

The following insurance is required of *all* Contract Agencies. Please be sure to complete the worksheet and ensure that MHRBWCC is listed as additional insured on all coverage.

Upload current Certificate(s) of Insurance in the Vendor Portal.

General

Organization	<input type="text"/>
Worksheet Prepared By	<input type="text"/>
Title of Person Completing Worksheet	<input type="text"/>
Date Worksheet Prepared	<input type="text"/>

Insurance Information

Required Insurance Description	Insurance Company	Amount of Agency Coverage in \$	MHRBWCC listed as additional insured?
General Liability: at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000			<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Liability: single limit coverage in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers' Liability: minimum amount of \$500,000.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile: equal to at least Ohio minimum requirements if vehicles are used to transport clients.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation: either through state fund or self-insured.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Dishonesty: Recommended coverage either through bond insurance or liability insurance. If no coverage obtained, the Contract Agency assumes all risk for losses.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Directors and Officers Insurance: at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$2,000,000.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your organization have a Claims-made policy? If yes, extended reporting period ("tail") coverage or continuous coverage from date of first contract with MHRBWCC is required. Provide the following: *Attach Tail Coverage endorsement or evidence of continued coverage from first claims-made policy issued while under contract with the Board.*

☐ Yes ☐ No

All Contract Agencies shall submit to MHRBWCC Certificates of Insurance evidencing each type of coverage required and shall provide MHRBWCC with notice of cancellation or non-renewal of any such coverage within 30 days of the time the Agency receives such notice.