GENESEE COUNTY
SENIOR SERVICES

Insurance Information
GCCARD

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

GENESEE COUNTY INSURANCE CHECKLIST

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

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	$1,000,000 per occurrence with $2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
X	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
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
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, 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 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 **occurrence** _____ **claims made** _____

_____ _____

Insurance Agent Signature

Prospective Contractor's Statement

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

See Previous Signature _____

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): 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
Arthur J. Gallagher Risk Management Services, LLC
300 Ottawa NW
Suite 301
Grand Rapids MI 49503

CONTACT NAME: Katie Carlson
PHONE (A/C, No, Ext): 616-233-0915 **FAX (A/C, No):** 616-233-0923
E-MAIL ADDRESS: Katie_Carlson@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Gemini Insurance Company	10833
INSURER C : Travelers Casualty and Surety Co of America	31194
INSURER D : ACE American Insurance Company	22667
INSURER E : Allied World Assurance Co (U.S.) Inc.	19489
INSURER F :	

INSURED
Genesee County
1101 Beach Street
3rd Floor
Flint MI 48502

COVERAGES **CERTIFICATE NUMBER:** 1318941373 **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	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR X SIR- 350,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			XPR4068574	12/15/2024	12/15/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 5,000,000 $ 500,000 $ Excluded $ 5,000,000 $ 5,000,000 $ 5,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY X SIR-$350,000			XPR4068574	12/15/2024	12/15/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 5,000,000 $ $ $ $
B E	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			XPE0000174-04 0313-6511	12/15/2024 12/15/2024	12/15/2025 12/15/2025	EACH OCCURRENCE AGGREGATE $	$ 15,000,000 $ 15,000,000 $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AGC4067680	12/15/2024	12/15/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 5,000,000 $ 5,000,000 $ 5,000,000
D C	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

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

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

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