

United ISD Insurance Requirements For Service Providers

United ISD Risk Management Dept. Phone: (956)-473-6347 Date: 11/18/2025					***
	Contracts \$1- \$100,000		Contracts Over \$100,000		Inflatable Devices Vendor
	No Premises Contact**	Premises Contact **	No Premises Contact**	Premises Contact **	Premises Contact **
Commercial General Liability					
BI & PD Each Occurrence	\$300,000	\$300,000	\$1,000,000	\$1,000,000	\$1,000,000
BI & PD General Aggretrate	\$600,000	\$600,000	\$1,000,000	\$1,000,000	\$1,000,000
Products & Completed Operations	\$300,000	\$300,000	\$1,000,000	\$1,000,000	\$500,000
Personal & Adv Injury	\$300,000	\$300,000	\$1,000,000	\$1,000,000	\$1,000,000
Fire & Legal Liability	N/A	N/A	N/A	N/A	\$500,000
Medical Expenses	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Policy must not exclude Sexual Abuse coverage					
Personal or Commercial Auto Liability	No Premises Contact**	Premises Contact **	No Premises Contact**	Premises Contact **	Premises Contact **
Bodily Injury Each Person	N/A	\$30,000	N/A	N/A	\$30,000
Bodily Injury Each Accident	N/A	\$60,000	N/A	N/A	\$60,000
Property Damage Each Occurrence	N/A	\$25,000	N/A	N/A	\$25,000
Combined Single Limit	N/A		N/A	\$1,000,000 CSL	
Umbrella Liability (Excess)					
Over GL, Auto & Workers' Comp	N/A	N/A	N/A	N/A	
* Workers' Compensation (WC)	N/A	*See Below	N/A		*See Below
	N/A	Per Statutory Provisions	N/A	Per Statutory Provisions	Per Statutory Provisions
Employers Liability		\$500,000		\$500,000	\$500,000
Additional Insured Endorsement and Waiver of Subrogation	N/A	Yes	N/A	Yes	Yes
Insurance Company "AM Best" Rating	N/A	A - or better	N/A	A - or better	A - or better
Cancellation Notice	N/A	30 Days	N/A	30 Days	30 Days
* Must provide proof of WC insurance only if vendor has employees or <u>UISD Hold Harmless Agreement</u> if vendor is a sole proprietor without any employees					
** Premises Contact- is defined as vendor and/or any of their employees/respresentatives setting foot on UISD property					