

### Attachment C Insurance Requirements

Certification of the following required insurance, which is written by (an) insurer(s) licensed or authorized to do business in Michigan and which have one of the four “A” ratings by The A.M. Best Company as of the date of this Service Contract, must be provided prior to execution of this contract and maintained as current throughout the term of the contract.

Provider agrees to maintain the following insurance pertaining to the operation of the program funded under this contract which shall include at least (check all that apply):

	Required Limits	Additional Requirements
<b>Worker's Compensation</b>		
<input type="checkbox"/>	As required by Federal and State law.	Required for all Providers who meet Federal requirements. If exempted by law, attestation to CMHSP is required.
<b>Commercial General Liability</b>		
<input type="checkbox"/>	\$1,000,000 each occurrence \$2,000,000 aggregate for personal injury, bodily injury, and property damage (broad form)	Required for Providers serving Covered Persons in their own facilities, regardless of whether they are Provider owned or leased, including but not limited to, AFCs, residential facilities, and hospitals.
<b>Automobile Liability</b>		
<input type="checkbox"/>	\$1,000,000 single limit	Comprehensive form covering owned, non-owned, and hired vehicles. No-fault coverage statutory and residual liability.
<b>Privacy and Security Liability (Cyber Security)</b>		
<input type="checkbox"/>	\$1,000,000 each occurrence \$1,000,000 annual aggregate	Must cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
<b>Professional Liability (Errors and Omissions)</b>		
<input type="checkbox"/>	\$1,000,000 each occurrence \$3,000,000 annual aggregate	
<b>Employee Dishonesty Liability</b>		
<input type="checkbox"/>	\$100,000 each occurrence	SUD Providers only. Coverage shall extend to loss of or damage to, money, securities, or other property of any Covered Persons if the property is in the care, custody, or control of the Provider, or a subcontractor, or if the Provider or subcontractor is legally liable for such money, securities, or other property.
<b>Umbrella/Excess Liability</b>		
<input type="checkbox"/>	\$1,000,000 each occurrence	Corporations leasing vehicles from Member to transport Beneficiaries served by Member will carry umbrella/excess liability coverage.

#### ADDITIONAL INSURED

The CMHSP shall be identified as an Additional Insured as necessary to protect its interests on any insurance policies referenced in the above paragraphs.