GENESEE COUNTY
SENIOR SERVICES

Insurance Information
Alternative Elderly Care, LLC.

1101 Beach Street Room 100 Flint MI 48502 (810) 424-4478

GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR: RFP:25-442 –In-Home Personal Care & Homemaking Services

Coverage Required		Limits (Figures denote minimums)
X	1. Workers Compensation	Statutory limits of Michigan
X	2. Employers' Liability	$500,000 accidental/disease $1,000,000 policy limit, disease Including Premises/Operations
X	3. General Liability 2,000,000 4,000,000.	$1,000,000 per occurrence with $2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
X	4. Professional Liability 2,000,000 4,000,000.	$1,000,000 per occurrence with $2,000,000 aggregate Including errors and omissions
	5. Medical Malpractice	$200,000 per occurrence $800,000 in aggregate
X	6. Automobile liability	$1,000,000 combined single limit each accident – Owned, Hired, Non-owned
X	7. Umbrella liability/Excess Coverage	$1,000,000 BI & PD and PI Included in Gen. Liab.
X	8. Genesee County named as an additional insured on other than worker' compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.	
X	9. Other Insurance Required: Cyber Liability, Third Party Crime, Abuse and Molestation	
X	10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
X	11. The Certificate must state proposal number and title 24-395	

Insurance Agent's Statement

I have reviewed the requirements with the proposer named below. In addition:

✓ The above required policies carry the following deductibles:

2500.-

✓ Liability policies are **occurrence** ____ **claims made** ✓

Kileen Stearns - Aem Agency. Kileen A Stearns

Insurance Agent — Signature

Brunn Pixley.

Prospective Contractor's Statement

I understand the insurance requirements and will comply in full if awarded the contract.

Contractor — Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department, and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/30/2025

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
Brown-Pixley Insurance Ag
5665 Okemos Road
East Lansing MI 48823

CONTACT NAME: Kileen A Stearns
PHONE (A/C, No, Ext): (517) 339-8277 FAX (A/C, No): (517) 339-4154
E-MAIL ADDRESS: kstearns@brownpixley.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Accident Fund	10166
INSURER B : Cna	13188
INSURER C : LLOYD'S OF LONDON	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Alternative Elderly Care, LLC
P O Box 935
Davison MI 48423-0935

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	
C	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR X Retro Date 8-28-2002 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		GAH96855-240828	08/28/2024	08/28/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Deductible	$ 2,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ Included $ 2,500
C	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y		GAH96855-240828	08/28/2024	08/28/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		100020960 100020960	04/11/2025 04/11/2024	04/11/2026 04/11/2025	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C B	Professional Liability-Claims Made Home care dishonsty bond$10,000.	Y		GAH96855-240828 69393292	08/28/2024 08/28/2024	08/28/2025 08/28/2025	Per Claim Aggregate Deductible	$2,000,000 $4,000,000 $2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured for General & Professional Liability if required by written contract.
Proposal No. 24-395

AI 019239

CERTIFICATE HOLDER
THE COUNTY OF GENESEE ACTING BY AND THROUGH
GENESEE COUNTY OFFICE OF SENIOR SERVICES
ROOM 361
GENESEE COUNTY ADMINISTRATION BUILDING
1101 BEACH ST
RPF#19-178
Flint MI 48502-

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 Kileen A Stearns

This endorsement changes the Policy. Please read it carefully.

BLANKET ADDITIONAL INSURED – GENERAL LIABILITY

DEFINITIONS Item 9. **Insured** is amended with the addition of the following:

J. Any person or entity that the Named **Insured** is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by Section 2 – General Liability of this policy, but only with respect to liability arising out of the Named Insured's operations for said person or entity. The insurance provided shall not exceed the lesser of the coverage and/or limits for Section 2 – General Liability or, the coverage and/or limits required by the said contract or agreement.

All other terms and conditions of this policy remain unchanged

Authorized Representative

PHYSICAL & SEXUAL ABUSE ENDORSEMENT

ADDITIONAL DECLARATIONS

1. Limits of Liability:

$250,000	Each "Physical and Sexual Abuse Claim"
$750,000	Aggregate Limit of Liability for all "Physical and Sexual Abuse Claims"

2. Deductible: 2,500 Each "Physical and Sexual Abuse Claim"

3. Retroactive Date: 2002-08-28

For the purposes of this Endorsement, the following is added with respect to Claims involving "Physical and Sexual Abuse Claim".

I. INSURING AGREEMENT

A. Subject to the Limits of Liability and Deductible specified in this Endorsement, the Company agrees to pay those sums that the **Insured** becomes legally obligated to pay as **Damages** on account of any "Physical and Sexual Abuse Claim" first made against the **Insured** during the **Policy Period** (or any applicable **extended reporting period**) and reported to the Company immediately arising out of:

1. Any incident resulting in allegations of:
Negligent;
Employment;
Investigation;
Supervision;
Reporting to the proper authorities, or failure to report; or
Retention;
of a person for whom the **Insured** is legally responsible.

B. This Endorsement shall only apply if the physical and sexual abuse:
1. is the result of an incident which takes place on or after the Retroactive Date specified in this Endorsement and prior to the expiration of the **Policy Period**.

C. For the purposes of this Endorsement, "Physical and Sexual Abuse Claim" means any Claim arising out of physical and sexual abuse.

II. LIMITS OF LIABILITY

A. The Each physical and sexual abuse claim Limit of Liability stated in the Additional Declarations above is the total limit applicable for all **Damages** or **defense expense** or both arising out of any one physical and sexual abuse Claim regardless of the number of Claims made or the number of **Insureds** against whom Claims are made. The Aggregate Limit of Liability for all "Physical and Sexual Abuse Claims" stated in the Additional Declarations above is the total limit applicable for all **Damages** or **defense expense** or both arising out of all physical and sexual abuse Claims made during the **policy period** (including any applicable Extended Reporting Period) regardless of the number of Claims made or the number of **Insureds** against whom Claims are made. For physical and sexual abuse Claims arising out of an incident, both the Each "Physical and Sexual Abuse Claim" Limit of Liability and the Aggregate Limit of Liability for all "Physical and Sexual Abuse Claims" are a sublimit of the limits for Section 1. Professional Liability shown in the Declarations.

B. All Claims arising from continuous, related or repeated physical and sexual abuse against any Individual shall constitute one physical and sexual abuse Claim.

C. All Claims arising from continuous, related or repeated physical and sexual abuse involving any person or people acting in concert, for whom the **insured** is legally responsible, shall constitute one "Physical and Sexual Abuse Claim". The Limits of Liability in effect when the first Claim is made against the **insured** shall apply to all such Claims.

III. EXCLUSIONS

The Endorsement shall not apply and coverage under the Policy shall not be provided to any individual who:

A. Engaged in or is alleged to have engaged in physical and sexual abuse;
B. Knowingly failed to prevent any physical and sexual abuse; or
C. Intentionally neglected to notify the proper authorities of any physical and sexual abuse.

All other terms and conditions of this policy remain unchanged.

Authorized Representative