

EXHIBIT B

INSURANCE REQUIREMENTS

**CERTIFICATE OF LIABILITY INSURANCE**

**A. Insurance Coverage/Limits:**

Contractor and each of its subcontractors hereunder, if any, shall at its own expense, obtain insurance as provided below from reliable insurance companies acceptable to Laramie County Community College (LCCC) and authorized to do business in the State of Wyoming, in which the Work is to be performed, with limits as specified in U.S. currency or equivalent. Such insurance shall be in force at the time the Work is commenced and shall remain in force for the duration of this Contract/Agreement, unless a later date is specified below.

- a. Workers' Compensation and Employer's Liability Insurance:** Workers' Compensation insurance or its' equivalent (including Occupational Disease coverage) as required by law for all employees, agents, and subcontractors. Employer's Liability Insurance (including Occupational Disease coverage) in the amount of **\$1,000,000.00 per accident**. Such insurance shall provide coverage in the location in which the work is performed and the location in which the Contractor is domiciled. The Contractor expressly agrees to comply with all provisions of the Workers' Compensation Laws of the state(s) or country wherein said work is being performed.
  
- b. General Liability Insurance:** Commercial General Liability insurance covering all operations by or on behalf of Contractor against claims for bodily injury (including mental injury, mental anguish, and death) and property damage (including loss of use). The Commercial General Liability policy will include limits as follows:

|   |                |
|---|----------------|
| i. General Aggregate                        | \$1,000,000.00 |
| ii. Products and Completed Operations       | \$1,000,000.00 |
| iii. Personal Injury and Advertising Injury | \$1,000,000.00 |
| iv. Each Occurrence                         | \$1,000,000.00 |
| v. Damage to Premises Rented                | \$100,000.00   |
| vi. Medical Expense                         | \$5,000.00     |

If the policy is written on a claims-made basis, the Contractor will include an automatic extended reporting period of at least five (5) years past the expiration date of the policy.

- c. Automobile Liability Insurance:** Automobile Liability insurance against claims of bodily injury (including death) and property damage (including loss of use) covering all owned, rented, leased, non-owned, and hired vehicles used in the performance of the Work, with a **minimum**

**limit of \$1,000,000.00 per accident** for bodily injury and property damage combined and containing appropriate uninsured motorist and No-Fault insurance provision wherever applicable.

- d. **Excess Insurance:** Excess (or Umbrella) Liability insurance with a **minimum limit of \$2,000,000.00 per occurrence/\$2,000,000.00 annual aggregate**. This insurance shall provide coverage **in excess** of the underlying primary liability limits, terms, and conditions for **each** category of liability insurance in the foregoing subsections a, b, and c. This insurance shall be written on a following form basis of underlying coverage, and the aggregate limits, if any, shall apply separately to each annual policy period. If this insurance is written on a claims-made policy form, then the policy shall be endorsed to include an automatic extended period of at least five (5) years.

## B. Policy Requirements

- a. **Certificate Proof:** Prior to the commencement of the respective Contract and/or Agreement, the successful Contractor shall deliver certificates of insurance evidencing such policy or policies to the LCCC Director of Procurement and Contracting specific "Certification" proof shall include:
- i. Certificate of Liability insurance form.
  - ii. State of Wyoming, Department of Employment "Unemployment Insurance Certificate of Good Standing".
  - iii. State of Wyoming, Department of Employment "Workers' Compensation Certificate of Good Standing".

**"Certification" may be mailed, faxed or emailed to:**

- E-mail: [jspezzano@lccc.wy.edu](mailto:jspezzano@lccc.wy.edu)
- Fax: 307-778-4300 (Attn: Director, Procurement and Contracting)
- Mail: 1400 East College Drive, Cheyenne, WY 82007 (Attn: Director, Procurement and Contracting)

- b. **Additional Insured Clause:** LCCC shall be listed as the "Additional Insured" on all policies, but only with respect to operations of successful firm under the respective Contract.
- c. **Notice of Cancellation:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be canceled or non-renewed expect after thirty (30) days prior written notice has been given to LCCC, expect when cancellation is for non-payment of premium, then ten (10) days prior notice may be given. Such notice shall be sent directly to **LCCC, Director of Procurement and Contracting**.

Updated on April 14, 2015