

**Vendor Application for Insurance**

***CPS has made this program available as a courtesy for those individuals or groups who are unable to secure coverage elsewhere. All applicants are encouraged to check with their own insurance brokers for available coverage.***

*This Application only applies for Small Business Vendors who are required to obtain Commercial General Liability Insurance associated with Chicago Public Schools ("CPS") activities/business. The limits are \$1,000,000 Each Occurrence - \$300,000 Damage to Rented Premises - \$1,000,000 Personal & Advertising Injury - \$5,000,000 Products-Comp/Op Agg (Policy Period: 07/01/2017 to 07/01/2018)*

**PLEASE NOTE: THIS POLICY EXCLUDES SEXUAL ABUSE AND MOLESTATION COVERAGE.**

**(Vendors applying for this insurance coverage need to confirm with the CPS Risk Management Department that the coverage will comply with the CPS insurance requirements for the services you are providing.)**

**Insurance Requirements:** Effective May 30, 2012, all vendors that do business with the Board of Education are required to carry insurance coverage. **ALL VENDORS** are required to register with Board designated insurance monitoring company. For detailed information see website: [www.cpsvendorcert.com](http://www.cpsvendorcert.com)

To request coverage, complete this application, provide a **cashier's check or money order** in the amount of **\$180.00** to **Insurers Review Services, Inc.** and mail to **Insurers Review Services, Inc.** at the address below. **Once approved, there will be no refund of premium even if a vendor number is not provided by CPS.** Please make sure you have been pre-approved prior to purchasing this insurance.

This program is solely for sole proprietors or small businesses that conduct educational / consulting / speaking engagements and/or visit CPS locations. It is not intended for any individual or organization that engages in professional services, capital improvements or renovations. The Vendor **must be approved** by the underwriter under this policy. If coverage is not approved, premium will be returned. The coverage and premium are on an annual basis (the premium is per Vendor). A new application and premium will be needed annually at the 07/01 renewal date, regardless of start date of insurance.

**Note:** Coverage is part of a group policy for Chicago Public School Vendors. Coverage does not extend to any services or work done for any person or entity other than CPS or which is done for CPS outside CPS locations. **All policies, regardless of inception date, expire on 07/01 policy anniversary date.**

**Make cashier's check or money order payable to Insurers Review Services, Inc. – only cashier's checks and money orders are acceptable methods of payment.**

**Mailing Address for Application and Payment:**

**Liz Ortiz**  
**Insurers Review Services, Inc.**  
**225 North Michigan Avenue, Suite 902**  
**Chicago IL 60601**  
**Phone: 312.938.0900 / Fax: 312.938.3552**  
**[lizortiz.irsinc@ameritech.net](mailto:lizortiz.irsinc@ameritech.net)**

Date: \_\_\_\_\_  
Name of Requester: \_\_\_\_\_  
Address of Requester: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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Name and Address of Vendor:

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Phone Number of Vendor:

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Email Address of Vendor:

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Description of Services:

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**Certificate of Insurance Information**

Name and Address of Certificate Holder:

Board of Education of the City of Chicago  
42 West Madison, 2<sup>nd</sup> Floor  
Chicago IL 60602

Additional Information:

On file



**Disclaimer: Coverage is not bound until the Application has been received, premium paid and a valid Certificate of Insurance has been issued.**

*Version 17 as of June 28, 2017*