INSURANCE PURCHASE PROCESSING INSTRUCTIONS

SPECIAL EVENT INSURANCE *(Trust Account Generated Payment Method)*

1 The type of insurance determined to fit your inquiry is: Special Event Insurance and is considered a_____

under Hazard Schedule _____.
Nominee Event: The Nominee Event insurance is an Alliant evaluated insurance program. The Risk Management office will complete a required application which is then reviewed by Alliant and a proposal is returned indicating the premium amount.The proposed amount will then be sent to the applicant for acceptance. Payment procedure below, identified in steps 5 and 6, then applies.

2 The calculation used to determine the insurance premium is based on the:
- (a) The number of days of the event _____
- (b) Event Type _____
- (c) Number of Attendees _____
- (d) Hazard Schedule (3 levels - 3rd level requiring the highest premium) _____

3 The certificate of insurance is generated in-house and will be mailed upon receipt of payment in full.

4 Your event premium is calculated at _$_____.

5 An invoice will be generated by Business Financial Services (BFS) to transfer funds into the Risk Management/EHS trust account. Departments shall provide an account number to be billed against.

6 Checks, from off-campus entities, are accepted and should be made payable to: CSULA Risk Management.

(Note: Quarterly payments are made to insurance carrier by the RM/EHS Office)

INLAND MARINE INSURANCE PROGRAM *(Trust Account Generated Payment Method)*

1 This form of insurance is used when equipment is rented or art work is loaned to the University.

2 A list of either rented equipment or loaned items on company letterhead, along with a total value, is required.

3 Equipment rentals requiring a signature must be obtained by an authorized University representative.

4 Please attach at least one of the following for review by the underwriter in preparing an insurance quote:
- (a) Rental Agreement
- (b) Purchase Order
- (c) Equipment lease and/or list of items with total replacement value or dollar cost

5 An evidence of coverage certificate, issued by our insurance carrier, will be mailed upon acceptance of quote and payment in full is received.

6 The insurance quote amount for this transaction is _____.

7 An invoice will be generated by Business Financial Services (BFS) to transfer funds into the Risk Management/EHS trust account. Departments shall provide an account number to be billed against

8 Checks, from off-campus entities, are accepted and should be made payable to: CSULA Risk Management.

(Note: Quarterly payments are made to insurance carrier by the RM/EHS Office.)

VENDOR/CONTRACTOR INSURANCE *(DirectPay Payment Method)*

1 The type of insurance determined to fit your inquiry is: Vendor/Contractor Insurance, required is:
Contract/agreement - based projects and requires application

2 Underwriter review of the application will generate a quote which may require 48 hours.

3 Quote is based on:
a. Description of the contract
b. Scope of Work to be performed
c. Value of contract
d. Quote amount will be provided - via e-mail, invoice.

4 Upon acceptance and receipt of payment in full the certificate will be issued by the insurance carrier.
Payment will be sent certified to the purchasing office.

5 Project is determined to be classified as_____ requiring a premium of_____.

6 A DirectPay Request (DPR) (see note below) must be generated and submitted to Business Finance Services (BFS) in Adm 514.
Upon receipt of the DPR, the BFS will process the DPR within 10 working days.

7 The BFS will notify the Risk Management/EHS office to pick-up the payment.

8 A certificate of insurance will be issued (as per above guidelines)

DIRECTPAY: ***Explanation of Payment (required and must be included on form for all requests):***

EXAMPLE: Please issue payment to cover insurance cost for _____ event effective 00/00/00 through 00/00/00.
BFS - DO NOT MAIL CHECK Please notify the RM/EHS Office on ext. 3-3531 as soon as the check is available for pick-up; original documentation must accompany the payment Thank You.

NOTE: The check should be payable to Alliant Insurance Services, Inc.

NOTE: Address of Payee: P.O. Box 6450, Newport Beach, CA 92658

NOTE: **The DPR form can be found in MS Outlook Public Folders, Business Financial Services, in the AP folder**

Ins.Proc.Instr. 2008.xls