

University of California Vendor Liability Program Insurance Application

Phone: 866-838-9536 Fax: 515-365-3005 E-mail: plsdsteam.service@mercer.com
Mailing Address: P.O. Box 14521, DSM, IA 50306

Please complete all fields, any incomplete applications will be sent back to applicant.

Coverage is designed for work performed under contract with the University of California only.

If you have general liability coverage meeting the limits required by University of California in place for your business, you may provide them with confirmation of that coverage and they will advise you whether or not purchasing this coverage is required.

Vendor's Business Name: _____

Authorized Contact (signer): _____

Address: _____

City, State, Zip: _____

Email address: _____ Website: _____

Contact Phone Number: _____ Fax#: _____

Vendor Information:

1. Are you a performer, exhibitor or vendor of products/services at an event held at one of the University of California campuses? Yes No
(If yes, then you are not eligible to apply for coverage under this policy)
2. Will you be performing any job duties for this contract with the University of California outside of the U.S.A? Yes No
(This policy excludes work done outside of the U.S. coverage territory; therefore, answering "yes" to this question means you are not eligible to apply for coverage.)
3. Do any of the following apply to you? Yes No
(If yes, then you are not eligible to apply for coverage under this policy.)
 - Vendor/Contractor with any significant environmental/pollution exposure
 - Construction Vendor/Contractor
 - Vendor/Contractor that would normally carry Medical Professional Liability coverage
 - Aircraft or Watercraft Charter Company
 - Vendor/Contractor working with children
 - Vendor/Contractor responsible for storage or maintenance of UC's electronic data
 - Attorney

4. Short Description of Vendor's Business:

University of California Vendor Liability Program Insurance Application

5. Contract term with University of California (coverage is for 12 months from contract start date):

6. Description of work to be performed for the University of California:

7. Name, Phone Number, and Email Address of your primary contact at the University of California:

8. Indicate the University of California campus for which you will be performing the majority of your work? Please check only one location.

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> UC Berkeley | <input type="checkbox"/> UC San Francisco | <input type="checkbox"/> UC Riverside | <input type="checkbox"/> UC Office of the President |
| <input type="checkbox"/> UCLA | <input type="checkbox"/> UC Santa Barbara | <input type="checkbox"/> UC Irvine | |
| <input type="checkbox"/> UC Davis | <input type="checkbox"/> UC San Diego | <input type="checkbox"/> UC Santa Cruz | |

9. Number of years in business: _____

10. Have there been any claims filed against you or your business in the past 5 years? Yes No
[If yes, please give a brief description of the claim(s) including date of claim(s)]:

Fraud Notices

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

University of California Vendor Liability Program Insurance Application

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

The University of California has selected Chartis Insurance company for this insurance program. Alternative insurance products may be available in the insurance market place. Mercer Consumer, a service of Mercer Health & Benefits Administration, LLC, is providing this single insurer option on behalf of The University of California. If the program requirements of the insurer are not met, Mercer may seek additional options on your behalf. In addition, please note that we may utilize a third party Business Insurance Now to gain access to insurers that we do not have direct access to in the insurance marketplace.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and enter in the security code O4875335, or call us at 1-800-503-0230 for specific details.

Authorized Contact Signature*: _____ **Date:** _____

****Signing this Application shall not constitute a Binder or Obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and receipt of your payment.***

Program Administrator:
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 14521
Des Moines, IA 50306

In CA d/b/a Mercer Health & Benefits Insurance Services LLC
AR Insurance License #100102691
CA Insurance License #0G39709