



INSURANCE POLICY REQUIREMENT CERTIFICATION

Kern Regional Center (KRC) requires that **all vendors obtain general, professional, sexual abuse and non-owned auto liability insurance prior to vendorization.** Ongoing vendors must maintain current insurance policies at all times. This is important to protect your interests, as well as the interests of KRC and the clients you serve. **All** liability insurance is required for one million dollars (\$1,000,000) per occurrence. At all times while vendor is providing services, vendor shall (i) cause KRC to be list as a “Certificate Holder” on all of vendor’s insurance policies, (ii) cause KRC to be named “Additional Insured” on the **vendor’s general liability, sexual abuse & molestation and automobile policies and (iii) provide evidence of such insurance documentation to KRC.** The requirement includes professionally licensed, certified, or registered vendors such as physicians, psychologists, social workers, therapists, nutritionists and other types of consultants.

The policy number, effective date and expiration date must appear on the certificate of insurance. All insured facilities, programs and/or service addresses must be listed on the certificate of insurance. All coverages must be listed on the certificate of insurance. Each policy should reflect a 30-day notice of cancellation.

Transportation companies and those vendored to provide transportation services as an additional component must maintain professional automobile insurance to cover general liability, bodily injury and property damage. Transportation vendors must have \$1,000,000 policies as specified by their contract with KRC.

Worker’s compensation insurance with \$1,000,000 coverage is required for all vendors with employees.

I am aware of KRC’s insurance policy and understand that proof of insurance is a requirement of vendorization and purchase of services (POS) utilization. I understand that I must maintain current coverage to remain vendored with KRC.

Name of Facility or Program: _____

Printed Name of Vendor and Title: _____

Signature of Vendor: _____

Date: _____