA Event Checklist

Check off each required document as collected (see PTA Insurance Quick Reference Guide for details and examples). Store signed and adopted original vendor contract and all insurance documents (for PTA and PUSD) with the Secretary, to be filed in the Committee Reports binder for 2 years after the event. The chairperson in charge should keep a copy until after the event. Copies of all should remain with the president and event procedure binder for future reference. Electronic contracts should be printed and also saved electronically.

**CAPTA Insurance Requirements**

Covers PTA leaders, volunteers, attendees and association members against liability; must be collected for EACH vendor hired for PTA events/programs

- ☐ Certificate of Liability Insurance naming CAPTA (*per below special language) as certificate holder
- ☐ Endorsement (Additional Insured) naming CAPTA (*per below special language) as additional insured
- ☐ Hold Harmless Agreement
- ☐ Vendor contract, signed by president and chairperson ‘on behalf of’ your unit PTA

*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.*

**PUSD Requirements**

Covers the school district against liability and required in order to use their facilities for PTA events

- ☐ Certificate of Liability Insurance naming PUSD as certificate holder
- ☐ Endorsement (Additional Insured) naming PUSD as additional insured
- ☐ Facilities Use Request (approved, printed and filed with insurance documents)
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. They are required by CAPTA, and collecting them is in the best interest of your PTA.

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*. This 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**

Particular care must be taken when PTA sponsors an event off campus. You must verify that your PTA-sponsored event is a “green” level activity on the *Red Light, Yellow Light, Green Light* list in the *CAPTA Insurance Guide*. If the activity is “yellow”, it means that the activity is generally allowed but has added risk and requires additional caution. Refer to the ‘Best Practices Guidelines’ on page 9 – 10 of the *CAPTA Insurance Guide* for more information around yellow events, or contact AIM directly for guidance. “Red” activities are not covered by our insurance and should not be sponsored by PTA. The Guide is available on Palomar Council’s website at [https://www.palomarcouncil.com/resources_and_forms](https://www.palomarcouncil.com/resources_and_forms).
Additionally, the off-campus event 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 CAPTA 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 Limos with 15 or less passengers. Limousines must be school bus certified if over 10 students per ABS30. 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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 policies 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 each endorsement(s).

PRODUCER

Insurance Producer Name: Vendor's Agent
Address: 555-555-5555
Email: info@vendor.com
Agent: Authorized Representative
Producer: Authorized Produce
Customer #: 123456

INSURED

Vendors Name & Address

INSCRIBED A: Insuring Company: 9999
INSCRIBED B: Insurance Company: 9999
INSCRIBED C: Insurance Company: 9999
INSCRIBED D: Insurance Company: 9999
INSCRIBED E: Insurance Company: 9999
INSCRIBED F: Insurance Company: 9999

COVERAGE

COVERAGE 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 PRIOR CLAIMS.

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<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>A. GENERAL LIABILITY</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B. AUTOMOBILE LIABILITY</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>C. WORKERS' COMPENSATION AND EMPLOYER LIABILITY</td>
<td>$1,000,000</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (AUTHOR ACORD 61, ADDITIONAL INSURANCE SCHEDULE, REFER WITHIN COVERAGES)

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

Unit’s Address - for Specific Event

AUTHORIZED REPRESENTATIVE

Signature

©1998-2009 ACORD CORPORATION. All rights reserved.
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)
The Endorsement/Additional Insured 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 Report Form (see next page) must be completed for every incident or accident that occurs. Please refer to the CAPTA 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, 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
9th District PTA President: president@ninthdistrictpta.org
AIM (insurance broker): PTAclaims@aim-companies.com
Incident Report Form (page 1 of 2)

Claim/Incident Report Form

Date: ____________

Producer/Mailing Address:
AIM Association Insurance Management, Inc.
PO Box 742946
Dallas, TX 75374
1-800-875-4044 * 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:

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<th>Position:</th>
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<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
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Type of Loss:

- [ ] Theft of money
  - Was a police report filed? ____________ If so, please include.
- [ ] Theft or Damage of property
- [ ] Was a police report filed? ____________ If so, please include.
- [ ] Injury
- [ ] Other: ____________________________

Witness Contact Information:

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<tr>
<td>Email:</td>
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<tr>
<td>Witness Name:</td>
<td>Phone:</td>
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<tr>
<td>Email:</td>
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</tr>
</tbody>
</table>
Incident Report Form (page 2 of 2)

Occurrence:

Date: __________________ Location: __________________________________________________
Description of Occurrence: _________________________________________________________

Injured Party Information:

Name: ___________________ Date of Birth: __________________________
Address: ___________________ City: ___________________ State: ________________
Phone Number: ________________ Email Address: _____________________________
Description of Injury: _________________________________________________________
Cause of Accident: ___________________________________________________________

If you have any photos or videos of the event, please provide them.

Additional Information:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________