PVCC Certificate of Insurance Requirements

ACORD 25 Form

Please ensure that your certificate is provided on the latest version of the ACORD 25 form. To the right is an example of what this form looks like.

Certificate Holder

The certificate holder should be written as follows:

Maricopa Community Colleges Paradise Valley Community College 18401 N 32nd St Phoenix, AZ 85032

Maricopa Community Colleges is the legal entity which Paradise Valley Community College belongs to. The address should be the campus' address in order to ensure the campus is notified when coverage is renewed or canceled.



Additional Insured

A "Y" should be entered in the "ADDL INSD" column next to each type of coverage where the Maricopa Community Colleges are named as an additional insured.

The "DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES" box should contain the following language:

"Maricopa County Community College District, its agents, officers, officials, employees, and volunteers are hereby named as additional insured's as their interests may appear."

Waiver of Subrogation

A "Y" should be entered in the "SUBR WVD" column next to each type of coverage. Each policy requires a waiver of subrogation in favor of the Maricopa Community Colleges for losses arising from work performed by, or on behalf of the contractor.

Required Coverages

General Liability

•	General Aggregate	\$2,000,000
•	Products – Completed Operations Aggregate	\$1,000,000
•	Personal and Advertising Injury	\$1,000,000
•	Damage to Rented Premises	\$50,000
•	Each Occurrence	\$1,000,000

Commercial Auto Liability

This coverage may be waived in cases where use of a vehicle is not part of the services being provided, i.e. when the contractor does not require a vehicle, or is only using the vehicle to commute to the campus.

When required, this coverage must include a combined single limit (CSL) for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to the contractor's owned, hired, and non-owned vehicles.

Worker's Compensation

This coverage should include limits statutorily required by an Federal or state law and Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

Certain vendors or contractors may be exempt from providing proof of Workers' Compensation insurance. If you are not required to maintain this insurance by law, please contact the Business Services office at PVCC for a Sole Proprietor Waiver or an Independent Contractor Agreement.

Professional Liability / Network Security and Privacy Liability

Some contracts may require Professional Liability coverage or Network Security and Privacy Liability coverage. When required, please refer to the contract document for details.

Questions and Concerns

Please reach out to the Business Services office at dl-fiscal@paradisevalley.edu for any questions or concerns regarding these requirements.