

ADDENDUM 4 (09/23/2014)

SOLICITATION FOR CONTINUING SERVICES CS-06-035

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

CHANGE TO INSURANCE COVERAGE, ADDITION OF PROFESSIONAL SERVICES COVERAGE.

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. Polk County, a subdivision of the State of Florida, shall be named as an additional insured on all policies related to the project; excluding worker's compensation and professional liability. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. The policies shall contain a waiver of subrogation in favor of Polk County. In the event of any failure by the firm to comply with the provisions, the County may, at its option, provide notice to the firm to suspend the project for cause until there is full compliance. Alternatively, the County may purchase such insurance at the firm's expense, provided that the County shall have no obligation to do so; and if the County shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida	Yes
Employer's Liability	\$100,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, property damage and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Professional Liability Insurance. \$1,000,000 coverage.

The Insurance Certificates, to be submitted by the vendor, must include the following information.

The Certificate Holder must be stated as:

Polk County, a Political Subdivision of the State of Florida
330 W. Church St., Room 150
Bartow, Florida 33830

The County must be named as additional insured in regards to General Liability. The policy shall contain a waiver of subrogation in favor of Polk County.

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.