Conferences & Events

Lunch and Learn

August 7, 2024

University of Pittsburgh

Important

- The presentation will be recorded. All Zoom participants will receive an email with the link to the recording. The recording will also be available on the Purchase, Pay & Travel website following the session.

- All participants are automatically muted on Zoom to avoid any background noise throughout the presentation.

- Enter any questions into the chat feature of Zoom throughout the presentation.

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PRESENT ON THE CALL TODAY

- Beth Clites – Purchasing Services – Senior Buyer, Conferences & Events
- Jessica McElligott – Purchasing Services – Conferences & Events Contract Administrator
- Melissa Frisiras – Purchasing Services – Assistant Director
- Bill Ruth – Office of Risk Management – Director of Risk Management
- Emily Duchene – Purchasing Services – Travel Program Manager
- Allison Jones – Anthony Travel Hotel Program Manager
- PEX Administrators
- Purchase, Pay & Travel Customer Service
- Caitlin Mutkus – Communications Specialist

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Session Overview

- What is Contracts+ and how to request access
- Active and Inactive Suppliers
- Types of Contract Requests
- How to create contract requests
- Supporting Documentation
- Contract Signing & Payment
- Communication
- Amendments
- After the Fact Requests

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Conferences & Events Contract Contacts

Who should I contact with questions?

- How to place a contract request – PPT Customer Service
- Status of the contract request – PPT Customer Service
- Making payments on contracts – PPT Customer Service
- Supporting documentation (for example: DSSJF and COLI) – Jessica McElligott
- Contract Language – Beth Clites
- Hotel/room blocks and conference space – Anthony Travel

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What is CONTRACTS +

Contracts+ is a module in the PantherExpress System that allows individuals with the proper permissions the ability to submit contract requests.

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Requesting Access to CONTRACTS+

To gain access to Contracts+, you must already be a PEX user.

- Access to both can be requested simultaneously.

1. Complete the User Profile Form. PittPassport SSO is required to access this form. More information on how to complete the form can be found on the website at https://www.ppt.pitt.edu/help-training/system-access-training.

2. Submit to pantherbuy@cfo.pitt.edu.

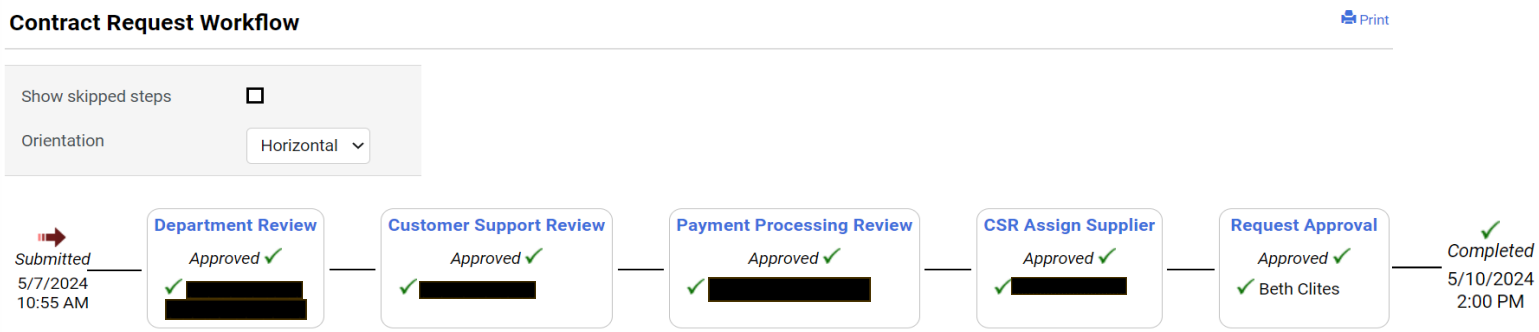
3. Complete the required role-based training.
    - You will receive an email with instructions to complete the training required based on the role you selected on the User Profile Form.
    - You will receive an email once training is complete advising that permissions have been granted.

4. Department Approvers must also submit the Department Approval Form. PittPassport SSO is required to access this form.

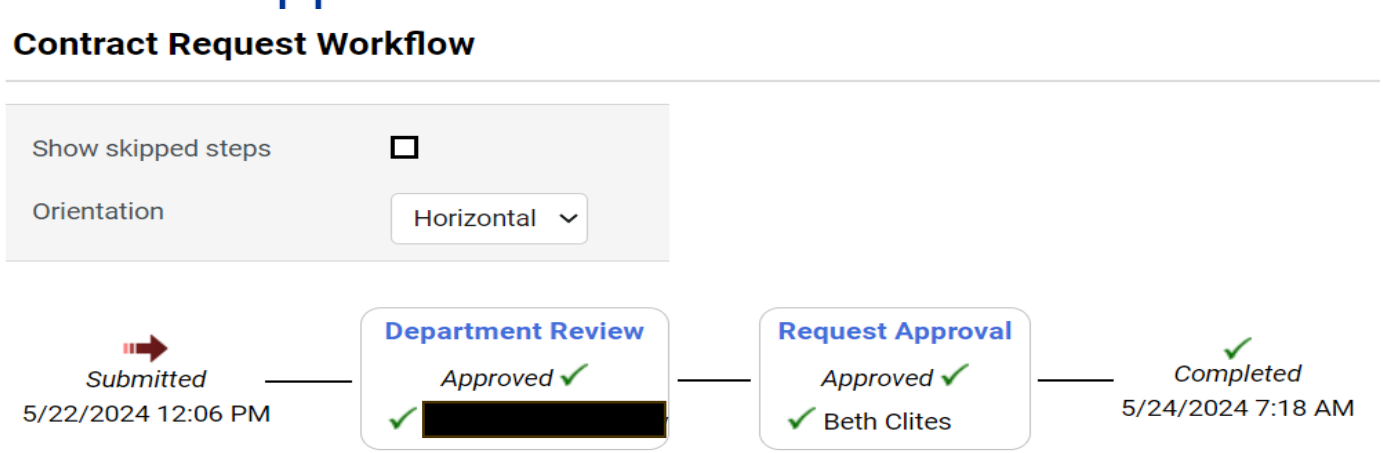
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Contract Request Workflow – Non-Hotel

New or Inactive Supplier Workflow



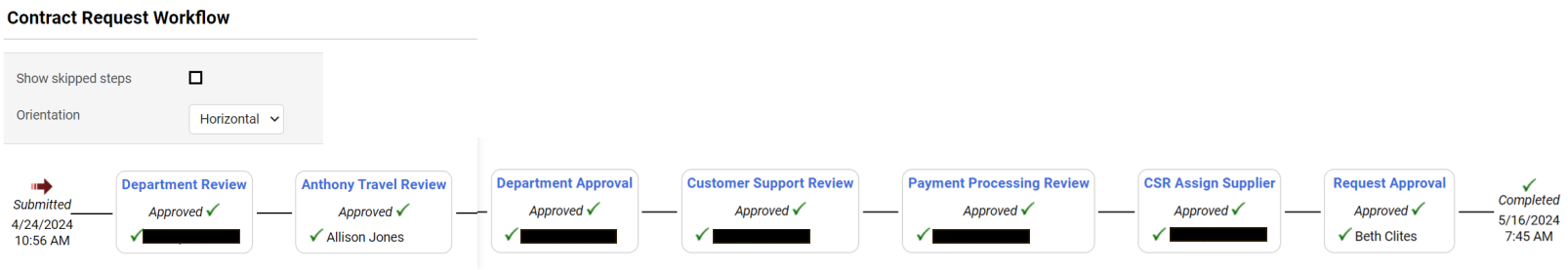
Active Supplier Workflow



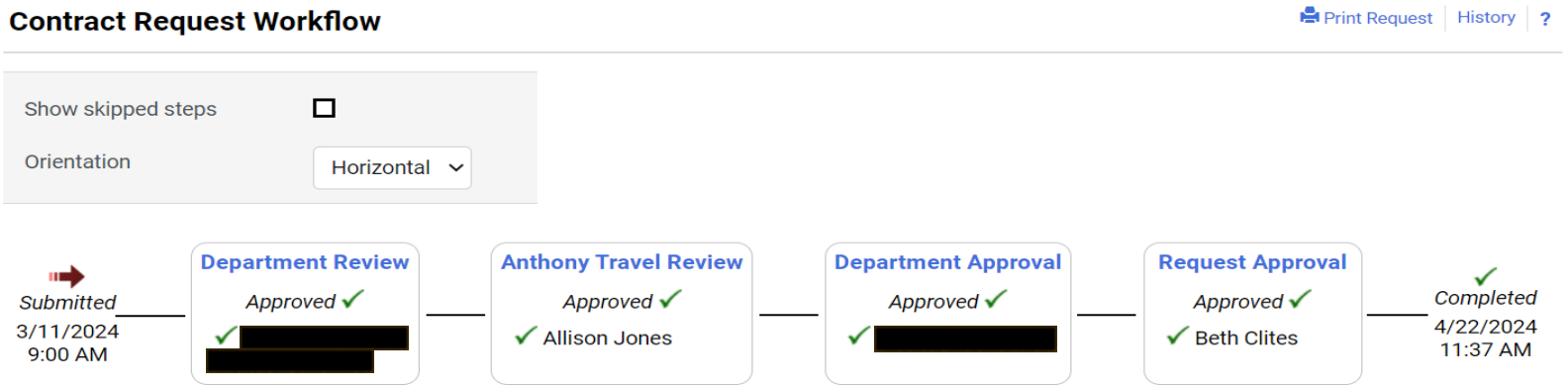
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Contract Request Workflow – Hotel

New or Inactive Supplier Workflow



Active Supplier Workflow



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Anthony Travel
Hotel Program Updates

Hotels recently added to the Preferred Hotel Program

- Hampton Inn and Suites Pittsburgh Waterfront/West Homestead
- Courtyard Harrisburg West Mechanicsburg
- Hampton Inn West
- TownePlace Suites Harrisburg West
- Hilton Garden Inn Bethesda Downtown
- Hyatt Regency Bethesda
- Hyatt Place Washington DC/US Capitol

Courtyard Pittsburgh University Center

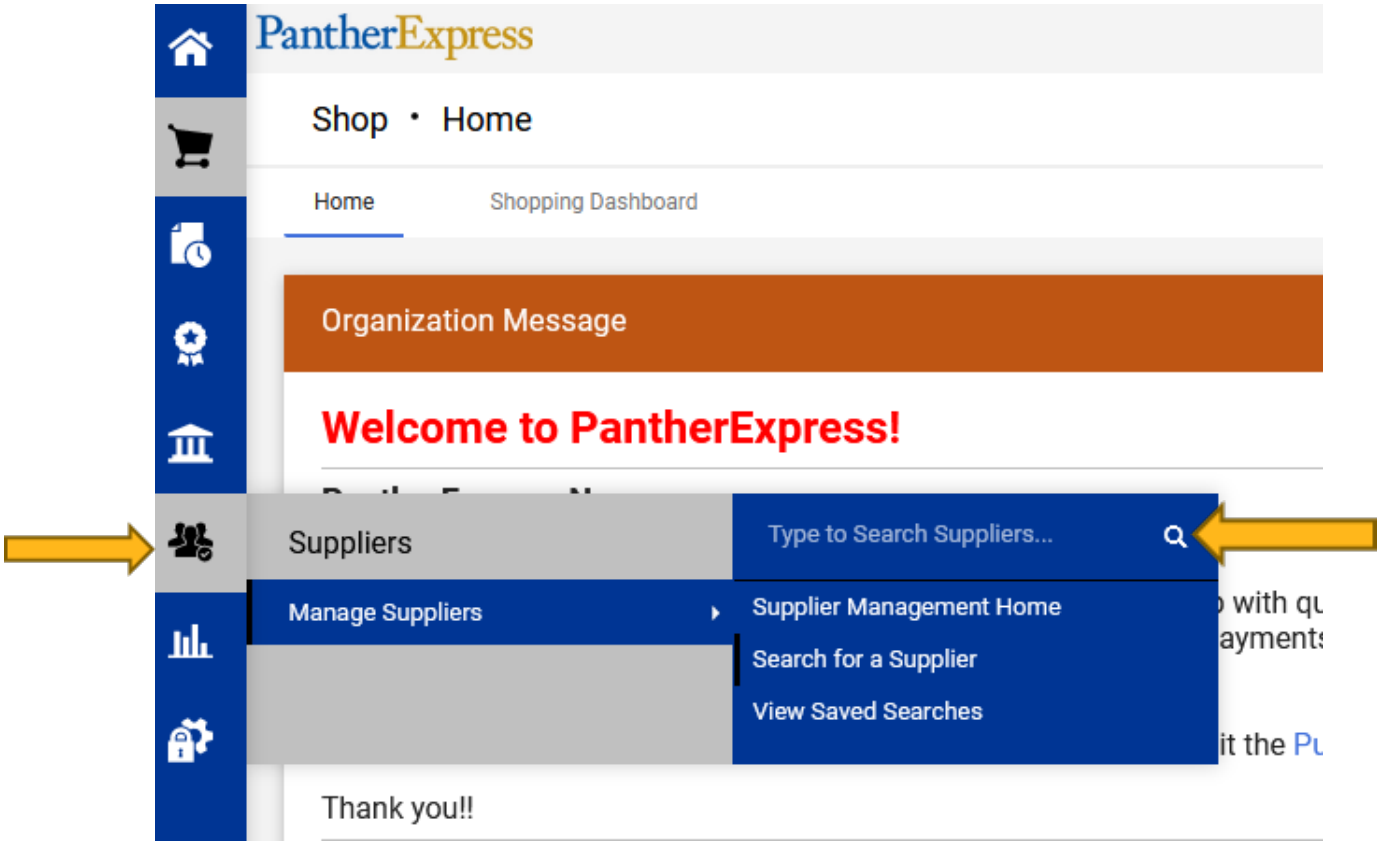
- Officially changed from Wyndham to Courtyard on June 25, 2024
- Same physical address: 100 Lytton Avenue, Pittsburgh, PA 15213
- All previous contracts with the Wyndham will remain in place
- Ronda Cosby and Caylyn Oliver will remain the hotel contacts
  - Ronda.Cosby@concordhotels.com
  - Caylyn.Oliver@concordhotels.com

Pitt Travel Page: www.ppt.pitt.edu/travel-expenses/local-hotels

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Second Party Information
Active & Inactive Suppliers

Supplier Icon → Manage Suppliers → Search Suppliers

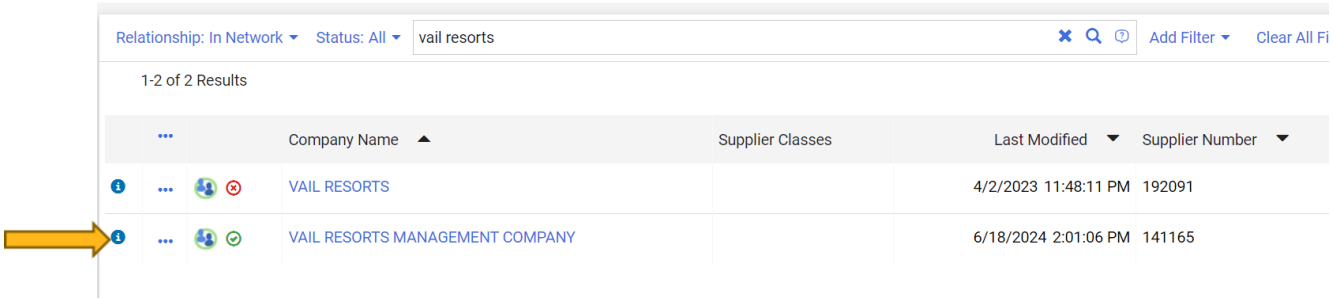


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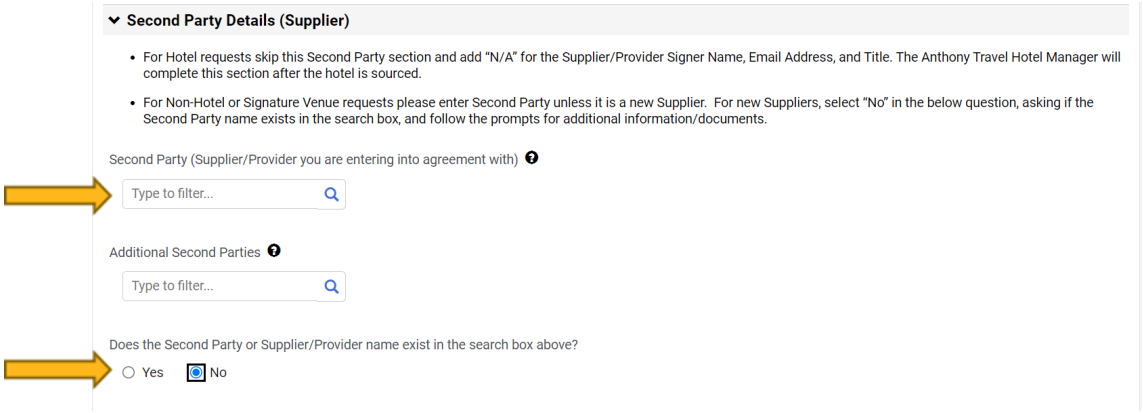
Second Party Information

Active & Inactive Suppliers

More than one supplier may appear. Look for the green check box for the Active Supplier name.



If the Second Party name does not appear in the Second Party box, OR if an inactive supplier appears, choose NO for the question “Does the Second Party or Supplier/Provider name exist in the search box above?”.



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Three Types of Conferences & Events Contract Requests

1. Conference & Event – Non-Hotel

2. Conference & Event – Hotel (Room Blocks/Conference Space)

3. Conference & Event – Signature Venue

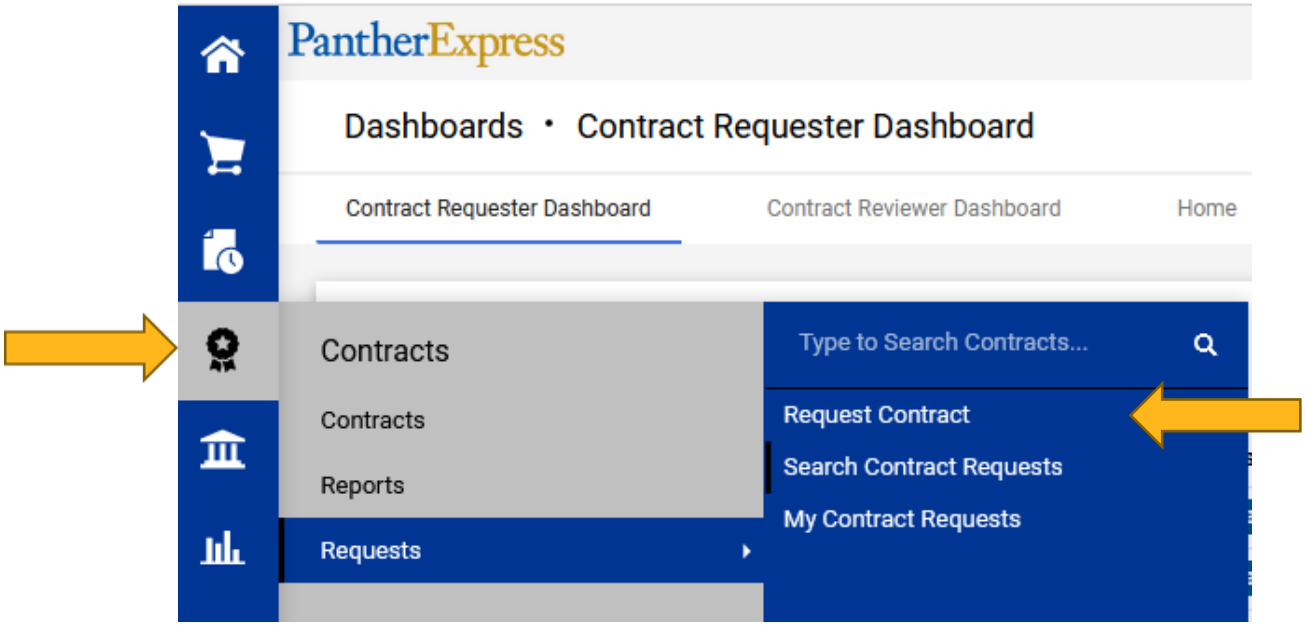
Signature Venues and templates can be found here:

https://www.ppt.pitt.edu/purchasing-services/conferences-and-events#signature_venues

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Steps to Create a C&E Contract Request

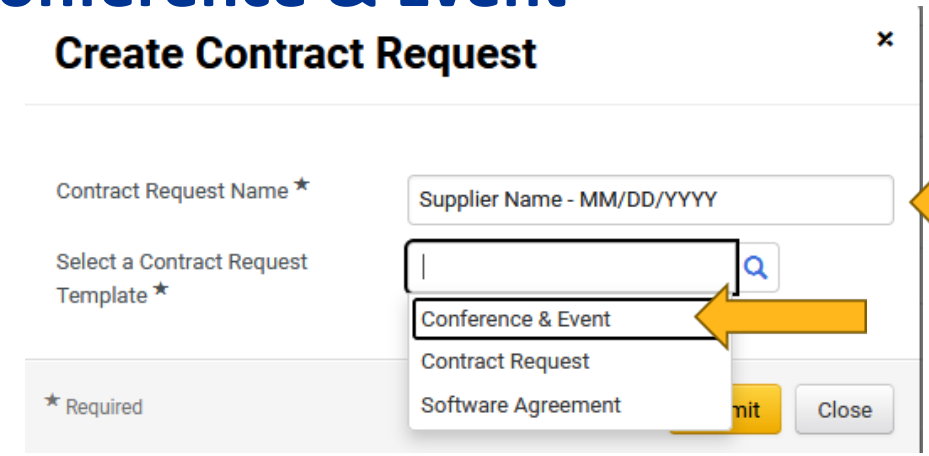
Select Contracts ➡ Requests ➡ Request Contract



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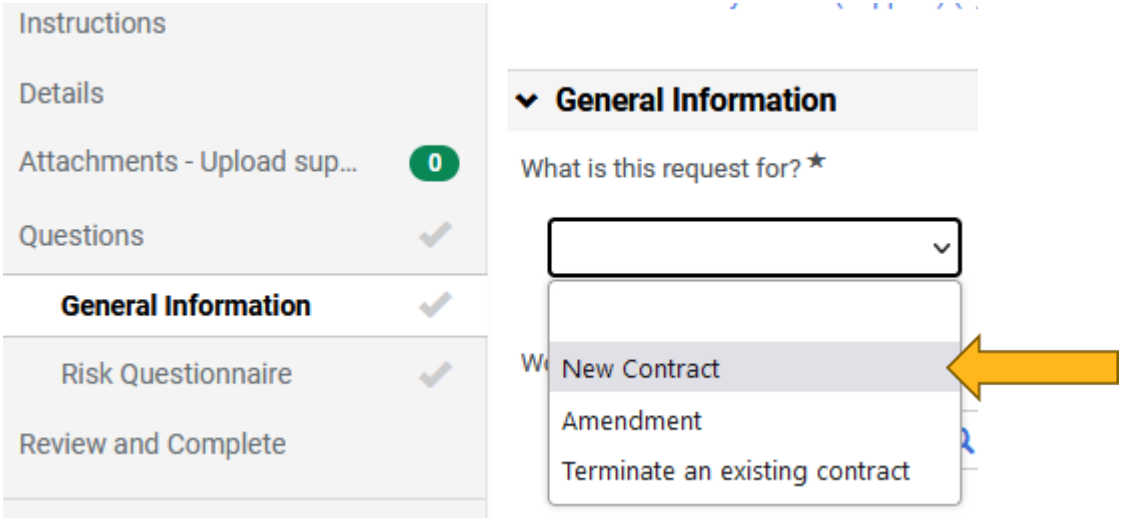
Steps to Create a C&E Contract Request

Select Conference & Event



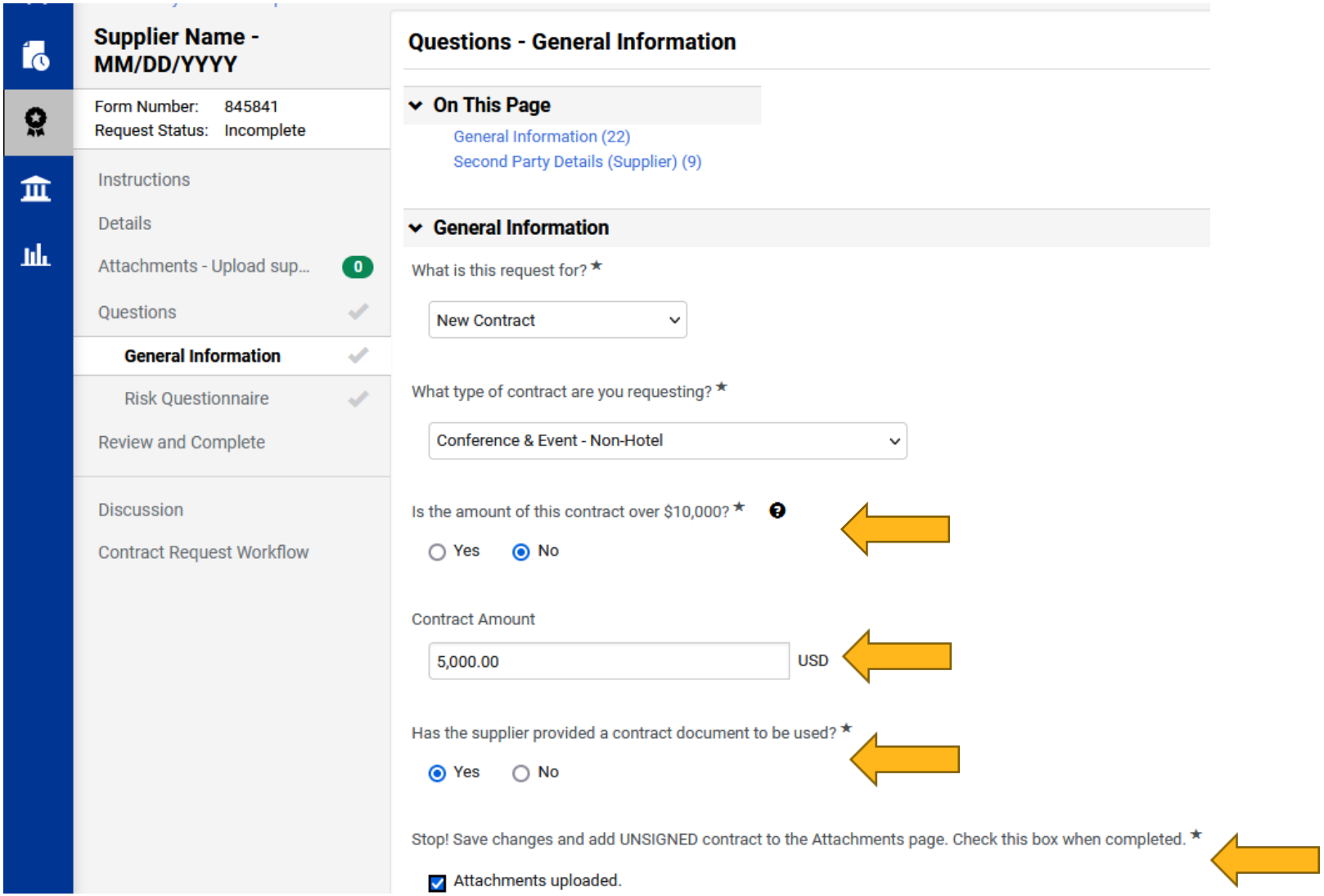
Note Preferred Naming Convention – Supplier Name and Date of Event

Select New Contract



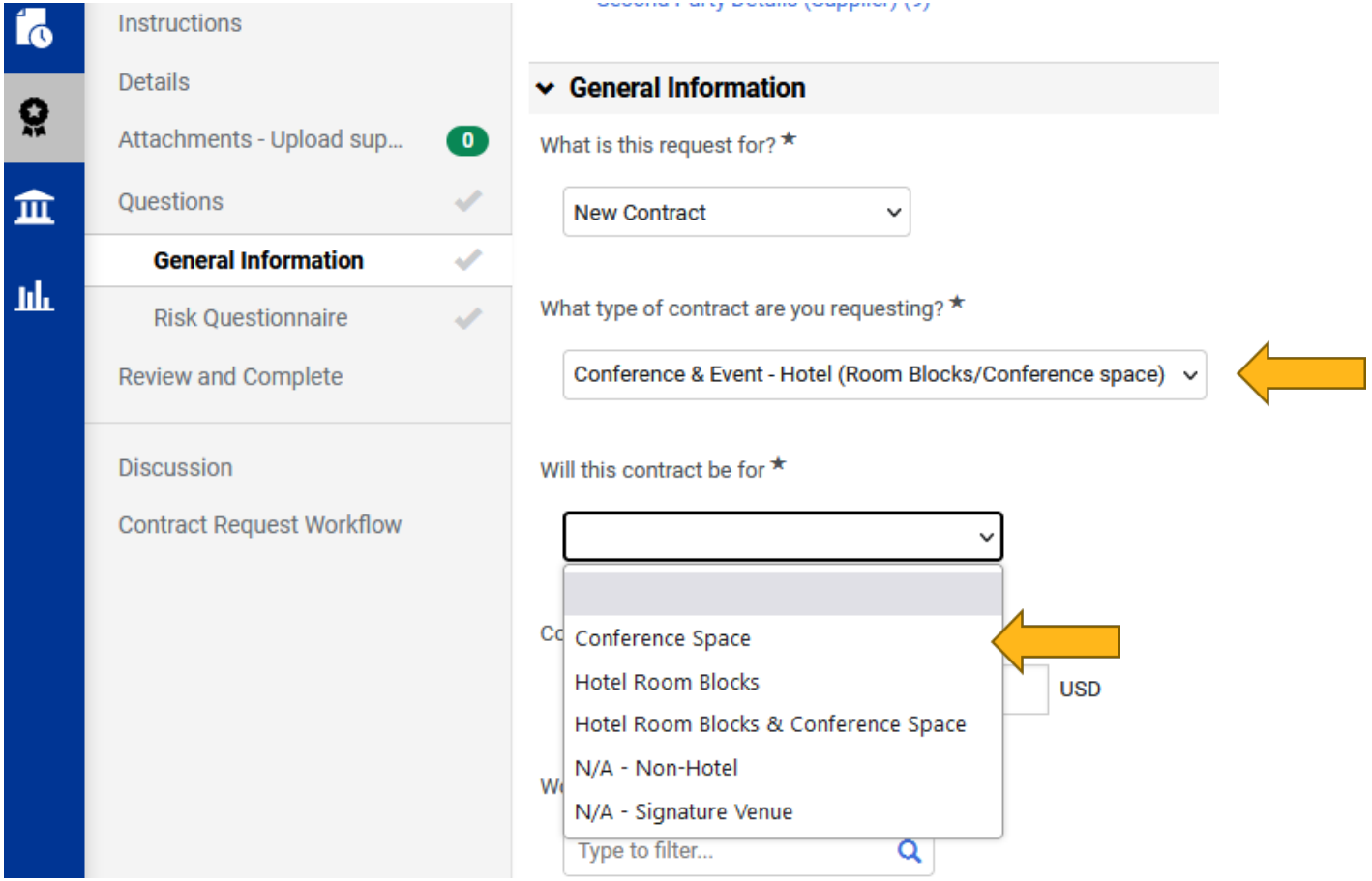
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Conference & Event – Non-Hotel



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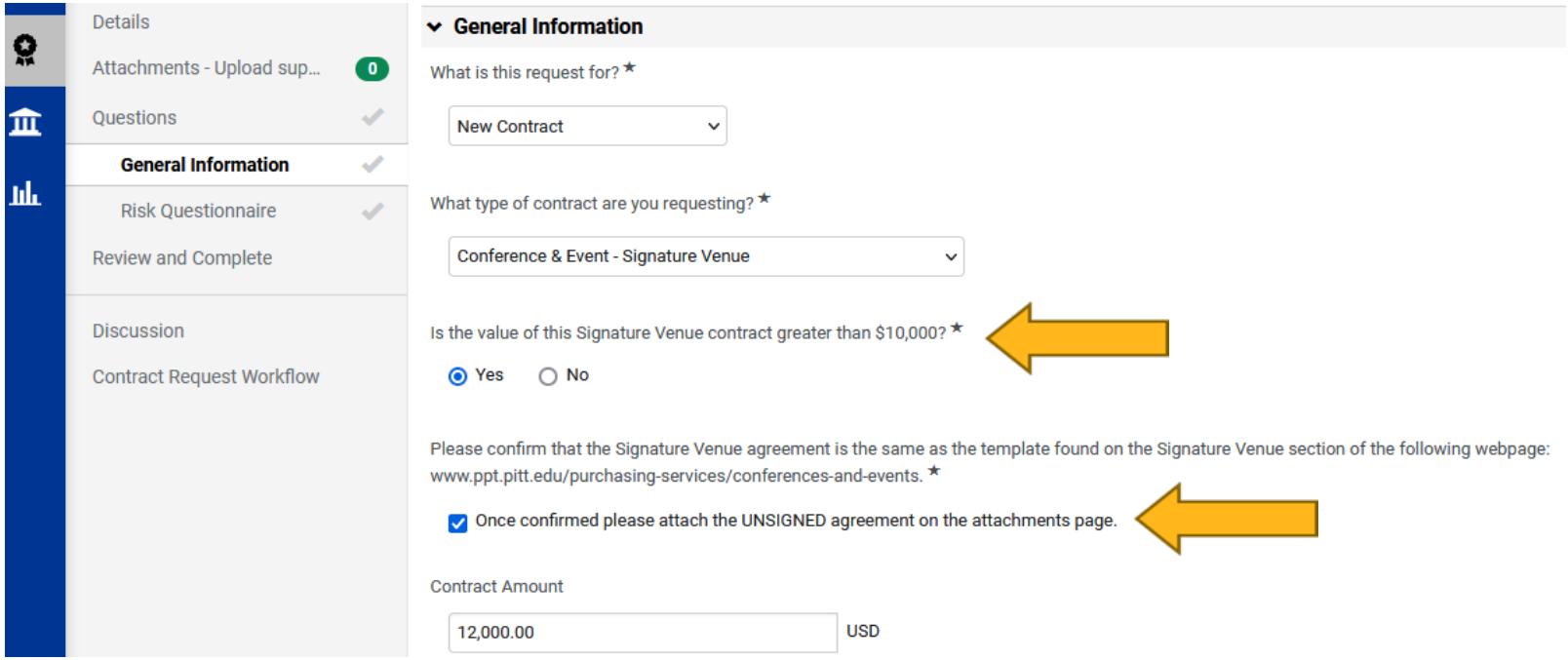
Conference & Event – Hotel (Room Blocks/Conference Space)



All contracts with any hotel, regardless of dollar amount, must be sourced/negotiated through Anthony Travel – this includes reserved event space.

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Conference & Event – Signature Venue (Greater than $10,000)

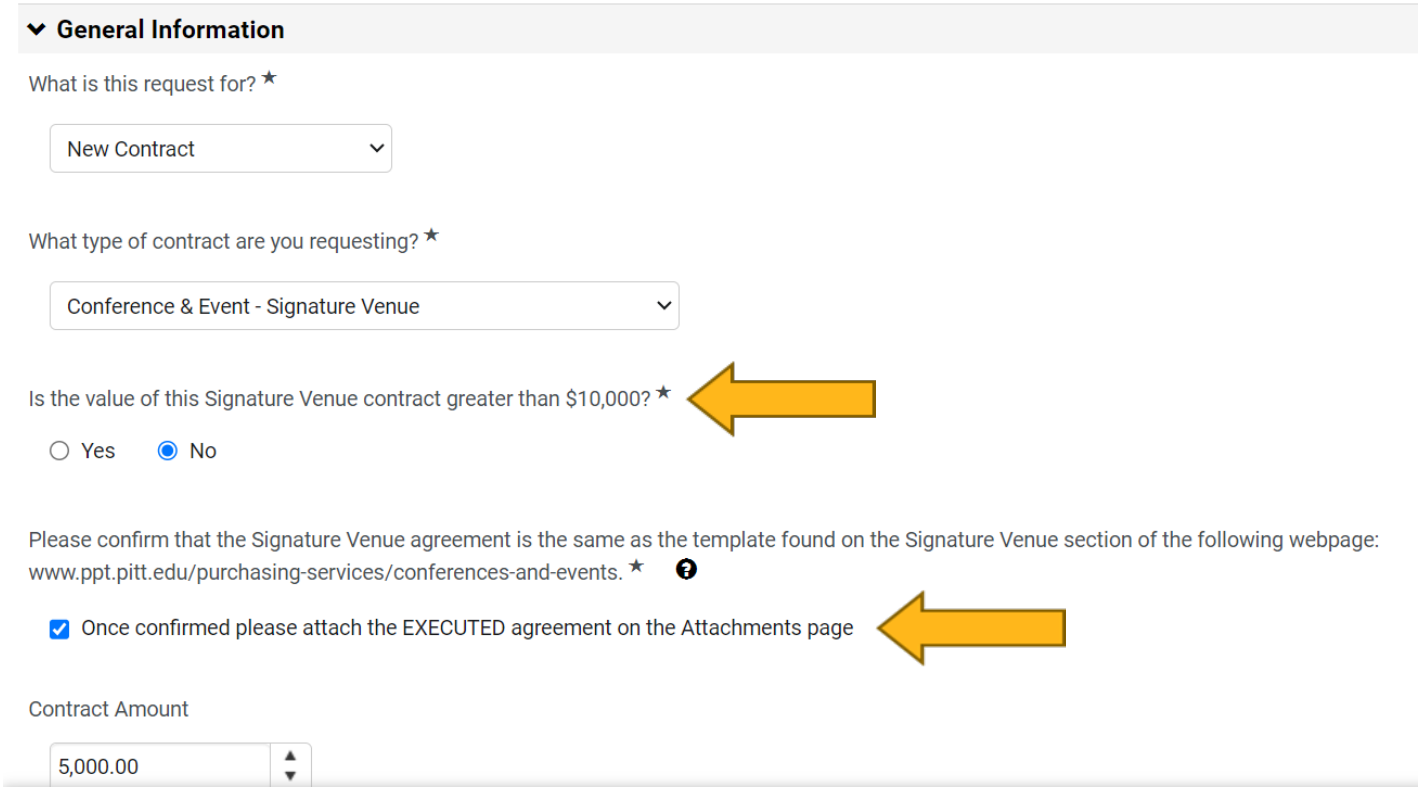


Signature Venue contract requests greater than $10,000 must be submitted to Purchasing Services with the contract **UNSIGNED**.

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Conference & Event – Signature Venue

(Contract value $10,000 and under AND payment method other than a OneCard)



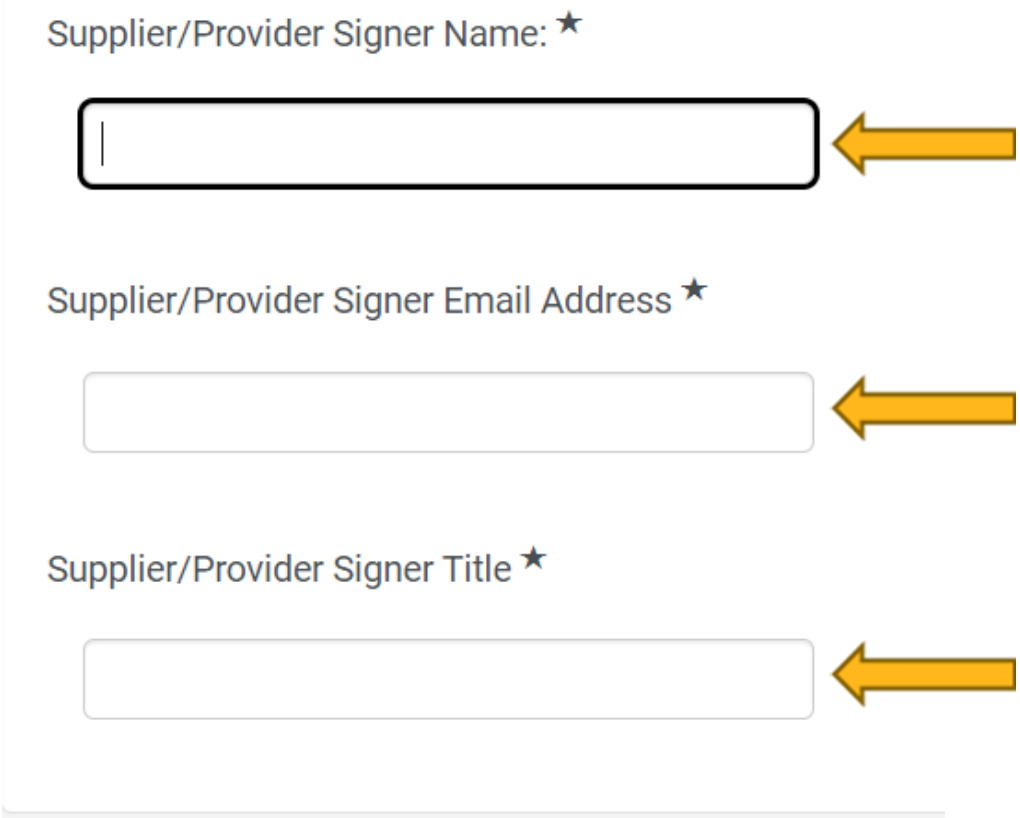
Signature Venue contract requests that are $10,000 and under and **NOT** being paid with a OneCard must be submitted to Purchasing Services using the previously negotiated contract template. This should be **EXECUTED** by both the Signature Venue and the department approver before submitting the request in Contracts+.

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Second Party Information

Authorized Supplier Signer

The information provided in these fields is used to route the contract to the supplier for signature.



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Supporting Documentation

1. Certificate of Liability Insurance (COLI).

2. Directed Sole Source Justification Form (DSSJF) for contract amounts greater than $10,000.

3. W-9 and Supplier Verification Form for all new suppliers, including hotels. This will route to Payment Processing for supplier approval.

4. Approval from the Office of Communications and Marketing (UCM) for use of University Logo.

5. Approval from Pitt IT for Security Assessments if the supplier will have access to any of the following: personally identifiable information (PII), education records covered by FERPA, protected health information (PHI) covered by HIPAA, or payment card information.

6. Tax-exempt Form to be provided to supplier.
   https://www.ppt.pitt.edu/payments-taxes/state-tax-exemption-and-w-9

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Certificate of Liability Insurance

The following scenarios require that a Certificate of Liability Insurance (COLI) be attached to the contract request:

- **Events on Campus (including a supplier making deliveries):**
  1. The coverages must meet the Minimum Insurance Requirements on the Office of Risk Management's Website. https://www.risk.pitt.edu/insurance/minimum-insurance-requirements-contracts
  2. Names the University as the Certificate Holder.
  3. Names the University as the Additional Insured as "The University of Pittsburgh of the Commonwealth System of Higher Education and its trustees, officers, agents and employees as additional insureds to the extent permitted by law".

- **Events where alcohol will be served, including cash bars:**
  1. Evidences $1 million in liquor liability insurance either separately or within the general liability policy.
  2. Names the University of Pittsburgh of the Commonwealth System of Higher Education as the certificate holder (in the bottom left).
  3. Names the University as the Additional Insured as "The University of Pittsburgh of the Commonwealth System of Higher Education and its trustees, officers, agents and employees as additional insureds to the extent permitted by law".

- **Events with direct contact with minors:**
  1. List $1M in Commercial General Liability
  2. List Sexual Abuse and Molestation Coverage of $5M separately within the policy.
  3. Names the University as the Certificate Holder.
  4. Names the University as the Additional Insured as "The University of Pittsburgh of the Commonwealth System of Higher Education and its trustees, officers, agents and employees as additional insureds to the extent permitted by law".

- **Events attendees involved in risky behavior (ex: boating, rope climbing, axe throwing):**
  1. List $1M in Commercial General Liability
  2. List an additional $5M in excess liability coverage.
  3. Names the University as the Certificate Holder.
  4. Names the University as the Additional Insured as "The University of Pittsburgh of the Commonwealth System of Higher Education and its trustees, officers, agents and employees as additional insureds to the extent permitted by law".

- **Events where the supplier is providing a performance with fireworks or laser lights:**
  1. List $1M in Commercial General Liability
  2. List an additional $10M in excess liability coverage.
  3. Names the University as the Certificate Holder.
  4. Names the University as the Additional Insured as "The University of Pittsburgh of the Commonwealth System of Higher Education and its trustees, officers, agents and employees as additional insureds to the extent permitted by law".

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Certificate of Liability Insurance Example – Supplier on Campus

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Company Name	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name or DBA

(Dept responsibility to ensure company name matches the name on W9)

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY			**There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY / PRO-JECT / LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$1,000,000
								$
	AUTOMOBILE LIABILITY							
X	ANY AUTO			**There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$1,000,000
							PROPERTY DAMAGE (Per accident)	$1,000,000
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			**There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	3/1/24	2/28/25	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The University of Pittsburgh, its trustees, officers, agents and employees are Additional Insured to the extent permitted by law.

CERTIFICATE HOLDER	CANCELLATION
University of Pittsburgh, of the Commonwealth System of Higher Education 4200 Fifth Avenue Pittsburgh, PA 15260	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Must be signed by agent representative

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Certificate of Liability Insurance Example – Liquor Liability

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CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Company Name	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name or DBA

(Dept responsibility to ensure company name matches the name on W9)

COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER:

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X	COMMERCIAL GENERAL LIABILITY			***There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:						LIQUOR LIABILITY	$1,000,000
	AUTOMOBILE LIABILITY							
	ANY AUTO							
	OWNED AUTOS ONLY / SCHEDULED AUTOS							
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY							
								$
	UMBRELLA LIAB / OCCUR			LIQUOR LIABILITY NOT COVERED BY UMBRELLA POLICY			EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A							
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							
	LIQUOR LIABILITY			***Liquor Liability can be listed here as its own line item or under the Commercial General Liability above. It is *NOT* required in both places.	3/1/24	2/28/25		$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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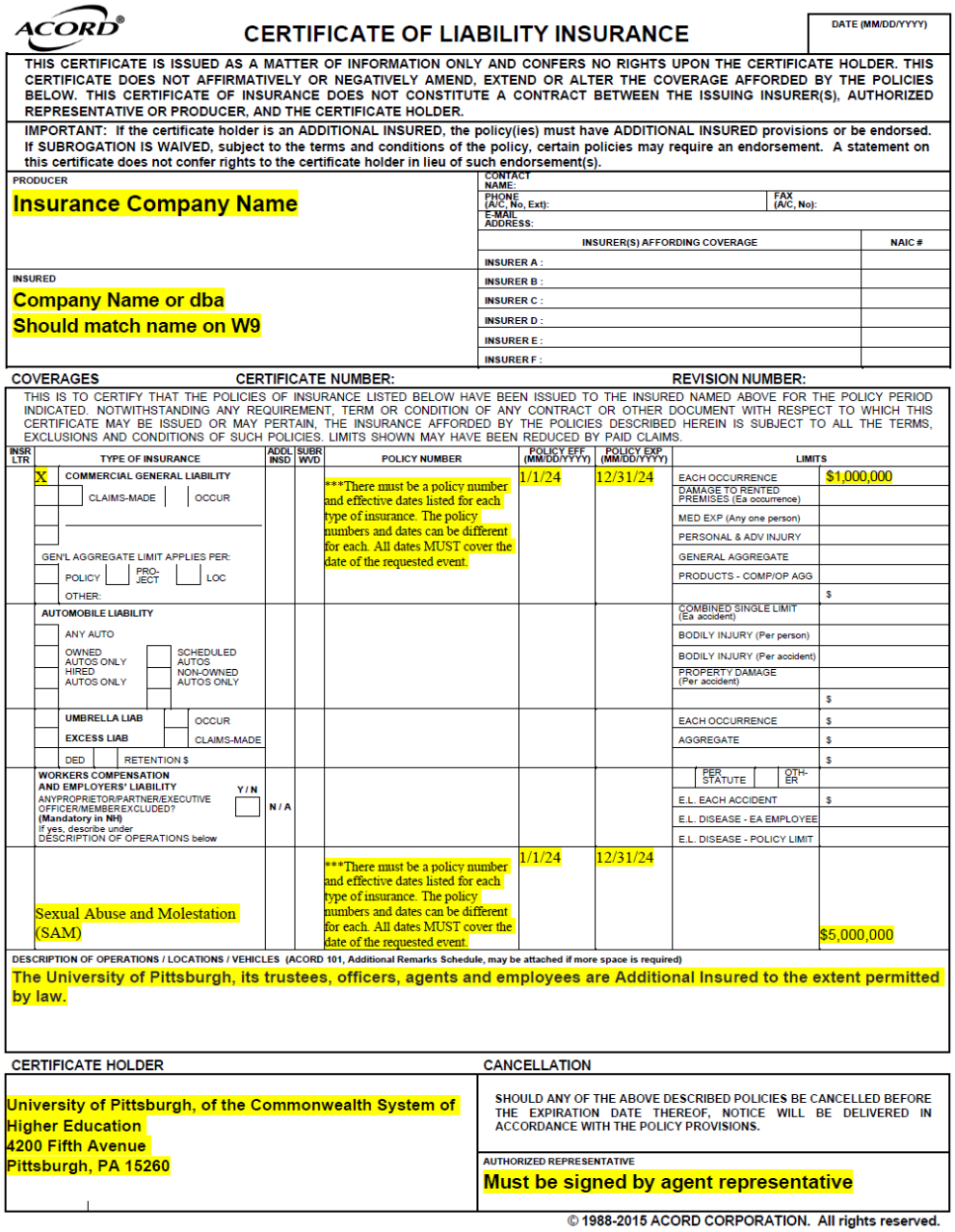
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Certificate of Liability Insurance Example – Minors



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PRODUCER: Insurance Company Name

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Company Name or dba Should match name on W9

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	Sexual Abuse and Molestation (SAM)			***There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24		$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The University of Pittsburgh, its trustees, officers, agents and employees are Additional Insured to the extent permitted by law.

CERTIFICATE HOLDER

University of Pittsburgh, of the Commonwealth System of Higher Education
4200 Fifth Avenue
Pittsburgh, PA 15260

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Must be signed by agent representative

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Certificate of Liability Insurance Example – Risky Behavior

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Company Name	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name or dba

Should match name on W9

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY			***There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
								$
	UMBRELLA LIAB / OCCUR			***There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	EACH OCCURRENCE	$5,000,000
X	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER	CANCELLATION
University of Pittsburgh, of the Commonwealth System of Higher Education 4200 Fifth Avenue Pittsburgh, PA 15260	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Must be signed by agent representative

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Certificate of Liability Insurance Example – Fireworks

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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Insurance Company Name	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name or dba
Should match name on W9

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
								$
	UMBRELLA LIAB / OCCUR			***There must be a policy number and effective dates listed for each type of insurance. The policy numbers and dates can be different for each. All dates MUST cover the date of the requested event.	1/1/24	12/31/24	EACH OCCURRENCE	$10,000,000
X	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
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Directed or Sole Source Justification Form

All DSSJFs must be submitted on the new form.

Link: https://www.ppt.pitt.edu/help-training/forms

The following fields must be completed:

- Description of Product and/or Service
- Name of Supplier
- Please select the reason for recommending the above-named supplier
- Additional Information (Required Irrespective of Reason Selected)
- Other Suppliers Contacted (if applicable)
- Financial Interests, Relationships, or Affiliations
- Authorization
    - The Requestor and the Requestor's Primary Supervisor must co-sign this form.
    - Requestor and Requestor's Primary Supervisor names and titles must be printed on the form.
    - Both Requestor and Approver must have a completed Annual Conflict Disclosure in the MyDisclosures Database.
    - Approver must be the Requestor's Primary Supervisor in MyDisclosures Database.
    - Must be signed and dated either by hand, or via DocuSign or Adobe. Copies of signatures or typed cursive font will not be accepted.

Signing Contracts

Do Not Sign the Contract

- Unless it is a Signature Venue **AND** $10,000 or less.
- Individuals/Departments do not have signing authority to obligate the University contractually. Whenever you are asked to sign a supplier's contract, regardless of the cost, you must obtain signatures from Purchasing Services prior to the event.
- This includes e-commerce websites where the requester clicks a link to reserve space.
  - Contact the supplier and request a contract.
  - Example: City of Pittsburgh

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Making Payments

Do Not Pay Any Deposits Before the Contract is Fully Executed

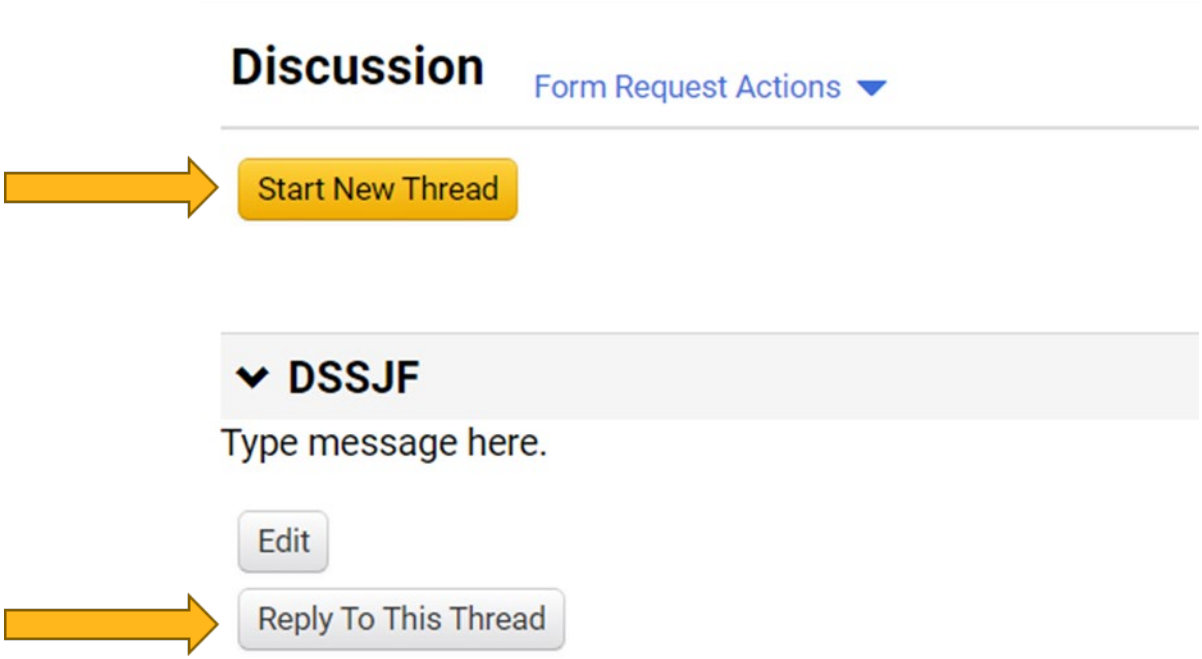
- Status of the contract will be –“Executed: In Effect”.
- Once the contract is fully executed, the department can create a contract payment against the contract or use a OneCard to pay all invoices associated with the contract.
- The same payment method must be used throughout the duration of the contract. For example, if you pay a deposit with your OneCard, you must pay the balance of the contract with your OneCard.
- Do not complete credit card information on the Credit Card Authorization form until you have a fully executed contract and are ready to submit payment. This will reduce the number of people who have access to your credit card number.

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Communication in Contracts+

It is best practice to keep communication regarding the contract in Contracts+.

Contract Request → Discussion Tab → Start New Thread or Reply to Thread

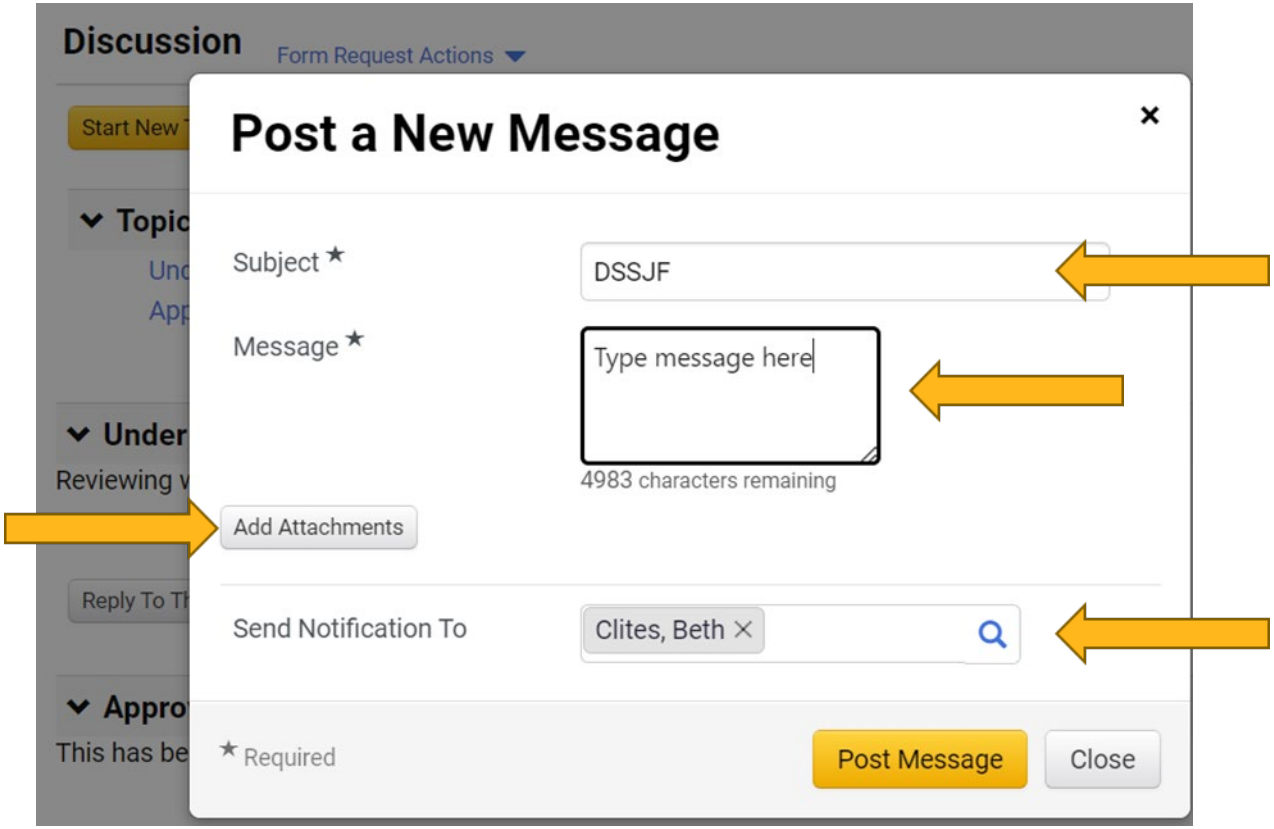


Keep all communication regarding a topic together in the discussion post by selecting Reply to This Thread.

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Communication in Contracts+

Fill in all required fields for your message. Here you can add attachments. Tag a name in the “Send Notification To” field.

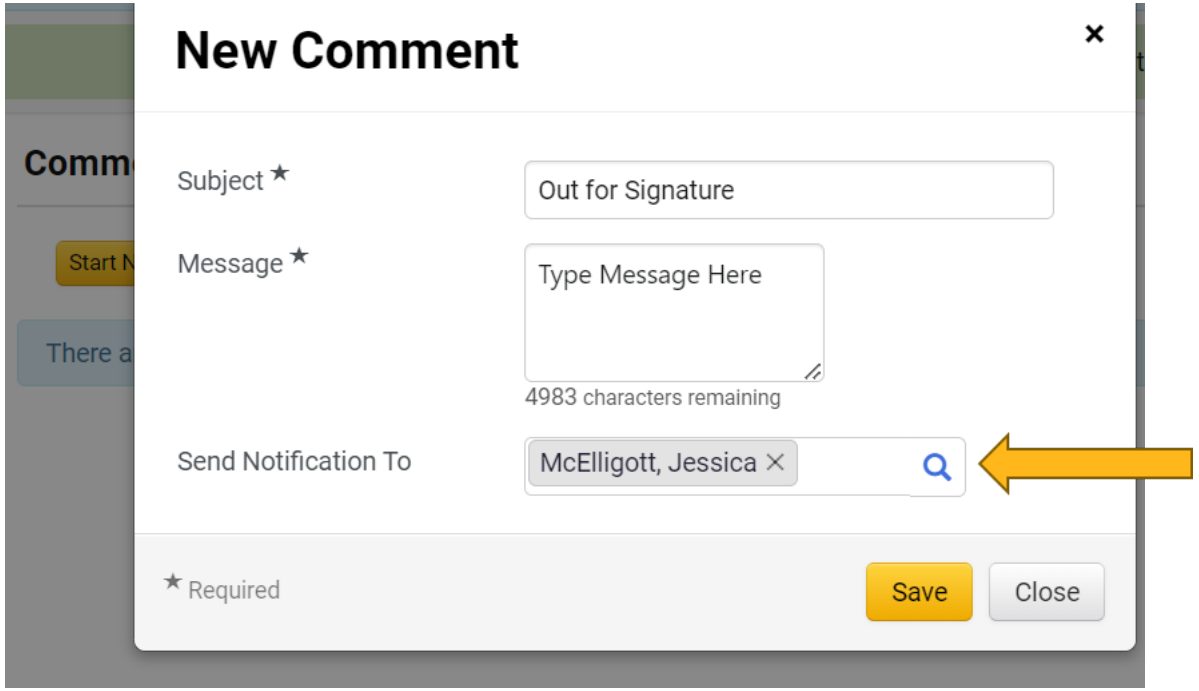


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Communication in Contracts+

It is best practice to keep communication regarding the contract in Contracts+.

Contract → Comments → Start New Thread or Reply to Thread



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Amendments

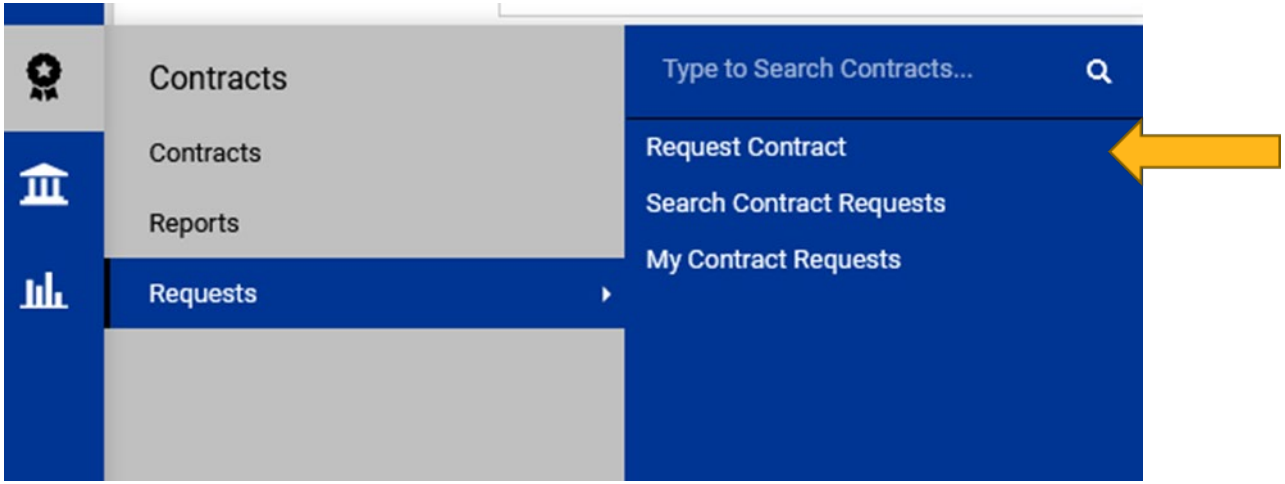
Amendments should be requested for the following instances:

- Increase in the amount of the contract only if a supplier is requiring an amended contract to reflect the increase.
  - Provide an invoice or documentation from the supplier.
- Change in date of event.
- Adding services you want documented.
  - Examples: adding security guards which increases the value, changing rooms in the venue.

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Steps to Create an Amendment Request

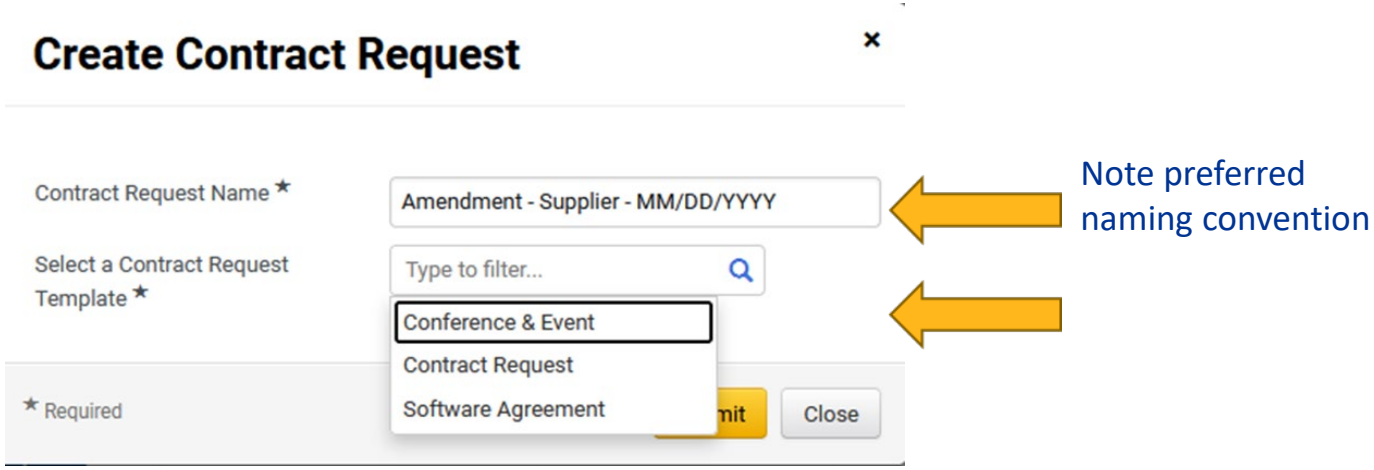
Select Contract ➡ Requests ➡ Request Contract



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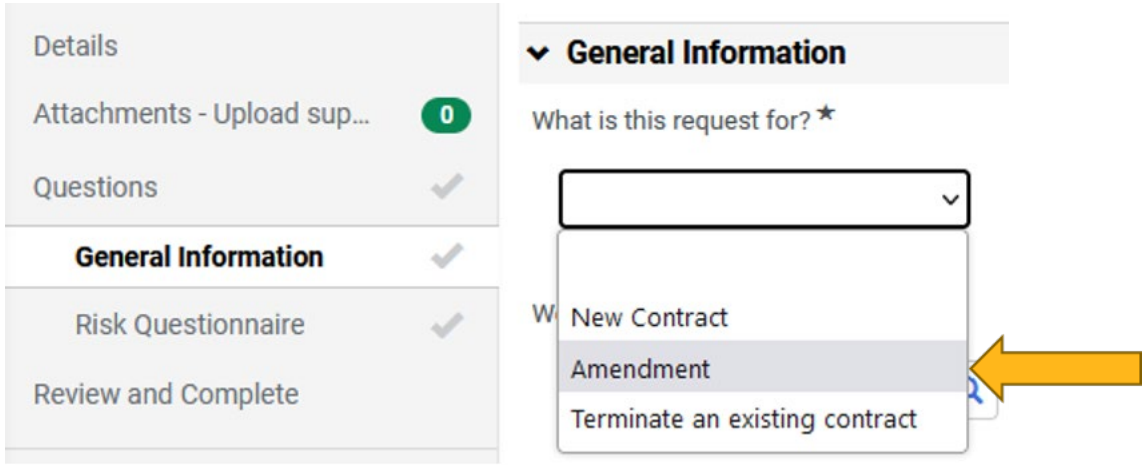
Steps to Create an Amendment Request

Select Conference & Event



Note preferred naming convention

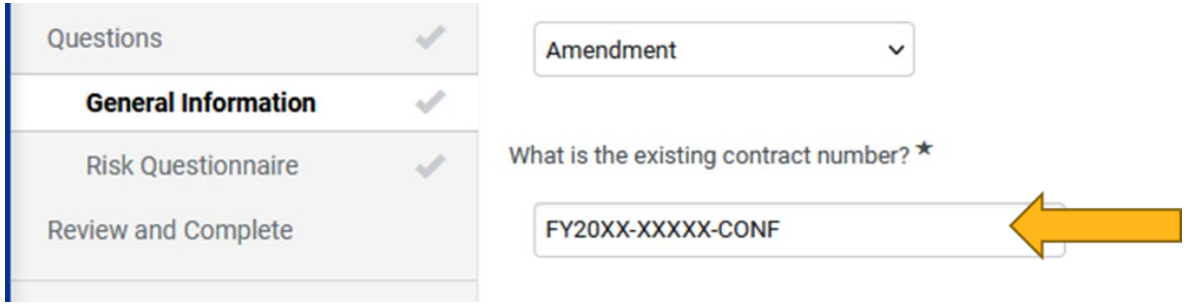
Select Amendment



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Steps to Create an Amendment Request

Reference Existing Contract Number



Provide Details

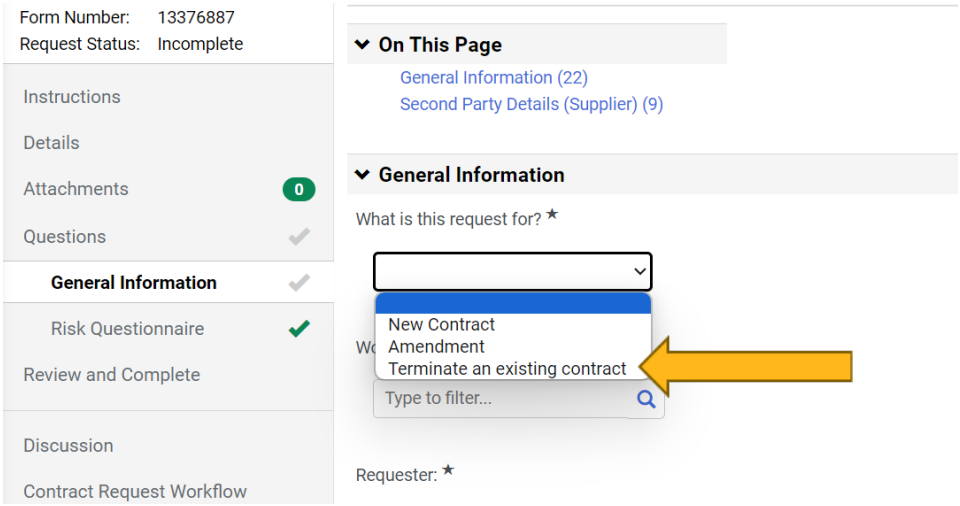


Attach all supporting documents including an invoice from the supplier and DSSJF if contract value increased to over $10,000.

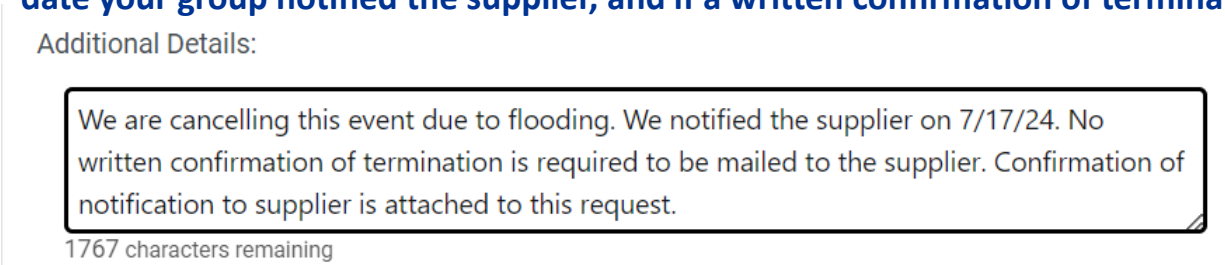
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Terminating an Existing Contract

Termination requests should be submitted when an event for which there is a fully executed contract is canceled.



Enter details regarding the cancellation in the Additional Details box. Include the reason for cancellation, the date your group notified the supplier, and if a written confirmation of termination is required.



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After the Fact Contract Requests

After the Fact Contract Requests are requests that are submitted to Purchasing Services in Contracts+ after the event has occurred.

- After the Fact contract requests are not a priority for processing. They will be processed after requests that are submitted in a timely manner.
- It is important to remember that paying for services/goods before having a fully executed contract is a violation of University policy.

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Conferences & Events FAQs

What delays my contract request?

- Incorrect/incomplete/missing supporting documentation
- Not reading and understanding the contract before submitting the request
- Not responding to discussion posts
- Rush requests
- Inactive supplier selected
- Incorrect Second Party signer information
- Insufficient contract request amount
- Request awaiting department approval
- Quality of documentation
- Not including all documents referenced in contract (ex: attachments referenced in the contract must be attached to the request)
- Delay in acknowledging contract terms
- Not following the request until the contract is executed (ex: if a supplier refuses edits, a Comment to the department will be posted in the Comments tab. Not responding will delay execution of the contract)

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Conferences & Events FAQs

How far in advance should I submit my request?

- Requests for new suppliers should be submitted at least 14 business days in advance of needing payment.
- Requests for existing suppliers should be submitted at least 7 business days in advance of needing payment.
- Hotel requests should be submitted at least 4 weeks in advance.

What is the policy for rush requests?

- Rush requests should be the exception, **NOT** the norm. Keep in mind when submitting a rush request, your rush is delaying the request of another department who submitted in a timely manner.

It is important to note, there are certain times of the academic year that are busier than others. The processing time frame may be extended during these periods.

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Conferences & Events FAQs

What is the process for my request once it reaches the Conferences & Events queue?

- Contract Administrator receives the request and conducts an initial review. This is usually completed within 24 hours of receiving the request, however the timeline can vary depending on meetings, out of office, time of academic year, etc.
    - The initial supporting documents are reviewed, and changes are requested from the department via a discussion post, if necessary.
- Once all correct supporting documentation is attached to the request, the Contract Administrator alerts the Senior Buyer that the request is ready for review.
- Senior Buyer reviews and edits the contract. The Senior Buyer posts a Request for Acknowledgement to the department in the Discussion tab.
- If department approves the contract, the Contract Administrator sends the contract to the Assistant Director for approval.
- After the contract is approved, the Contract Administrator sends the contract to the Assistant Director and then to the Second Party for signatures.
- The Second Party may have questions regarding the edits or may refuse some or all edits.
- If additional edits are needed, a comment to the department will be posted in the Comments tab of the contract.

Conferences & Events FAQs

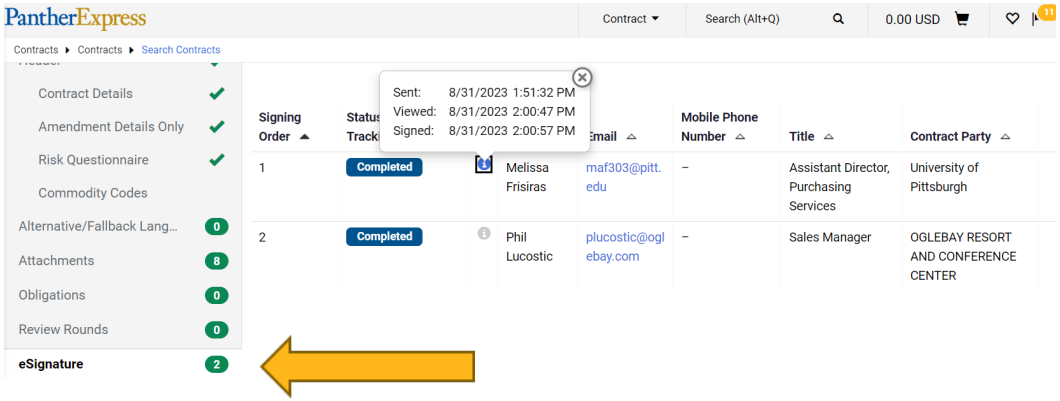
What does it mean to risk accept a COLI?

If a COLI does not meet the University guidelines, a department can make the business decision to risk accept the COLI. The department will then assume responsibility should an incident occur during their event.

How do I find my contract from the contract request?



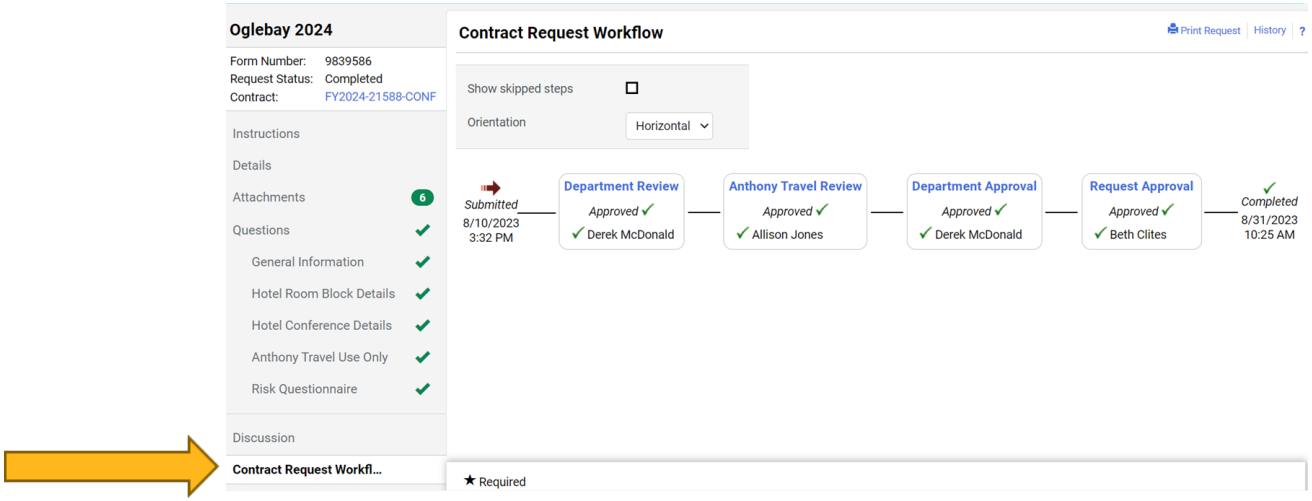
How do I find the signature status of my contract?



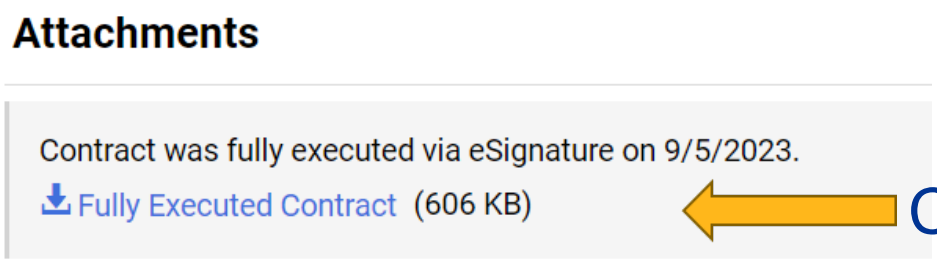
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Conferences & Events FAQs

How can I see where my contract is in the workflow?



Where do I find the fully executed agreement?



Click this link

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Resources

Purchase, Pay & Travel: https://www.ppt.pitt.edu/

PantherExpress SharePoint site:
https://pitt.sharepoint.com/sites/purchasepaytravel/pantherexpresssystem/SitePages/Request-a-Contract.aspx

PPT Customer Service: https://www.ppt.pitt.edu/help-training/contact-us
Visit the website to submit an inquiry OR 412-624-3578 (4-3578 or "HELPU")

Office of Risk Management: https://www.risk.pitt.edu/

Conflict of Interest MyDisclosures: https://www.coi.pitt.edu/mydisclosures

Beth Clites: bac118@pitt.edu

Jessica McElligott: jem552@pitt.edu

Allison Jones (Anthony Travel): AllisonJones@anthonytravel.com

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QUESTIONS