

AGREEMENT REVIEW CHECKLIST

(Non-Construction Matters)

This form shall be completed by appropriate contracts administrators and attached to contracting documents submitted to the Office of General Counsel for review. All questions should be answerable "YES". Questions with "NO" or "N/A" answers should be explained in the Comment section. Additional OGC approval may be required before entering into any agreement using a form not previously approved by OGC or an OGC-approved form that has been modified.

Department: _____
Responsible UMC Member: _____ Email address: _____
Contracting Service Provider: _____
Proposed Effective Date: _____

YES NO N/A

- | | YES | NO | N/A | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 0. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agreement form:
Has the responsible UMC (or PEC) member read the business terms contained in the document, including Description of Services, Term of Agreement, Termination Provision, Payments terms, etc.? |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the form of agreement used already approved by OGC and unmodified? Please verify current forms with OGC when in doubt. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project name the same as shown on the Certificate of Insurance? Is the University identified as the Certificate Holder on the Certificate of Insurance? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the effective date of the agreement correct? Does it postdate the review date? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the scope of services adequately defined? (Note: some form agreements for require the attachment of a separate scope of services exhibit.) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | When applicable, is the contract sum or maximum contract sum defined? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all exhibits referenced in the agreement attached and completed? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all blanks in the form agreement filled in? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the agreement provide that California law will apply? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the agreement contain an indemnification clause? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the Contracting Party's name on the agreement correctly identify its business organization type (e.g., sole proprietorship, partnership, limited liability partnership (LLP), limited liability company (LLC), joint venture, corporation (INC.))? If the Contracting Party uses a fictitious or assumed name, the agreement should identify the name of the party that owns the assumed name (e.g., Smith and Jones Architects, LLP d/b/a Generic Architects). |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the Contracting Party's name in the signature block in the same form as it is at the top of the agreement? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the agreement signed by the appropriate person(s) based on the Contracting Party's type of legal organization? See requirements for various organization types below. |

Corporation: Is it signed by the President and attested by the Corporate Secretary? If not, is a corporate board resolution attached authorizing execution or attestation by the persons signing? (Note: this only applies to corporations and LLCs.)

Partnership or LLP: Is the person signing a General or Managing Partner? (Note, the managing partner of an LLP could be another legal entity, such as a corporation, in which case you must verify that the person signing for the other legal entity is authorized to do so.)

LLC: Is it signed by a Manager or Member, and is evidence provided (such as a copy of the bylaws) indicating such person has authority to sign?

Joint Venture: Has an authorized person from each venturer signed?

Fictitious and Assumed Names: Is it signed by the person or entity that owns the assumed name (e.g., Joe Smith, Managing Partner of Joe Smith Architects, LLP d/b/a Architectural Partners)?

Insurance Certificates and Endorsements: (Please Consult with Risk Management for appropriate amounts)

- | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the certificates of insurance identify the Project Name? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the Contracting Party's name on the certificates exactly match the name on the agreement? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the certificates of insurance list University of La Verne as the project Owner? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the policy numbers and expiration dates reflected on the certificates? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are original additional insured endorsements included? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a Notice of Cancellation provision included? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional Liability coverage? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workers' Compensation coverage? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Commercial General Liability coverage? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Commercial or Business Auto Liability coverage? |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other required insurance coverage? |

24. ☐ ☐ ☐ **Other Requirements:** _____?

25. ☐ ☐ ☐ **Other Requirements:** _____?

26. ☐ ☐ ☐ **Other Requirements:** _____?

COMMENTS: Please note non-conforming items here. If you have checked an item as N/A (not applicable), explain why. Attach a separate sheet as necessary.

Office of General Counsel

Reviewed and approved as to legal form only by:

Name: _____
Title: _____
Date: _____