



CPS Vendor Insurance Application

This program is **ONLY** for sole proprietors or small businesses that conduct educational, consulting, speaking engagements or visit CPS locations. It is **NOT** for any individual or organization that engages in professional services, capital improvements or renovations. This coverage is part of a group policy for Chicago Public Schools and **CANNOT** be used as proof of insurance with any other entity. This policy renews and expires every year on July 1st, regardless of vendor's purchase date (**07/01/2020 - 07/01/2021**).

REQUIREMENTS

Effective May 30, 2012, all CPS vendors that do business with the Board of Education are required to carry Commercial General Liability insurance with the following limits:

- **Each Occurrence - \$1,000,000**
- **Damage To Rented Premises - \$300,000**
- **Medical Expense – EXCLUDED**
- **Personal & Advertising Injury - \$1,000,000**
- **Products-Comp/Op Aggregate - \$5,000,000**
- **General Aggregate - NONE**

Each vendor application will be reviewed and approved by underwriting. If it is determined that the vendor provides services that includes interaction with children and/or provides services on a CPS premise, the vendor will be required to purchase Sexual Abuse & Molestation (SAM) coverage. The procedure that needs to take place if SAM coverage is required: full completion of this application for the coverage, CPS sponsorship is up to date, approval and sign off of the background check by CPS, as well as underwriter approval. Vendors that purchase SAM coverage please allow three business days for underwriting approval. For more information visit: www.cpsvendorcert.com

PAYMENT

Please make cashier's check or money order payable to Insurers Review Services, Inc. Cashier's check and money order are the only acceptable forms of payment.

Another form of payment is with a credit or debit card with a processing fee of \$22.00 for the \$740.00 premium.

PRICING

Commercial General Liability with SAM (\$1M/\$1M limits): \$740.00

MAILING INFORMATION

Insurers Review Services, Inc.

Attention: Liz Ortiz

550 East 50th Place, Chicago IL 60615

Contact information: 312.938.0900 / submissions@irsichicago.com



CPS Vendor Insurance Application

Vendor Name:

Contact Person:

Street Address:

City / State / Zip Code

Email:

Phone Number:

Detailed Description of Vendor Services:

Type of Service Provided:

Date(s) (Month/Year) and Hours of Service:

SAM Coverage Questions -

Do the services you provide include interaction with children? Yes No

Do you provide services on the premises when children are present? Yes No

Number of students participating versus number of teachers/chaperones. ___/___

Please note that underwriting guidelines require a three-business day approval process. Thank you.

Applicant's Signature / Date

Version 3 as of October 1, 2020