INSURANCE EXHIBIT

CSULB INSURANCE REQUIREMENTS

The limits of coverage set forth in this requirement are minimum amounts, and in any situation where an unusually high risk of liability is present, the campus may require the Lessee, Supplier, Vendor or Contractor to carry insurance with a higher limit. This requirement is in accordance with the CSU General Provisions for Service Acquisitions, Revised 10/15/14, Section 18, Insurance.

1. The Insurer must have a current AM Best rating of not less than A:VII.

2. General and Business Automobile Liability. Other Party shall furnish to the University prior to the event, a separate underwriter's endorsement with a certificate of insurance stating that there is liability insurance presently in effect for the lessee with a combined single limit of not less than $1,000,000 per occurrence, and $2,000,000 aggregate; and that Business Automobile Liability insurance (where applicable) is in effect with a minimum coverage of $1,000,000 (commercial vehicles only) per occurrence. The certificate holder shall be:

Trustees of the CSU
California State University, Long Beach
1250 Bellflower Blvd., BH-346
Long Beach, CA 90840-0123

3. Employer Liability: $1,000,000.
4. Workers' Compensation: As required under California law.
5. Abuse & Molestation (where applicable): $1,000,000 per occurrence for activities targeted at youth (under age 18).

The separate underwriter's endorsement for each certificate shall identify the University as an Additional Insured by stating the following:

a) The Insurer will not cancel the Insured's coverage without thirty (30) days prior notice to the University;

b) The State of California, the Trustees of the California State University, the California State University, Long Beach, and the officers, employees, volunteers and agents of each of them, are included as additional insureds, except for Professional Liability and Workers' Compensation insurance;

c) The State, the Trustees, the University, and the Foundation and the officers, employees, volunteers and agents of each of them will not be responsible for any premiums or assessments on the policy.
# Certificate of Liability Insurance

**Date:** (MM/DD/YYYY)

**Producer**
- **Name of Producer:**
- **Street Address:**
- **City, State, Zip Code:**

**Contact**
- **Name:**
- **Phone (A/C, No. Ext.):** 800-982-1000
- **Fax (AIC, No.):** 800-982-4000

**Insured**
- **Name of Insured:**
- **Street Address:**
- **City, State, Zip Code:**

**Insurers Affording Coverage**
- **Insurer A:** Name of Insurance Company, NAIC #: 12345
- **Insurer B:** Name of Insurance Company, NAIC #: 54321
- **Insurer C:** Name of Insurance Company, NAIC #: 29782

**Coverages**

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADD'L/SUB INSWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X CLAIMS-MADE X OCCUR</td>
<td>CPO4724-01</td>
<td>07/01/2020</td>
<td>07/01/2021</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<tr>
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<td>DAMAGE TO RENTED PREMISSES (Excluded) $100,000</td>
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<td>MED EXP (Any one person) $5,000</td>
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<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
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<td></td>
<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
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<td></td>
<td></td>
<td>PRODUCTS - COMP/OP AGG $1,000,000</td>
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<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>X ANY AUTO</td>
<td>BA04724-01</td>
<td>07/01/2020</td>
<td>07/01/2021</td>
<td>COMBINED SINGLE LIMIT $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>ALL OWNED AUTOS</td>
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<td></td>
<td></td>
<td>BODILY INJURY (Per person)</td>
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<td>SCHEDULED AUTOS</td>
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<td>NON-OWNED AUTOS</td>
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<td></td>
<td>OCCUR CLAIMS-MADE</td>
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<td>UMBRELLA LIABILITY</td>
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<td>DED RETENTION $</td>
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<tr>
<td>C</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>Y/N</td>
<td>WC04724-01</td>
<td>07/01/2020</td>
<td>07/01/2021</td>
<td>AGGREGATE $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>N/A</td>
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<td></td>
<td></td>
<td>E.L. EACH ACCIDENT $1,000,000</td>
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<td>E.L. DISEASE - EA EMPLOYEE $1,000,000</td>
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<td>E.L. DISEASE - POLICY LIMIT $1,000,000</td>
</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The State of California, the Trustees of the California State University, the California State University, Long Beach, its officers, employees, volunteers, and agents of each of them are included as Additional Insureds, except for Professional Liability and Workers’ Compensation insurance.

**Certificate Holder**

The Trustees of the California State University
California State University, Long Beach
1250 Bellflower Blvd, BH 348, MS0123
Long Beach, CA 90840-0123

**Cancellation**

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**

Authorized Representative Signature
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 Person or Organization:

The State of, the Trustees of the California State the California State
University, , and the officers, employees, volunteers and agents of each of them are
included as additional insureds.

California State University, Long Beach

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations
as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the
Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or
rented to you.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement. This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form. This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<table>
<thead>
<tr>
<th>Endorsement Effective:</th>
<th>Countersigned By:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Named Insured:</th>
<th>(Authorized Representative)</th>
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</tbody>
</table>

**SCHEDULE**

**Name of Person(s) or Organization(s):** The State of California, the Trustees of the California State University, the California State University, Long Beach, and the officers, employees, volunteers and agents of each of them are included as additional insureds.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

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