

OUHSD Outside Agency Pre-Qualification Checklist

1. **Provide Organization information:**

- a. Title of agency, Supervisor, address, contact information (include phone, email and fax), Other
- b. Company list and description of programs and services (*May include new or newly added services*)
- c. List of districts or educational institutions currently or previously served

2. **Tax identification information:** IRS form W 9 and signed IRS checklist

3. **supplemental Insurance Information:**

- a. Verification of Worker's comp _____

- b. Commercial General Liability Insurance (select one) _____ individual, sole proprietor, partner, Corp, other
 \$ 1,000,000.00 , \$ 2,000,000.00
 * _____ *high risk events/activities*
 \$ 2,000,000.00 \$ 4,000,000.00
 * _____ *severe risk events/activities*
 \$ 5,000,000.00 \$ 10,000,000.00

- c. Automobile Liability – if they drive onto campuses _____
 Personal vehicles:
 \$ 500,000.00 combined single limit or
 \$100,000.00 per person / \$300,000.00
 per accident
 Commercial vehicles:
 \$1,000,000.00 combined single limit

- d. Errors and Omissions Insurance _____
 Accountants, attorneys, education
 consultants, nurses, therapists:
 \$1,000,000.00
 *Physicians and medical corporations:
 \$5,000,000.00

- e. Other coverage:
 - i. Abuse and Molestation _____
 Each Occurrence:
 \$ 2,000,000.00
 Aggregate:
 \$5,000,000.00

Provision of all requested Certificates of Insurance

Date of completed pre-qualification _____