

Insurance Information GCCARD

GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR: RFP:25-431 -Home Delivered Meals Service Provider(s)

Cov	erage Required	Limits (Figures denote minimums)
X	1. Workers Compensation	Statutory limits of Michigan
Χ	2. Employers' Liability	\$500,000 accidental/disease
Х	3. General Liability	\$1,000,000 policy limit, disease Including Premises/Operations \$1,000,000 per occurrence with \$2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
Х	4. Professional Liability	\$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
Х	6. Automobile liability	\$1,000,000 combined single limit each accident – Owned, Hired, Non-owned
Χ	7. Umbrella liability/Excess Coverage	\$1,000,000 BI & PD and PI
Х		al insured on other than worker' compensation via endorsement. of blanket Additional Insured language in the policy must be
X	9. Other Insurance Required: Cyber Liabil	ity, Crime, Abuse and Molestation
Χ	10. Best's rating: A VIII or better, or its equ	uivalent (Retention Group Financial Statements)
Χ	11. The Certificate must state proposal nu	mber and title 25-431

Insurance Agent's Statement I have reviewed the requirements with the proposer named below. In addition: ______ The above required policies carry the following deductibles: ______ Liability policies are ______ claims made ______ Insurance Agent Signature Prospective Contractor's Statement I understand the insurance requirements and will comply in full if awarded the contract. Su Mund Signature Signature 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) 12/19/2024

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: Katie Carlson		
Arthur J. Gallagher Risk Management Services, LLC 300 Ottawa NW	PHONE (A/C, No, Ext): 616-233-0915	FAX (A/C, No): 616-233-0923	
Suite 301	E-MAIL ADDRESS: Katie_Carlson@ajg.com		
Grand Rapids MI 49503	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Safety National Casualty Corporation	15105	
INSURED	INSURER B: Gemini Insurance Company	10833	
Genesee County 1101 Beach Street	INSURER C: Travelers Casualty and Surety Co of A	America 31194	
3rd Floor	INSURER D: ACE American Insurance Company		
Flint MI 48502	INSURER E: Allied World Assurance Co (U.S.) Inc.	19489	
	INSURER F:		

CERTIFICATE NUMBER: 1318941373 REVISION NUMBER: COVERAGES 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		ADDL S	UBR	POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD V	WVD POLICY NUMBER	(MM/DD/YYYY)		LIMIT	\$
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		XPR4068574	12/15/2024	12/15/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000 \$ 500,000
	X SIR- 350,000					MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 5,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$5,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		XPR4068574	12/15/2024	12/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY				And And Andrews	PROPERTY DAMAGE (Per accident)	\$
	X SIR-\$350,000						\$
B E	UMBRELLA LIAB X OCCUR		XPE0000174-04 0313-6511	12/15/2024 12/15/2024	12/15/2025 12/15/2025	EACH OCCURRENCE	\$ 15,000,000
_	X EXCESS LIAB CLAIMS-MADE		03 13-03 11	12/15/2024	12/10/2020	AGGREGATE	\$ 15,000,000
	DED RETENTION \$			Σ			\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		AGC4067680	12/15/2024	12/15/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 5,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 5,000,000
DО	Public Officials & Employment Practices Liability Crime		G70854144005 105752555	12/15/2024 12/15/2024	12/15/2025 12/15/2027	Each Occurrence/Agg POL SIR/EPL SIR Employee Fraud/Theft	\$5,000,000 \$250,000/\$350,000 \$1,500,000
L				<u>_</u>	<u> </u>		

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

Excess Workers Compensation & Excess Employers Liability Self Insured Retention \$500,000/\$750,000 for class code 7720 (Police); Update Public Officials to show Public Officials and Employment Practice Liability SIR is \$250,000 for Public Officials and \$350,000 for EPL.

GL,AL, EL- Third Excess \$10M (Allied) X Second Excess \$5M (Gemini) X Primary \$5M X Retentions.

Public Officials - Third Excess \$10M (Allied) X Second Excess \$5M (Gemini) X Primary/First X Retentions (ACE).

Crime Policy includes coverage to employees of Genesee County, MI for Fraudulent acts and Employee Theft.

CERTIFICATE HOLDER

CANCELLATION

INFORMATIONAL PURPOSES ONLY THIS IS FOR INFORMATIONAL PURPOSES ONLY **INFORMATIONAL MI 48502** USA

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

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