



NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY CONTRACTED PROVIDER INSURANCE REQUIREMENTS

The **CONTRACTOR** shall maintain insurance as noted below, during the life of any provider contract. The insurance policy shall provide limits, which are consistent with industry standards, based upon the services provided by the **CONTRACTOR**, at the following coverage levels:

1. Commercial General Liability Insurance with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate if **CONTRACTOR** operates any of the following programs:
 - a. Residential adult foster care in homes licensed as Small, Medium or Large Group Homes;
 - b. Residential foster care in Child Caring Institutions;
 - c. Community Living Supports in Day Programs; and
 - d. Supported Employment, Skills Training/Development and Out-of-Home Pre-Vocational Services.
2. General Liability Insurance
 - a. With limits of \$500,000 per occurrence and \$1,000,000 aggregate if **CONTRACTOR** operates residential adult foster care homes licensed as Family Group Homes or Private Residential Home programs in unlicensed settings;
 - b. With limits of \$300,000 per occurrence if **CONTRACTOR** provides unlicensed support services or operates residential homes licensed as Child Foster Care Homes.
3. Professional Liability Insurance with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate if providing services requiring a professional license; and
4. Vehicle Liability Insurance and Michigan no-fault coverage at \$1 million combined single limit on all owned, non-owned and hired vehicles if transporting **BOARD** consumers.
5. Worker's Compensation Insurance or WC-337 Exclusion Form. It is understood that the **CONTRACTOR** carries workers' compensation insurance with statutory limits for the Term of this Contract. If the **CONTRACTOR** has no workers' compensation insurance because **CONTRACTOR** is qualified for an exemption pursuant to Michigan law, then a completed **BOARD** Notice to Provider Subcontractor Form and the State of Michigan's Worker's Compensation Agency's approved WC-337 Exclusion Form will be accepted instead.