

2. Review the Policy Effective and Expiration dates to make sure the **policy covers the terms of the contract or scope of work.**
3. Review the **Insurance Limits** to make sure they are what are stated in the contract.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS – Stated in the contract/PO	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	Please check the policy effective date.	Please check the policy expiration date.	EACH OCCURANCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
					PRODCUTS-COMP/OP AGG	

4. Make sure **The Regents of the University of California** is named as an **additional insured!** This allows the University to work directly with the insurance carrier in case of a claim.
5. Check to make sure The Regents of the University of California is listed under the Certificate Holder along with the Department Name, Department Contact and address.
6. Review and make sure there is a 30 Days written notice under Cancellation.

Description of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provision.	
IMPORTANT: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS NAMED AS AN <u>ADDITIONAL INSURED</u> . (precise wording is key here)	
The Regents of the University of California Student Affairs Insurance Coordinator 2610 Channing Way Berkeley, CA 94720	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Authorized Signature</i>

If you have any questions, please call the Office of Risk Management at 642-5141.

UNIVERSITY OF CALIFORNIA

MINIMUM INSURANCE REQUIREMENTS FOR CONTRACTORS/EXTERNAL USERS

GENERAL

United States Vendors Only¹

A. MINIMUM LEVELS OF COVERAGE

It is always advisable to obtain the maximum levels of coverage that the vendor will accept. However, the following are the *minimum* insurance coverage and policy limits that must be included in *all* contracts with Contractors and External Users. Depending on the activity involved in the contract, additional coverage may be necessary (see Section B below).

Commercial General Liability

\$1MM Each Occurrence
\$2MM Aggregate
\$2MM Products Completed Operations
\$1MM Personal & Advertising Injury
\$100k Fire Damage (any one fire)
\$5k Medical Expense (any one person)

Commercial Auto Liability

\$1MM Combined Single Limit

Workers' Compensation

Statutory Limits

Employers' Liability

\$1MM

B. ADDITIONAL COVERAGE

Additional coverage may be necessary, depending on the activity involved in the contract. For example, additional coverage and limits are normally required for activities that involve a higher risk, including but not limited to:

- Events at which alcohol will be served or sold;
- Charters of aircraft, watercraft or ground transportation (See Transportation – Minimum Insurance Requirements for Contractors/External Users);

¹ Consult Risk Manager for vendors outside the United States.

- Construction activities, including but not limited to facilities alteration, equipment installation (non-health), campus planning, demolition, engineering, land use and materials testing (See Construction – Insurance Requirements for Construction Related Contracts/Service Agreements);
- Health related contracts, including but not limited to contracts for with physicians, medical groups, hospitals, vendors to University medical centers, patient transport and purchasing or installation of medical equipment (See Health Related – Minimum Insurance Requirements for Contractors/External Users);
- Environmental activities, including but not limited to purchase, use or application of hazardous materials, environmental testing, monitoring, assessment or cleanup, transport of hazardous material, pesticide spraying, and certain recycling and waste reduction activities;
- Contracts with professionals such as lawyers, actuaries, child care professionals, and executive search consultants.

Additionally, it may be useful to contact your local risk management office for input as to appropriate coverage.

Campus Risk Management: <http://www.ucop.edu/riskmgt/crmdir.html>

Medical Center Risk Management: <http://www.ucop.edu/riskmgt/hrmdir.html>



CONFLICT OF INTEREST CERTIFICATION – Part A

1. Are you currently an employee of any entity of the University of California (including but not limited to any campus, medical center, lab or the Office of the President)? YES NO
2. Are you a former employee, within the last two years, of any campus, medical center, and/or lab of the University of California? YES NO
3. Are you a near relative of an employee of any campus, medical center, and/or lab of the University of California? YES NO
4. If you answer “Yes” to any of the 3 questions above: you must complete Part B. (Prepare a separate Part B for each individual identified above)
5. If you answer “No” to all 3 questions: sign and date the certification statement below. (Do not use Part B.)

I certify that the above information is true and that I am the person whose name is signed below:		
Print Name	Sign Name	Date

DEFINITIONS

Employee - any individual who is presently employed by the University.

Employee with Teaching or Research Responsibilities – an academic appointee who is engaged in teaching and/or research activities, and certain staff employees (e.g., Staff Research Associates) who may participate in teaching or research activities.

Former employee – an individual who has retired or separated from the University, was dismissed, or was otherwise formerly employed by the University

Near Relative – the spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship.

- o *Near relative* also includes the domestic partner of a University employee and a relative of the domestic partner in one of the foregoing relationships.

Definitions from Business Bulletin 43, Part 7 Employee/Vendor Relationships



CONFLICT OF INTEREST CERTIFICATION – Part B

Complete this page if you answered yes to any of the three questions in Part A. Prepare a separate Part B for each individual as needed (for example, you would prepare two of Part B if you were an employee within the last two years and you also have a near relative who is currently employed by the University)

1. Please list current and/or former positions held by you or your near relative:

Name	UC Location	Department	Position	Date of Separation

2. Please describe your financial interest in the transaction (or the financial interest of near-relative):

3. Please describe your financial interest (or the financial interest of your near relative) in any business entity involved in the transaction:

4. Do you (or your near relative) have any past, current, or future responsibility for, involvement in, or direct influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract?

NO YES, please explain:

5. Do you certify that no University time, material, equipment, or facilities have been or will be used in connection with any resulting purchase order or contract? YES NO

I certify that the above information is true.

Potential Vendor: Print name

Signature

Date

Approved: YES

NO

Director of Business Services (Materiel Manager)

Date



Detail and specificity are important in writing a quality Statement of Work.

Statement of work addresses in detail:

- “What” is wanted
- “When” it is wanted
- “Where & How” it should be delivered
- “How” should it be packaged (if applicable)
- “How, When, and Where” it should be inspected/tested and accepted or reviewed indicating it meets requirements
- Who (department or supplier/vendor) is responsible for certain activities (such as certain furnished materials/services, training, follow-on upgrades, maintenance and spare parts replenishment)
- If there will be progress reviews and progress reporting, and if so, “How, When, Where, and by Whom”
- Specialized personnel which may be required
- Other activities that provide a complete description of the requirements to eliminate misunderstanding of what is required by each side of the transaction

UC Berkeley Proof of Price Reasonableness & Source Justification Form

INSTRUCTIONS: Complete this form for all purchases more than \$5,000.00. If **federal funds** are involved, complete this form if the purchase is more than \$3,500.00. Once completed and signed, upload it as an internal attachment on the appropriate BearBuy form. If the purchase is more than \$100,000.00, please contact your Supply Chain Management (SCM) Buyer before submitting a requisition in BearBuy. Find your department's SCM Buyer [here](#)

NOTE: Supporting documentation must accompany this form. Please upload all supporting documentation as *internal* attachments in BearBuy.

BearBuy requisition # (if applicable):

Commodity/service being purchased:

Proposed purchase price: \$

Proposed supplier(s):

Requested by/Responsible PI/Project Manager Name:

E-mail address:

Sponsored Funds? (Select N/Y) No YES

Federal Prime Contract # _____

Federal Grant# _____

Cooperative Agreement # _____

Other (explain): _____

Check the box(es) that apply:

1. **The determination that the price is reasonable has been made by one of the following reasons:**
 - a) Competitively sourced pricing – multiple vendor quotes or existing sourced agreement
 - b) Historical pricing – proposed price or prices are similar based on previous purchases for the same or similar goods and/or services (quote less than 12 months old). Previous BearBuy PO# (optional):
 - c) The proposed price is below or at the current published catalog or list price and/or supplier has given discounts. A web URL or documentation will be uploaded in BearBuy.
 - d) The price is set by law or regulation
 - e) Based on departmental industry knowledge of the market and experience with prior quotes/proposals. Documentation showing market knowledge will be uploaded in BearBuy

2. **Sections 1 (a) through (e) do not apply and/or documentation cannot be provided. Contact [SCM Buyer](#) to discuss purchase before moving forward.**

3. Please provide the business need and a short narrative for why the supplier on this requisition was selected:
4. What other suppliers and products/services did you consider before you arrived at the conclusion that the one(s) selected are the one(s) that best meet your department's needs? Why were others not chosen? Was the pricing similar?
5. Does your purchase meet any of the following criteria? You may select one or more.
- Product or proprietary service is distinctly unique (explained in **Question 3**)
 - Available only from a sole source (documentation will be uploaded in BearBuy to support this)
 - Designated to match existing equipment/service required for business continuity (explained in **Question 3**)
6. Does your purchase have any of the following special considerations? You may select one or more.
- Supplier will have access to UC [protected information](#), [health](#), personal, and/or [credit card data](#)
 - On-site labor related services on UC owned, leased or rented properties
 - [Construction & Design](#)
 - [Restricted Items](#) (Controlled Substances, Explosives, Firearms & Ammunition)
 - [Specialized Equipment](#)
 - [Goods or services from employee or near relatives of any University employee](#)
 - Software as a Service (SaaS, Cloud Platform, etc) or embedded software
 - [IT Electronic Accessibility](#)
 - [CA Partial Sales Tax Exemption](#) for research & development equipment in biotech, engineering or life sciences
 - None** of these special considerations apply

As the authorized department official, I certify that the above justification is accurate and complete to the best of my knowledge and belief.

Approval

Signature of Authorized Department Official

Date

Printed Name

CLEAR FORM



Fax Completed Form to Vending: (510) 664-7209
UC Berkeley Substitute W-9 & Supplier Information Form

Suppliers who do not wish to complete this form in its entirety may elect not to do business with UC Berkeley.

NEW SUPPLIER UPDATE EXISTING SUPPLIER NEW INDIVIDUAL REFUND SUPPLIER SUPPLIER ID _____

SUPPLIER INFORMATION			
1	NAME (as registered with the IRS)		PARENT COMPANY NAME (if applicable)
	BUSINESS NAME/DBA (if different than above)		COUNTRY (if not U.S.A.)
	ORDER ADDRESS (number, street, and apt or suite no.)		REMITTANCE ADDRESS (number, street, and apt or suite no.)
	CITY, STATE and POSTAL CODE		CITY, STATE and POSTAL CODE
	ORDER PHONE NUMBER		PURCHASE ORDER EMAIL
	PURCHASE ORDER FAX NUMBER		CONTACT NAME (Order and Remit)
	FEDERAL TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC – Tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> OTHER _____		
TAXPAYER IDENTIFICATION NUMBER (TIN, required) <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">SOCIAL SECURITY NUMBER</div> OR <div style="border: 1px solid black; padding: 5px; display: inline-block;">EMPLOYER IDENTIFICATION NUMBER</div>		DUN & BRADSTREET NUMBER (DUNS, if applicable)	
DESCRIPTION OF BUSINESS OR SERVICE PROVIDING TO UC BERKELEY (required) <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PRIZE or AWARD <input type="checkbox"/> STIPEND <input type="checkbox"/> HUMAN SUBJECT <input type="checkbox"/> OTHER _____			UNSPSC CODE (if applicable)
2	UC BERKELEY STAFF CONTACT NAME	UCB CONTACT PHONE	UCB CONTACT EMAIL
	BUSINESS TYPE / CLASSIFICATION		
3	BUSINESS SIZE <input type="checkbox"/> LARGE <input type="checkbox"/> SMALL	OWNER GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	SUPPLIER CLASSIFICATION <input type="checkbox"/> SUPPLIER <input type="checkbox"/> ATTORNEY <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> CONSULTANT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> REFUND
	FEDERAL CERTIFICATIONS: self-certify with the Federal Government		
	<input type="checkbox"/> SDB (Small Disadvantaged Business) <input type="checkbox"/> VOSB (Veteran Owned Small Business) <input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business) <input type="checkbox"/> WOSB (Women-Owned Small Business) <input type="checkbox"/> ANC1 (Alaska Native Corporation not certified with SBA) <input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution) <input type="checkbox"/> ANC2 (Alaska Native Corp not a small business)		
	<input type="checkbox"/> MBE (Minority Business Enterprise) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business) <input type="checkbox"/> WBE (Women Business Enterprise)		
	STATE OF CALIFORNIA CERTIFICATIONS: self-certify on the State of CA website		
<input type="checkbox"/> WBE (Women Business Enterprise) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> DBE (Disadvantaged Business Enterprise) <input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)			
ABILITY ONE PROGRAM: (for disabled businesses) <input type="checkbox"/> Ability One			
CERTIFICATION – REQUIRED FOR U.S. ENTITIES AND CITIZENS			
4	Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other person (defined in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.		
	SIGNATURE (required for U.S. entities and citizens)		DATE
	PRINTED NAME		TITLE

Guide to Completing the Substitute W-9 and Supplier Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND SUPPLIER INFORMATION FORM?

- The supplier or authorized supplier representative completes and signs the Substitute W-9 and Supplier Information Form.

WHO SUBMITS THE FORM TO VENDORING?

- Supplier or Department can submit a completed form. If the supplier submits the form, Section 2 for UC Berkeley staff contact information must be completed.

WHERE SHOULD THE FORM BE SENT?

- The completed form should be faxed to UC Berkeley Vendoring .
Fax: 510-664-7209

Helpful Instructions for Completing the Substitute W-9 and Supplier Information Form

TYPE OF REQUEST?

- **NEW SUPPLIER** - New supplier providing a product or service when doing business with UC Berkeley
- **UPDATE EXISTING SUPPLIER**- Changes/updates to existing supplier information
- **NEW INDIVIDUAL**- To whom payment is due. Also used for reimbursement, honorarium or subject or research participant payment
- **REFUND SUPPLIER**- Refund due for only cash or check payment

SUPPLIER INFORMATION

- **NAME** – Name used when filing IRS taxes. Must correspond to the Social Security Number or Employer Identification Number
- **BUSINESS NAME/DBA** – Name of the company, if different from legal name
- **PARENT COMPANY NAME**– Name of the parent company, if subsidiary completing the form
- **ORDER ADDRESS** – Primary business location
- **REMITTANCE ADDRESS** – Address where payments are sent, if different from primary address
- **ORDER PHONE NUMBER** – Primary business telephone number
- **PURCHASE ORDER EMAIL** – Email address to send Purchase Orders to
- **PURCHASE ORDER FAX NUMBER** – Fax number for UCB to send Purchase Orders to
- **CONTACT** – Supplier contact name
- **FEDERAL TAX CLASSIFICATION** – Select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – The social security number **or** employer identification number, required
- **DUN & BRADSTREET NUMBER** – The unique 9 digit identification number assigned to your business, if applicable
- **UNSPSC CODE** – United Nations Standard Products and Services Code (www.unspsc.org) or the description of business or services providing to UC Berkeley

UC BERKELEY STAFF CONTACT INFORMATION

- **UC BERKELEY STAFF CONTACT** – Name, phone number and email address for the UC Berkeley staff contact who requested you to complete the form

BUSINESS TYPE/CLASSIFICATION

- **BUSINESS SIZE, OWNER GENDER, SUPPLIER CLASSIFICATION** – select the appropriate options
- **GOVERNMENT CLASSIFICATIONS** – select all for which the business has self-certified as defined in the System for Award Management or on the State of California Contract Registration e-Procurement website

CERTIFICATION

- Supplier or authorized payee representative must sign the Certification. Required for U.S. entities and citizens

Substitute W-9 Form Disclosures

AFFIDAVIT

The signatory of this document affirms they are authorized to represent the company. The signatory confirms that the number shown on this form is the company's correct taxpayer identification number. He or she hereby certifies under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct as it pertains to company's business size and classifications as defined by the federal Small Business Administration's (SBA) business size standards and other business classifications. Any misrepresentation may prevent the company from doing business with UC Berkeley, and be subject to any other penalties allowed by law. If any of the business information on this form changes, the supplier is responsible for advising and resubmitting a form with the new information back to UC Berkeley's Procurement Services Vendoring Group.

PRIVACY NOTIFICATIONS

FEDERAL

Pursuant to the Federal Privacy Act of 1974 (as of 2001) protects individuals by regulating when and how local, state and federal government and their agencies can request individuals to disclose their Social Security Number (SSN) and by requiring that Social Security Numbers must be maintained as confidential by those local, state and federal government and agencies.

STATE

If any type of personal information is requested or volunteered by the user, State law, including the Information Practices Act of 1977, Government Code Section 11015.5 and the federal Privacy Act of 1974 may protect it. Information provided in this form, with the exception of a Social Security Number or federal tax identification, may be a public record and could be subject to public inspection and copying if not otherwise protected by federal or State law.

INSURANCE REQUIREMENTS

Insurance requirements are based on degree of risk rather than the dollar value of the contract, and will be reviewed with vendor prior to commencing business. Coverage must be current and in place at the time when a supplier is actively doing business with Berkeley. All insurance policies shall be subject to review and approval by the University, including submitting the firm's current certificate of insurance.

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.