



University of California Vendor Liability Insurance Program Application

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Mailing Address: P.O. Box 14521, DSM, IA 50306

Please complete all fields, any incomplete applications will be sent back to applicant.

Coverage is designed for work performed under contract with the University of California only.

If you have general liability coverage meeting the limits required by University of California in place for your business, you may provide them with confirmation of that coverage and they will advise you whether or not purchasing this coverage is required.

Vendor's Business Name: _____

Authorized Contact (signer): _____

Address: _____

City, State, Zip: _____

Email address: _____ Website: _____

Contact Phone Number: _____ Fax#: _____

Vendor Information:

1. Are you a performer, exhibitor or vendor of products/services at an event held at one of the University of California campuses? Yes No

If "Yes", then you are not eligible to apply for coverage under this policy.

2. Will you be performing any job duties for this contract with the University of California (UC) outside of the U.S.A., any of its territories or possessions or Canada? Yes No

If "Yes", further underwriting review is required which may take up to 7-10 days.

a. If "Yes", specify where the work for UC will be done and the percentage of time estimated at each location. _____

3. Will you be providing any of the following professional services while performing any job duties for this contract with the University of California? Yes No

If "Yes", then you are not eligible to apply for coverage under this policy.

- Work involving any significant environmental/pollution exposure
- Construction work
- Medical services
- Any work with children
- Work involving storage or maintenance of UC's electronic data
- Legal services

4. Short Description of Vendor's Business:

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5. Short description of work to be performed for the University of California (i.e. consulting, research, project management, choreography, etc): _____

6. Detailed description of work to be performed for the University of California:

7. Contract term with University of California (coverage is for 12 months from contract start date):

8. Name, Phone Number, and Email Address of your primary contact at the University of California:

9. Indicate the University of California campus for which you will be performing the majority of your work? Please check only one location.

- | | | |
|--------------------------------------|---|---|
| UC Berkeley <input type="checkbox"/> | UC San Francisco <input type="checkbox"/> | UC Office of the President <input type="checkbox"/> |
| UCLA <input type="checkbox"/> | UC Santa Barbara <input type="checkbox"/> | UC Riverside <input type="checkbox"/> |
| UC Davis <input type="checkbox"/> | UC San Diego <input type="checkbox"/> | UC Irvine <input type="checkbox"/> |
| | | UC Santa Cruz <input type="checkbox"/> |

10. Number of years in business: _____

11. Have there been any claims filed against you or your business in the past 5 years? Yes No

If "Yes", please give a brief description of the claim(s) including date of the claim(s) and if open or closed.

If "Yes", further underwriting review is required which may take up to 7-10 days.

Fraud Notices

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

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NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."



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In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

Insured Signature

Date

Agent Signature

Date

CampusConnexions Program Administrator:
Association Member Benefits & Insurance Agency
P.O. Box 14521
Des Moines, IA 50306

CA Insurance License #0196562