



Insurance Requirements- Affiliated Partner Services

W-9- The business name/entity name list on the W-9 must be the same name used on the insurance policy.

COI- The Certificate of Insurance (COI) must have the following insurance coverage:

1. **General Liability Insurance**

General Liability Limits

\$1,000,000 Each Occurrence Limit
\$3,000,000 Annual Aggregate Limit

Employer's Liability

\$1,000,000 Each Occurrence Limit
\$3,000,000 Annual Aggregate Limit

2. **Workers Compensation/Employer Liability Limits**

\$1,000,000 Each Occurrence Limit

3. **Sexual Abuse Liability**

\$1,000,000 Each Occurrence Limit
\$3,000,000 Annual Aggregate Limit

Endorsement- Neighborhood Healthcare must be added as additional insured to the supplier's policy. The COI must state the following: *CERTIFICATE HOLDER IS HEREBY NAMED AS AN ADDITIONAL INSURED PER THE ATTACHED ENDORSEMENT.*

Certificate Holder must be:

**Neighborhood Healthcare
425 N. Date St
Escondido, CA 92025**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as additional insured per company form CBGL0071 0512 attached.