

Greater Lynn Senior Services, Inc.

Minimum Insurance Requirements

For and Home Care /Home Health Agencies

The following minimum insurance requirements must be maintained and documented by all Home Care/Home Health agencies. A Certificate of Insurance, naming the contracting ASAP as an Additional Insured with 20 days written notice of cancellation noted, must be provided as requested. GLSS reserves the right to change the requisite limits of coverage prior to contracting and will provide notice thereof.

TYPE OF INSURANCE	MINIMUM REQUIREMENTS	ASAP Named as Additional Insured
General Liability	\$1,000,000 each occurrence \$3,000,000 general aggregate	Yes
Automobile	\$1,000,000 combined single limit owned/leased non-owned/hired	
Workers Compensation	\$100,000 E.L. each accident \$100,000 E.L. each employee \$500,000 E.L. disease policy limit	
Professional Liability	\$1,000,000 each occurrence \$3,000,000 general aggregate	Yes
Abuse, Sexual Harassment, Discrimination, and Molestation	\$100,000 each occurrence \$300,000 general aggregate	
Crime	\$25,000 limit	

A documented policy regarding transporting clients must be in place if direct care workers transport consumers. Please show proof of insurance as noted. Any exception to these requirements must be presented in writing by the provider and approved by GLSS.

Name of Home Health /Home Care agency:

I certify the above noted insurance requirements will be maintained for the term of the agreement(s) with GLSS.

Signature

Date

Please print name and title