



**Delaware County JFS Contract  
Insurance Minimum Requirements Checklist  
Revised 08/28/17**



**PROVIDER:** \_\_\_\_\_ **REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

	Type of Insurance	Minimum Coverage Requirements	Coverage Amount On Certification
<b>*** OPTION # 1 ***</b>			
<input type="checkbox"/>	Commercial General Liability	At least One Million Dollars (\$1,000,000) per occurrence.  And  At least Two Million Dollars (\$2,000,000) in the aggregate. (Including Sub-Contractors If Used)	_____  _____
<input type="checkbox"/>	Business Auto Liability	At least One Million Dollars (\$1,000,000) Combined Single Limit on all owned, non-owned, and hired automobiles.	\$ Amount _____ Any Auto <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned <input type="checkbox"/> Scheduled <input type="checkbox"/> Hired <input type="checkbox"/>
<input type="checkbox"/>	Umbrella and Excess Liability	At least Two Million Dollars (\$2,000,000) per occurrence.  And  At least Two Million Dollars (\$2,000,000) in the aggregate.	_____  _____
<b>*** OPTION # 2 ***</b>			
<b>Requirements for Umbrella and Excess Liability Coverage are Waived if Coverage Amounts Listed Below are Satisfied</b>			
<input type="checkbox"/>	Commercial General Liability	At least Three Million Dollars (\$3,000,000) per occurrence.  And  At least Four Million Dollars (\$4,000,000) in the aggregate. (Including Sub-Contractors If Used)	_____  _____
<input type="checkbox"/>	Business Auto Liability	At least Three Million Dollars (\$3,000,000) Combined Single Limit on all owned, non-owned, and hired automobiles.	\$ Amount _____ Any Auto <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned <input type="checkbox"/> Scheduled <input type="checkbox"/> Hired <input type="checkbox"/>
<b>REQUIRED FOR ALL CERTIFICATIONS</b>			
<input type="checkbox"/>	Worker's Compensation	Statutory requirements required by the Ohio Revised Code. Note: Worker's Compensation can be represented on the Acord form or a separate Worker's Compensation certificate.	Yes / No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Additional Insured Parties	Delaware County Board of County Commissioners  And  Delaware County Department of Job and Family Services Both must be listed as "Additional Insured Parties".	Yes / No <input type="checkbox"/> <input type="checkbox"/>  Yes / No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Certificate Holder	Delaware County Board of County Commissioners must be named as Certificate Holder.	Yes / No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Policy Expiration Dates	Policy expiration dates for all types of insurance on the Acord form and/or Worker's Compensation certificate are up to date.	Yes / No <input type="checkbox"/> <input type="checkbox"/>

**Comments:**