

Contracted Providers of Non-Homemaker Services Minimum Insurance Requirements

The following minimum insurance requirements must be documented by all contracted providers of non-homemaker services. 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 for the duration of the agreement. 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	ADH PROGRAMS	FISCAL	TRANSPORTATION	CHORE	PERS and Medication Dispensing	ENVIRONMENTAL ACCESSIBILITY	RESPIRE/EMERGENC Y SHELTER	TRANSLATION/ INTERPRETING	GROCERY SHOPPING &	BEHAVIORAL HABILITATION THERAPY	NUTRITIONAL ASSESSMENT	WANDERER LOCATOR SERVICES
General Liability	\$1,000,000 each occurrence \$3,000,000 general aggregate	Yes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Automobile (1)	\$1,000,000 combined single limit owned/leased non-owned/hired		(1)		✓									
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		✓	✓		✓				✓				

(1) If ADH Program provides transportation they must show proof of insurance. If they subcontract transportation services, sub-contractor must show proof of insurance. Any exception to these requirements must be presented in writing by the Provider and approved by the Executive Director of the appropriate ASAP(s).

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

Provider Name: _____ Signature: _____ Date: _____ Printed Name/Title: _____