

**EXHIBIT C
INSURANCE REQUIREMENTS FOR PROFESSIONAL SERVICES CONTRACTS**

Contractor: You are required to provide evidence of insurance shown for the category selected below. Please provide a copy of this form to your Insurance Agent(s).

Contractor: Use Category that applies to your organization

- Independent Contractor contract under \$10,000 or Employee Contractor, any contract amount
– Use **Category A**
- Independent Contractor (No Employees) over \$10,000 - Use **Category B**
- Independent Contractor w/employees, Corporation, Partnership, LLC, Public Entity, Non-Profit Agency, CBO's - Use **Category C**

CATEGORY A MINIMUM REQUIREMENTS

Automobile Liability⁽⁸⁾
Minimum Limit 15/30/10

Professional Liability⁽³⁾
Medical \$1,000,000/\$3,000,000
Other \$1,000,000/\$1,000,000
OR

Errors and Omissions Insurance⁽³⁾
\$1,000,000

CATEGORY B MINIMUM REQUIREMENTS

Commercial General Liability
Minimum Limit \$1,000,000 CSL
Additional Insured Endorsement

Professional Liability⁽³⁾
Medical \$1,000,000/\$3,000,000
Other \$1,000,000/\$1,000,000
OR

Errors and Omissions Insurance⁽³⁾
\$1,000,000

Automobile Liability⁽⁸⁾
Minimum Limit \$1,000,000 CSL

CATEGORY C MINIMUM REQUIREMENTS

Commercial General Liability
Minimum Limit \$1,000,000 CSL
Additional Insured Endorsement
Exclude "Exclusion" S2013 & S2005 ⁽⁵⁾

Automobile Liability
Minimum Limit \$1,000,000 CSL ⁽⁸⁾
Any Auto or Non-owned or Hired

Professional Liability⁽³⁾
Medical \$1,000,000/\$3,000,000
Other \$1,000,000
OR

Errors and Omissions Insurance⁽³⁾
 \$1,000,000/3,000,000
 Contract Limit \$ _____

Workers' Compensation
Statutory or \$1,000,000
Employers' Liability \$100,000 (minimum)

**MISCELLANEOUS REQUIREMENTS
(May apply to any category)**

- Fidelity Bond \$ _____
- Crime Insurance \$ _____
- Other _____ Limit \$ _____

See Attached Additional Requirements and/or Conditions.

Additional Requirements and/or Conditions

1. **All Insurance Certificates showing proof of insurance must include a 30-day notice of Cancellation.** (Except Personal Automobile may show a minimum of 10 days).
2. **Additional Insured Endorsement** shall name the **County of Alameda, its** Board of Supervisors, officers, agents employees, and **Alameda Health System* its** Board of Trustees, officers, agents and employees **as Additional Insureds** with respect to services being provided. Additional insured endorsement shall be equivalent to **ISO form CG 20 09 10 93.**

*Certificates of insurance may indicate: “**County of Alameda and Alameda Health System** as Additional Insured”. This is acceptable provided that the actual endorsement to the policy is worded correctly. This is also encouraged if you have contracts with other Alameda Health System Departments.
3. **Professional Liability**⁽³⁾ or Errors and Omissions Insurance is required when contractor is required to be either licensed or certified to practice their trade or profession. *Behavioral Science MD’s minimum limit \$1,000,000/\$1,000,000 is acceptable.
4. Commercial General Liability coverage shall be equivalent to **ISO form CG O1 O1 96.**
5. **All Commercial General Liability policies must include Personal Injury coverage.**

Remove “Exclusion”⁽⁵⁾ **S2013 &S2005.** These endorsements exclude coverage for Sexual Harassment, abuse, and molestation, and are required to be removed, if attached, from liability policies where the contractor is providing services to the County’s clients and/or community.
6. Commercial/Business Automobile Liability shall be equivalent to **ISO form CA 00 01 06 92.**

Independent contractors or employee contractors may provide evidence from their personal automobile insurance company. If use of an automobile while servicing the contract is incidental or minimal, the contractor may submit a copy of their personal automobile declaration page if they incur problems obtaining a certificate.
7. Contractors that hire vehicles or have employees or volunteers that use their personal vehicles shall provide non-owned automobile liability coverage.
8. If contractor⁽⁸⁾ is providing transportation services e.g. transporting clients or goods, \$1,000,000 automobile liability and an additional insured endorsement is required. This requirement is automatic is the transportation condition applies.
9. For Contracts over \$25,000 insurance companies shall have a minimum Best Rating of A- VII or subject to approval by Risk Management. Risk Management must review all contracts over \$25,000.
10. If contractor is self-insured for any of the required coverages, contractor must submit evidence satisfactory to the County of contractor’s financial ability to respond to losses or claims for each self-insured coverage. Governmental Agencies may provide a letter of self-insurance.
11. Professional Liability Deductibles: Risk Management must approve Deductibles over \$25,000.
12. Contractors are responsible for payment of all insurance deductibles.
13. Contractor’s insurance must be primary to any other insurance available to the Alameda Health System with respect to any claim arising out of this contract or agreement.

Address Certificate of Insurance to: Alameda Health System
1411 East 31st Street
Oakland, CA 94602
Attention: Healthcare Contracting