

COUNTY OF ROCKLAND – DEPARTMENT OF GENERAL SERVICES VENDOR GUIDE TO INSURANCE REQUIREMENTS

| CERTIFICATE OF LIABILITY INSURANCE | |
|---|--|
| PRODUCER | THIS CERTIFICATE IS IS: ONLY AND CONFERS A HOLDER. THIS CERTIFIC ALTER THE COVERAGE |
| | INSURERS |
| | INSURER A: |
| INSURED | INSURER B: |

As indicated in the County’s Bid and RFP Documents, the County of Rockland requires insurance coverage from its vendors. Insurance requirements vary in accordance with the type and complexity of the goods and/or services requested. Specific insurance requirements for each type of contract can be found in the County’s Insurance Requirements Matrix. Certificates of Insurance are required for all Bids, RFPs and Contracts awarded by the County, as well as all services procured through the use of a County Purchase Order. The Contractor / Vendor / Consultant shall not commence work under the contract until all insurance required therein is obtained and approved by the County Director of Purchasing. Nor shall the contractor allow any subcontractor to commence work until all similar insurance required of the subcontractor has so been obtained.

Examples of the types of insurance that are typically required include:

- worker's compensation and disability insurance required by state legislation;
- employer's liability;
- personal accident;
- general third-party liability;
- professional liability; and
- Automobile liabilities.

The coverages will be based on the type of goods and/or services being provided by the vendor. In all instances in which vendor personnel enter County property to repair, install, service, construct, consult, etc., the County requires a certificate of insurance verifying coverage per County insurance requirements.

Whenever insurance is required on a purchase order, the vendor will be supplied with complete requirements for coverage. Please contact the County’s Purchasing Department at (845) 364-3820 if you need further information on insurance requirements for a particular contract.

ROCKLAND COUNTY’S INSURANCE REQUIREMENTS:

GENERAL LIABILITY: Prior to commencing work, the CONTRACTOR or CONSULTANT shall, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of the contract or purchase order which shall include, but not be limited to the coverage that is selected on the attached matrix. Insurance must be obtained from insurance companies licensed in the State of New York, carrying a Best’s financial rating of A or better. Upon failure to furnish, deliver and maintain such insurance, the agreement, contract award or purchase order may be declared suspended, discontinued or terminated or canceled. If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the CONTRACTOR OR CONSULTANT shall upon notice to that effect from the County, promptly obtain a new policy and submit same with a certificate for approval by the County.

Forced Placed Insurance. If CONTRACTOR OR CONSULTANT does NOT provide the County of Rockland with evidence of the insurance coverage required by this Agreement, the County may purchase insurance (at Contractor’s or Consultant’s sole expense) to protect the County’s interests. This insurance may, but need not, protect Contractor’s or Consultant’s interest. If the County purchases insurance under this Section, Contractor or Consultant will be responsible for the cost of that insurance, including interest and any other charges the County may impose in connection with the placement of the insurance, until the

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effective date of the cancellation or expiration of the insurance. The cost of insurance under this Section may be more than the cost of insurance that Contractor or Consultant may be able to obtain on its own.

In relation to purchases that are not a result of a County Bid, RFP or Contract; Vendors who cannot provide the coverage limits on the attached matrix may provide the County with an ACORD Certificate detailing the coverage limits they currently have in place and the County will review such certificates on a case-by-case basis to determine if sufficient coverage is in place in relation to the perceived risks associated with the proposed purchase.

COVERAGES – (SEE ATTACHED MATRIX)

An ACORD Certificate of Insurance will confirm that the required policies have been issued to the named insured; for the policy period indicated. The ACORD Certificate is to be provided to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order. Please NOTE: the Certificate of Insurance must be updated to give the County of Rockland immediate notice of the following:

1. Dilution of the limits of insurance shown on the Certificate of Insurance by more than 20% as a result of the payment of claims or expenses;
2. The downgrading of any insurer listed on the Certificate of Insurance by AM Best to less than an “A” rating;
3. The receipt, from any listed insurer, of a notice of cancellation before the expiration date thereof or non-renewal will be delivered in accordance with the policy provisions;
4. The receipt, from any listed insurer, of any failure of the named insured to comply with an insurance policy term or condition.

All Certificates of Insurance must be updated at least annually to remain valid.

The ACORD Certificate of Insurance shall contain a Description of Operations and include any exclusions or special provisions added by endorsement that in any way restrict coverage. The Contract Number and/or Purchase Order Number and the name of the department requiring the insurance should be stated under the description. The description shall also contain a statement to the effect that “The following are named as Additional Insured’s under General Liability and (if required) Automobile Liability, Excess Umbrella Liability, and Professional Liability (if applicable) on a primary basis, and on the broadest form available through the listed insurers with respect to this Contract or Purchase Order: **The County of Rockland, its employees, elected officials and affiliated municipal entities.** The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted the County of Rockland as an additional insured.

WORKERS COMPENSATION REQUIREMENTS UNDER WORKERS’ COMPENSATION LAW §57: The Vendor shall procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the vendor from claims under worker’s compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by the Vendor or by any other party directly or indirectly employed by the Vendor. Vendors shall provide copies of the required certificate to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order.

To comply with coverage provisions of the Workers’ Compensation Law (“WCL”), businesses must:

- A. Be legally exempt from obtaining workers’ compensation insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

The Contractor must prove that they are in compliance with §57 of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form C-105.2 or U-26.3** – (All private insurance carriers and their licensed insurance agents are authorized to use the Form C-105.2 as their Certificate of NYS Worker’s Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of Workers Compensation Insurance). Upon obtaining a permit, license or contract from a government agency Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board’s Bureau of Compliance to obtain this form.

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- **Self-Insured Form SI-12** – Certificate of Worker's Compensation Self-Insurance or Form GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance). Upon obtaining a permit, license or contract from a government agency. Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.
- **Exempt Form CE-200** – Certificate of Attestation of Exemption From NYS Worker's Compensation Insurance) (Effective 12/1/08) Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage. These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence shall contain the Solicitation Number and Title.

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8):

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. Be legally exempt from obtaining disability benefits insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer.

The Vendor must prove that they are in compliance with Section 220(8) of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form DB-120.1** – Certificate of Disability Benefits Insurance (the businesses insurance carrier will send this form to the County upon request).
- **Self-Insured Form DB-155** – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence shall contain the Solicitation Number and Title.

Please note that ACORD forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.

NY State Department of Labor requirements for Workmen's Compensation and Disability forms. Online address: <http://www.wcb.ny.gov/content/main/forms/AllForms.jsp>

EMPLOYERS LIABILITY with minimum statutory requirements

COMMERCIAL GENERAL LIABILITY INSURANCE with a minimum limit of liability per occurrence of \$1,000,000/\$2,000,000 aggregate for bodily injury and \$100,000 for property damage or a combined single limit of \$1,000,000 (c.s.1), naming the County of Rockland as an additional insured. This insurance shall include the following coverages:

- (i) Premises - Operations.
- (ii) Broad Form Contractual.
- (iii) Independent Contractor and Sub-Contractor.
- (iv) Products and Completed Operations.

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AUTOMOBILE LIABILITY INSURANCE with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and a minimum limit of \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 unless otherwise indicated in the contract specifications. This insurance shall include for bodily injury and property damage the following coverages:

- (i) Owned automobiles.
- (ii) Hired automobiles.
- (iii) Non-owned automobiles.

PROFESSIONAL LIABILITY The Consultant shall provide proof of such insurance. (Limits of \$1,000,000 per occurrence/\$3,000,000 aggregate).

All policies of the Contractor or Consultant shall be endorsed to contain the following clauses:

(a) Insurers shall have no right to recovery or subrogation against the County of Rockland (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Rockland is named as an insured, shall not apply to the County of Rockland.

All contractual insurance requirements in any contract between the Contractor or Consultant and the County shall contain the following clauses:

(a) The insurance companies issuing the policy or policies shall have no recourse against the County of Rockland (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(b) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Contractor or Consultant.

SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX

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| | VENDOR CLASSIFICATION CHECK APPROPRIATE BOX (cont'd on next page) | Commodities Delivered by Vendor <input type="checkbox"/> | Commodities Delivered by Common Carrier <input type="checkbox"/> | Purchase or Lease of Equipment and/or Maintenance and repair of equipment <input type="checkbox"/> | Lease / Use of Facilities or Ground / Prop to Others W/out Liquor <input type="checkbox"/> | Lease / Use of Facilities or Ground for Filming <input type="checkbox"/> | Maintenance & Repair of Buildings & Property <input type="checkbox"/> |
|------------|---|---|---|--|--|---|---|
| | Type of Insurance | | | | | | |
| A | Commercial General Liability (CGL) Each Occurrence | | | | | | (1) |
| | General Liability | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Personal & Adv Injury | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Med. Expense Any One Person | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| | Damage to Rented Premises | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 |
| | General Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| | Products-Comp / Op Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| B | Auto Liability – Incl BI and PD (AL) | | | (2) | (2) | (2) | (2) |
| | Combined Single Limit per accident | | | | | | |
| | Any Auto | \$1,000,000 | | \$1,000,000 | | \$1,000,000 | \$1,000,000 |
| | Or | | | | | | |
| | All Owned | \$1,000,000 | | \$1,000,000 | | \$1,000,000 | \$1,000,000 |
| | All Hired | \$1,000,000 | | \$1,000,000 | | \$1,000,000 | \$1,000,000 |
| | All Non-Owned | \$1,000,000 | | \$1,000,000 | | \$1,000,000 | \$1,000,000 |
| C | Excess / Umbrella Liability | | | | | | |
| | Each Occurrence | XXXXX | XXXXX | \$1,000,000 | \$1,000,000 | \$10,000,000 | \$5,000,000 |
| | Aggregate | XXXXX | XXXXX | \$1,000,000 | \$1,000,000 | \$10,000,000 | \$5,000,000 |
| D | Workers Compensation and Employers Liability | (3) | (3) | (3) | (3) | (3) | (3) |
| | Each Employee | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| | Each Accident | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| E | Disability Benefits | (3) | (3) | (3) | (3) | (3) | (3) |
| | Each Employee | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| F | Other-Professional Liability or errors and Omissions or Malpractice | | | | | | |
| | Per Claim | | | | | | |
| Opt | Owners and Contractors Protection | | | | | | |
| | Each Occurrence | | | | | | |
| | Aggregate | | | | | | |
| | 3rd Party Property Damage | | | | | \$1,000,000 | |
| * | All Other Insurance as Required by Law | | | | | | |
| | Rockland County to be named as Additional Insured on these coverage's | GL-AL | | GL-AL | GL-AL- EXCESS | GL-AL- EXCESS | GL-AL- EXCESS |

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| | VENDOR CLASSIFICATION CHECK APPROPRIATE BOX | Janitorial Services <input type="checkbox"/> | Contracted Services <input type="checkbox"/> | Consultant Services <input type="checkbox"/> | Licensed Professional Consultant Services - Legal, Accounting, Architect & Engineers, Medical, Forensics, Environmental Etc. <input type="checkbox"/> | Public and School Transport <input type="checkbox"/> | Capital Construction Projects –Buildings, Roads, Water Treatment <input type="checkbox"/> |
|------------|--|--|--|--|---|--|--|
| | Type of Insurance | | | | | | |
| A | Commercial General Liability (CGL) Each Occurrence | | | | | | |
| | General Liability | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Personal & Adv Injury | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Med. Expense Any One Person | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| | Damage to Rented Premises | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 |
| | General Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| | Products-Comp / Op Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| B | Auto Liability – Incl BI and PD (AL) | (2) | (2) | (2) | (2) | (2) | (2) |
| | Combined Single Limit per accident | | | | | | |
| | Any Auto | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Or | | | | | | |
| | All Owned | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | All Hired | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | All Non-Owned | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| C | Excess / Umbrella Liability | | | | | | |
| | Each Occurrence | \$5,000,000 | XXXXX | XXXXX | \$1,000,000 | \$10,000,000 | \$10,000,000 |
| | Aggregate | \$5,000,000 | XXXXX | XXXXX | \$1,000,000 | \$10,000,000 | \$10,000,000 |
| D | Workers Compensation and Employers Liability | (3) | (3) | (3) | (3) | (3) | (3) |
| | E.L. Each Accident | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| | E.L. Each Disease-EA Employee | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| | E.L. Disease-Policy Limit | | | | | | |
| E | Disability Benefits | (3) | (3) | (3) | (3) | (3) | (3) |
| | Each Employee | Statutory | Statutory | Statutory | Statutory | Statutory | Statutory |
| F | Other-Professional Liability or errors and Omissions or Malpractice | | | (4) | (4) | (4) | |
| | Per Claim | | | \$1,000,000 | \$1,000,000 | \$1,000,000 (Sexual Abuse) School Transportation only | |
| Opt | Owners and Contractors Protection | | | | | | |
| | Each Occurrence | | | | | | \$1,000,000 |
| | Aggregate | | | | | | \$2,000,000 |
| * | All Other Insurance as Required by Law | | | | | | |
| | Rockland County to be named as Additional Insured on these coverage's | GL-AL- EXCESS | GL-AL- EXCESS | GL-AL | GL-AL-PROFESSIONAL | GL-AL- EXCESS- PROFESSIONAL | GL-AL- EXCESS-OPT |

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| | VENDOR CLASSIFICATION CHECK APPROPRIATE BOX | Garage Operations <input type="checkbox"/> | Technology Computer Consultants <input type="checkbox"/> | Cloud Based Data Storage and Software Programs <input type="checkbox"/> | Children Services no transport or housing <input type="checkbox"/> | Children Services with transport or housing <input type="checkbox"/> |
|----------|--|--|--|--|---|---|
| | Type of Insurance | | | | | |
| A | Commercial General Liability (CGL) Each Occurrence | | | | | |
| | General Liability | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Personal & Adv Injury | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Med. Expense Any One Person | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| | Damage to Rented Premises | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 |
| | General Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| | Products-Comp / Op Aggregate | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| B | Auto Liability – Incl BI and PD (AL) | (2) | (2) | (2) | (2) | (2) |
| | Combined Single Limit per accident | | | | | |
| | Any Auto | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | Or | | | | | |
| | All Owned | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | All Hired | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| | All Non-Owned | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| C | Excess / Umbrella Liability | | | | | |
| | Each Occurrence | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$5,000,000 On site services \$1,000,000 community based | \$10,000,000 |
| | Aggregate | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$5,000,000 On site services \$1,000,000 community based | \$10,000,000 |
| D | Workers Compensation and Employers Liability | (3) | (3) | (3) | (3) | (3) |
| | E.L. Each Accident | Statutory | Statutory | Statutory | Statutory | Statutory |
| | E.L. Each Disease-EA Employee | Statutory | Statutory | Statutory | Statutory | Statutory |
| | E.L. Disease-Policy Limit | | | | | |
| E | Disability Benefits | (3) | (3) | (3) | (3) | (3) |
| | Each Employee | Statutory | Statutory | Statutory | Statutory | Statutory |
| F | Other-Professional Liability or errors and Omissions or Malpractice | | | (4) | (4) | (4) |
| | Per Claim | | \$1,000,000 | \$1,000,000 | \$1,000,000 (Sexual Abuse) | \$1,000,000 (Sexual Abuse) |
| | Garage Keepers Comprehensive and Collision | Primary & Direct | | | | |
| | Per Vehicle | Based specific Contract | | | | |
| | Aggregate | Based Specific Contract | | | | |
| | Data Breach and Privacy/Cyber Liability Higher Limits are recommended when Personal Identifying Information is part of the contract | | \$ 2,000,000 | \$2,000,000 | | |
| * | All Other Insurance as Required by Law | | | | | |
| | Rockland County to be named as Additional Insured on these coverage's | GL-AL- EXCESS | GL-AL- EXCESS | GL-AL | GL-AL-PROFESSIONAL | GL-AL- EXCESS- PROFESSIONAL |

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(1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.

(2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.

(3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120.

Workers Compensation/Employers Liability, and NYS Disability are not required of: a) a business that is owned by one individual, is not a corporation, and does not have any other employees, b) a self-employed individual, c) an out of state employer with no NYS employees. IN EACH CASE, the employer must file Form CE-200, Certificate of Attestation of Exemption, with the NYS Workers Compensation Board certifying that they are not required to obtain NYS specific Workers Compensation Insurance or NYS statutory Disability Benefits.

(4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those related to business, marketing, manufacturing, strategy, organization structure, environmental compliance, health and safety, technology, and communications. Some consultants are self-employed, independent contractors who offer specialized skills in a certain field; other consultants work for large consulting firms, that offer expertise in a wide range of business areas; and still other consultants hail from academia. Specialists in various professional fields that work with the general public and have greater than average expertise in particular areas, for example lawyers, doctors, pharmacists and insurance agents, require additional coverage for someone who is injured as a result of their negligent acts or omissions. Therefore, Professional Liability Insurance is required if commercially available for your profession.

SAMPLE ACORD CERTIFICATES: Sample ACORD Certificates detailing the required insurance coverage are included in each Invitation to Bid or Request for Proposal. These are provided as for informational purposes only to County Vendors and their Insurance Brokers to assist you in obtaining the correct insurance required for County contracts. Please note that the attached certificates reflect the standard types and limits of insurance the County requires most often. The requirements of each proposal may differ in which case the proposal's specific requirements shall prevail. Please review the insurance requirements of your proposal carefully with your broker. Exceptions: The limits shown in the matrix and samples will generally be required for service providers involved in low-risk activities. Higher limits may be required for service providers performing potentially high-risk activities.