Insurance Policy and Endorsement Statement

Stanford requires external (i.e. Non-Stanford operated and/or funded) programs to instruct their insurance broker or agent to submit a proof of insurance ACORD and Statement of Endorsement (see page 2 for a sample endorsement statement) indicating the provisions specified below. The conference entity insurance shall be primary coverage. Stanford University insurance/self-insurance programs shall be excess and not contributory.

Your proof of insurance ACORD and your Statement of Endorsement are due to your Conference Account Coordinator at least 30 days prior to the start of your conference. External programs that fail to provide proof of insurance will not be allowed on campus.

You will forever indemnify, defend, and hold harmless the Board of Trustees of the Leland Stanford Junior University, their Officers, Agents, Representatives, Faculty, Students, Employees, and Volunteers from and against any and all claims of liability, loss or damages, costs and expenses, including reasonable attorney’s fees, whether direct or consequential, on account of any loss, injury, death, or damage to any persons or property arising in any way out of your use of Stanford University facilities and premises, unless they arise solely out of the gross negligence or willful misconduct of Stanford. You hereby waive all claims against Stanford, for damage to property or injury or death to persons arising out of the conference and the use of Stanford University facilities and premises. You further agree to compensate Stanford for any damage or injury to Stanford’s property or personnel arising out of such conference, facilities and premises use. This paragraph shall not, however, apply to claims, damages, and injuries arising solely out of the gross negligence or willful misconduct of Stanford.

Standard Insurance Requirements for Use of Stanford University Facilities

ACORD Form 25 must be completed by Insurance Broker or Agent.

Note: For bodily injury and/or property damage: $3,000,000 per occurrence/Combined Single Limit

A. Comprehensive General Liability with usual business use endorsements including contractual liability.

B. Automobile Liability with "Any Auto" selected: $1,000,000 Combined Single Limit

C. Worker’s Compensation/Employer’s Liability:
   $2,000,000 Bodily Injury by Accident - Each Accident
   $2,000,000 Bodily Injury by Disease - Policy Limit
   $2,000,000 Bodily Injury by Disease - Each Employee

   (Waiver of Subrogation in favor of Stanford University by endorsement)

D. Additional Insured Endorsement: The Board of Trustees of the Leland Stanford Junior University, its trustees, officers, agents, representatives, faculty, students, employees and volunteers must be named as additional insured.

Above insurance is primary as respects all other insurance or self-insurance in force.

Should any of the above described policies be canceled or have a material change in coverage before the expiration date thereof, the issuing company will mail 30 days written notice to the below named Certificate Holder.

Certificate of insurance must contain a contractual liability endorsement stating that the policy is extended to cover the liability assumed by the insured under the terms of his contract with the University.
Insurance Policy and Endorsement Statement

All of the above must be included in your certificate of insurance; otherwise, it will be necessary to return the certificate to your insurance agent for correction.

Insurance must be on file with Stanford University four weeks prior to the event or use of facilities. The Certificate Holder for each certificate shall read as follows: “The Board of Trustees of the Leland Stanford Junior University.” Please send the certificate to the contact listed below.

Contact:
[Name of Your Conference Account Coordinator]
Stanford Conferences
215 Panama Street, Building D
Stanford, CA 94305
Phone: (650) 723-3126
Fax: (650) 723-7020

Sample Endorsement Statement (provided by your insurance company)

This endorsement changes the policy. Please read it carefully.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Policy Number: [Organization's Insurance Policy Number]
Insured: [Name of Organization]

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name(s) of Additional Insured Person(s) or Organization(s): The Board of Trustees of the Leland Stanford Junior University, its trustees, officers, representatives, agents, employees, faculty, students, and volunteers as additional insured.

Section 8 - 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" issuing 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 ordinary operations;
B. in connection with your premises owned by or rented to you.

Updated 1/2019