



# COUNTY OF ERIE DEPARTMENT OF MENTAL HEALTH

## 2024 ECDMH Insurance Requirements

It is suggested that if your insurance expires towards the end of December or beginning of the year, you might want to consider changing the policy period to be mid-year to mid-year. An example would be if your insurance expires January 10<sup>th</sup>, but you can't get insurance certificates to us prior to that so we can approve them, then your contract will not be able to be processed until the renewal certificates have been received by us and approved. Therefore, no advances can or will be made until we have received all proof that policies are current. Exceptions cannot be made to the requirements.

During the term of this Contract, the Agency agrees to procure and maintain insurance coverage, as set forth below:

1. Naming the "County of Erie" as **additional insured** and indicating so inside the insurance table for the following policies: **General, Auto, Excess, and Abuse** Liability policies.
2. **Waiver of Subrogation** must be indicated inside the insurance table for the following policies: **General, Auto, Excess, and Abuse & Molestation** Liability policies.
3. All policies shall name the "County of Erie, 95 Franklin Street, Buffalo, NY 14202," as **Certificate Holder** and satisfy the following requirements:

- **GENERAL:**

- **County of Erie MUST be listed as Additional Insured;**
- **Waiver of Subrogation MUST be indicated inside the Insurance Table;**
- Minimum combined single limit of bodily injury and property damage of \$1,000,000 per occurrence and a general aggregate of \$2,000,000, including premises and operations, products and completed operations, independent contractors, contractual liability (sufficient to cover all liability assumed under contracts with the County) and personal injury liability.

- **ABUSE & MOLESTATION COVERAGE:**

- **County of Erie MUST be listed as Additional Insured;**
- **Waiver of Subrogation MUST be indicated inside the Insurance Table;**
- Coverage shall be included for actual or alleged incidents of Abuse and Molestation on an Occurrence Form;
- Coverage can be provided via endorsement to the General Liability policy or as a standalone policy;
- County of Erie shall be listed as an Additional Insured for all ongoing and completed operations on a Primary and Non-Contributory Basis;
- Can be met via a combination of both Primary and Excess/Umbrella Liability policies with submission of ECDMH Waiver Letter Template and Umbrella Declaration pages that reflect such coverage (*see Waiver Letter requirements on page 5*); **and**

- Coverage amount is based on the following limits at the time of the agency's insurance renewal
  - **Limits based on ECDMH Contract:**
    - Tier 1** – Contracts from \$0 to \$999,999
      - Limits no less than **\$1 Million per occurrence**
    - Tier 2** – Contracts between \$1,000,000 to \$2,999,999
      - Limits no less than **\$3 Million per occurrence**
    - Tier 3** – Contracts \$3,000,000 and higher
      - Limits no less than **\$5 Million per occurrence**

*\*Please request an ECDMH Abuse Waiver Template form via email from Melissa Stark for an authorized representative at your agency to complete, sign and return.*

- **AUTO:**
  - **County of Erie MUST be listed as Additional Insured;**
  - **Waiver of Subrogation MUST be indicated inside the Insurance Table;**
  - Minimum combined single limit of bodily injury and property damage of \$1,000,000 each occurrence, and **MUST include: Owned, Hired and Non-Owned Autos; and**
  - Agencies that permit employees to utilize their personal vehicles to conduct agency business in relation to duties, activities and/or obligations set forth in this Agreement shall ensure that each employee has a personal automobile policy which includes verifiable and adequate automobile liability coverage. Proof of such coverage shall be available for review upon request of the County.

### **Commercial Auto Liability Coverage Definitions**

**Owned** = Vehicles Owned by the business or leased for 6 months/more

**Hired** = Vehicles your agency owns, rents, leases, hires or borrows.

(A hired auto is a vehicle you rent or lease on a short-term basis, such as a car you rent for a three-day business trip. Autos you lease long-term (for six months or more) are insured in the same manner as autos you own).

**Non-Owned** = Under a commercial auto policy, vehicles your company uses but doesn't own, hire, borrow or lease are called *non-owned autos*. Non-owned autos include vehicles owned by your employees but used in your business. An example is an employee's personal vehicle the worker uses to call on customers. Here are other examples of non-owned autos:

- a vehicle owned by a partner (of a partnership) and used on company business
- a vehicle an executive officer borrows from her neighbor to drive to a company business meeting
- a vehicle owned by a member of a limited liability company and used in the business

- **EXCESS (UMBRELLA):**

- **County of Erie MUST be listed as Additional Insured;**
- **Waiver of Subrogation MUST be indicated inside the Insurance Table;**
- Minimum liability of \$1,000,000;
- **Can meet Abuse/Professional requirements via a combination of both Primary and Excess/Umbrella Liability policies- MUST provide Waiver Letter Template and Umbrella Declaration pages that reflect such coverage**  
(see Waiver Letter requirements on page 5)

- **PROFESSIONAL:**

- **County of Erie MUST be listed as the Certificate Holder;**
- **Minimum required limit of liability of \$5,000,000 aggregate;**
- **Can be met via a combination of both Primary and Excess/Umbrella Liability policies with submission of an ECDMH Waiver Letter Template and Umbrella Declaration pages that reflect such coverage**  
(see Waiver Letter requirements on page 5); or
- If an agency cannot meet this requirement, an ECDMH Waiver Letter Template requesting a waiver MUST be submitted (see Waiver Letter requirements on page 5)

*Please request an ECDMH Abuse Waiver Template form from Melissa Stark for an authorized representative at your agency to complete, sign and return.*

- **CYBER LIABILITY:**

- Required where agency has access to the County's computer network and/ or agency receives protected health information, as set forth by HIPAA, from the County.
- Required Limits shall depend on the total contract value with the Erie County Department of Mental Health and can be met via Excess/Umbrella Liability policy.

- **Limits:**

- **Tier 1 – Contracts from \$0 to \$999,999**

- Limits no less than \$1 Million

- **Tier 2 – Contracts between \$1,000,000 to \$2,999,999**

- Limits no less than \$3 Million

- **Tier 3 – Contracts \$3,000,000 and higher**

- Limits no less than \$5 Million

- **PROPERTY:**

- **County of Erie MUST be listed as Loss Payee or Additional Insured; and**
- Providing sufficient coverage for property and/or contents within.

- **WORKERS' COMPENSATION:**

- **County of Erie MUST be listed as the Certificate Holder;**
- If through NY State Insurance Fund use Form U26.3;
- If through any other carrier use Form C105.2
  - **On Form C-105.2 Section 3d needs to be completed;**
- If Self-Insured, you MUST send a completed SI-12 Form from the Workers' Compensation Board.

- **NYS DISABILITY:**

- **County of Erie MUST be listed as the Certificate Holder; and**
- **MUST use Form DB 120.1**
  - Need to fill out: **1C** (if NYS) or **1D** (if Federal).

**WAIVER LETTER TEMPLATE REQUIREMENTS:**

**Professional/Abuse requirements being met via a combination of both Primary and Excess/Umbrella Liability policies:**

- Please submit your renewal policy Excess/Umbrella Declaration pages that will reflect such coverage being partially/fully met through the Excess/Umbrella policy;
- Please request the Waiver Letter Template for Professional Liability or Abuse Liability to be met through the Umbrella Policy from Melissa Stark; and
  - The Waiver Letter Template **MUST** state the limits currently maintained on the policy for Professional/Abuse, **MUST** list the limits of both Primary and Excess/Umbrella policies and state the amount the combination will meet.

**If your agency cannot meet the Professional Liability or Abuse Liability requirements without it causing the agency to experience financial hardship:**

- Please request the Waiver Letter Template for financial hardship from Melissa Stark for the additional requirements to be waived; and
  - The Waiver Letter Template **MUST** explain why it would be a financial hardship to obtain the coverage (i.e. the cost of the insurance, description of budget restraints). Even with the explanation of Scope of Service, you still need to add detail as to why meeting the requirements would cause financial hardship. The County will not accept the blanket statement of “financial hardship.”

**Please review your agency certificates before submitting them to Melissa for review and be sure the following County requirements have been met:**

Waiver Letter Templates and all Certificates of Insurance **MUST** be sent via email only to Melissa Stark @: [Melissa.Stark@erie.gov](mailto:Melissa.Stark@erie.gov).

- County of Erie** must be named as **Additional Insured** on *General, Auto, Excess, and Abuse*.
- Subrogative Waiver** must be indicated for *General, Auto, Excess, and Abuse*.
- Property** requires **County of Erie** to be named as **either, Additional Insured OR Loss Payee** and on either Form ACORD 25 or ACORD 27.
- The **Certificate Holder** for all policies **MUST be addressed to:**  
**COUNTY OF ERIE**  
**95 FRANKLIN STREET**  
**BUFFALO, NY 14202**

*All ECDMH Reference Documents for Contract Agencies can be found on our website located:*

<https://www3.erie.gov/mentalhealth/information-contract-agencies>