NORTHWESTERN STATE UNIVERSITY

Insurance Requirements for Rent of University Facilities By Individuals and Organizations

I. Purpose and Scope: To provide a policy statement on insurance requirements for individuals and

organizations renting university facilities.

II. Reference: Office of Risk Management (ORM) Procedure Manual for Insurance

Requirements and ORM memorandum dated October 11, 1994 (Exhibit A)

III. Responsible Area: University Affairs

IV. Procedure:

University Employee Responsible for Facility/Program

1. Receive request to lease university Facilities and process in accordance with university procedures and all applicable state rules, regulations, etc.

Lessee/Renter

Procure and maintain for the duration that university facilities are rented or used, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the Lessee's operation and use of the leased premises. The cost of such insurance shall be borne by the Lessee.

Attached is an exhibit detailing insurance requirements as specified by the Office of Risk Management:

<u>EXHIBIT A</u> - Insurance Requirements for Individuals (A homeowner's policy with minimum liability limits of \$300,000 per occurrence with bodily injury and property damage coverage).

<u>EXHIBIT B</u> - Insurance Requirements for All Other Entities (Liability coverage with minimum limits of \$500,000 per occurrence).

Note: Lessee/renter may have a third party provide the certification of insurance as long as it is no funded by university funds. For instance, an approved food service provider may provide the certification of insurance for renters requesting catered events.

3. Individuals shall furnish the university with a copy of their Homeowners Policy as proof of liability coverage. A standard Homeowners Policy (HO-3) with minimum liability limits of \$300,000 per occurrence provides bodily injury and property damage coverage of \$300,000 total for each occurrence. Occurrence means an accident, including exposure to conditions, which results in bodily injury or property damage.

Other entities shall furnish the university with certificates of insurance documenting coverage required in the exhibit. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

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The copy of the Homeowners Policy or original certificates of insurance are to be received and approved by the university before the lease commences. The university reserves the right to require complete, certified copies of all required insurance policies, at any time.

4. Execute an Indemnification Agreement (Hold Harmless) as specified in EXHIBIT B.

Note: If it is determined that the university and the other entity are operating in a joint venture, then the Indemnification Agreement for point ventures needs to be specially written because of the very nature of joint ventures. In this case, the Underwriting Unit at the Office of Risk Management will need to be contacted for assistance.

5. Forward certificates of insurance and Indemnification Agreement to the University Employee Responsible for Facility/Program for review and approval.

University Employee Responsible for Facility/Program

- 6. Review certificates of insurance for required coverage and ensure that an executed Indemnification Agreement has been provided.
- 7. Once the certificates and the Indemnification Agreement are approved, execute the lease agreement in accordance with university procedures, etc.
- 8. Maintain file and correspondence concerning insurance requirements for Rent of University Facilities by Individuals and Organizations.
- 9. Maintain file for six years, excluding the current fiscal year.

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** EXHIBIT B **

IND!	EMNIFICATION AGREEMENT	
The	agrees to protect, defend	, indemnify, save, and hold
Contractor/Subcontractor/Lessee/	Supplier	
harmless the State of Louisiana, all Stat agents, servants and employees, inclu- expense and liability arising out of inju- any property which may occur or in ar	ding volunteers, from and against a ry or death to any person or the da	ny and all claims, demands, mage, loss or destruction of ssion of
Contractor/Subcontractor/Lessee/Supp		
expense and/or attorney fees incurred b	Υ	as a result of any
	Contractor/Subcontractor/Lesse	e/Supplier
claim, demands, and/or causes of action out of the negligence of the State of Loc	uisiana, all State Departments, Ager	ncies, Boards, Commissions,
its agents, representatives, and/or emp	Contractor/Subcontractor/	Lessee/Supplier
investigate, handle, respond to, provide sole expense and agrees to bear all oth is groundless, false or fraudulent.		
	Accepted by	
		Company/Lessee Name
		Signature
		Signature
		Title
	Date Accepted	
	Is Certificate of Insur	ance Attached?YesNo
Contract No	for	
	State Agency I	Number and Name
PURPOSE OF CONTRACT:		
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