

**Request for Resume/Application (RFR/A)  
GARRETT COUNTY HEALTH DEPARTMENT (GCHD)  
INDEPENDENT THERAPIST VISITS**

| Section 1 – General Information             |   |                                    |             |
|---|---|------------------------------------|-------------|
| <b>RFR/A Number:</b>                        | 2024-0520IT   |                                    |             |
| <b>Functional Area<br/>(Enter One Only)</b> | Independent Therapist   |                                    |             |
| Labor Category                              |   |                                    |             |
| Enter the Labor Category to be provided:    |   |                                    |             |
| 1. Independent Therapist                    |   |                                    |             |
| <b>Anticipated Start Date</b>               | 07/01/2024  |                                    |             |
| <b>Duration of Assignment</b>               | The initial term of this Contract resulting from this RFR/A shall be from 7/1/2024-6/30/26. Garrett County Health Department (GCHD) will have the option to further extend this Contract for (2) two additional terms of (2) two years. Renewal may be based upon performance and current clinic needs.   |                                    |             |
| <b>Issue Date:<br/>mm/dd/yyyy</b>           | 04/29/2024  | <b>Due Date:<br/>mm/dd/yyyy</b>    | 05/20/2024  |
|   |   | <b>Time (EST):<br/>00:00 am/pm</b> | 9:00 AM EST |
| <b>Place of Performance</b>                 | Applicants shall be capable of reporting to the Oakland & Grantsville office of the GCHD to perform therapist visits to the patients of the GCHD. Applicants shall provide services at the agreed upon location which may include the school setting.   |                                    |             |
| <b>Special Instructions</b>                 | <p>GCHD reserves the right to make awards for up to 5 Applicants.</p> <ol style="list-style-type: none"> <li>1. In the event that more than 5 resumes/applications are received, the Contract Monitor may elect to exercise the following down-select process:               <ol style="list-style-type: none"> <li>a. An initial evaluation for all submitted resumes/applications and documentation will be completed. Based on this evaluation, the proposed Applicants will be ranked highest to lowest based on their RFR/A Section 4 - Personnel Qualifications and their acceptable reimbursement rate/s submitted.</li> <li>b. Applicants who submitted the top 5 ranked Personnel Qualification applications will be notified of selection for Applicant interviews. The Contract Monitor will follow the Selection/Award Process in RFR/A Section 6.</li> <li>c. All other Applicants will be notified of non-selection for this RFR/A.</li> </ol> </li> <li>2. Interviews will be performed by phone or in-person at the following location <u>1025 Memorial Dr. Oakland, MD 21550</u>. At the Contract Monitor’s discretion, an interview via telephone or via the web, e.g., GoogleMeet may be held in lieu of an in-person meeting. All Applicants selected for interview shall be interviewed in substantially the same manner.</li> </ol> |                                    |             |

|   |   |   |              |
|---|---|---|--------------|
| <b>Security Requirements (if applicable):</b>                       | <p>Contractor shall obtain at its own expense a Criminal Justice Information System (CJIS) State and federal criminal background check, including fingerprinting. At a minimum, these checks must contain convictions and probation before judgment (PBJ) pleadings within the State of Maryland. This check may be performed by a public or private entity. Refer to RFR/A Attachment 4 – Criminal Background Check Affidavit for additional information.</p> <p>Contractor shall utilize GCHD’s EMR to document services and other relevant documentation along with MDH Google Suite. MDH data may not be used, accessed or stored on any system that is not a State Approved System unless the MDH Unit has been granted a waiver from the Secretary, state approved devices will be provided.</p>  |   |              |
| <b>Late Responses &amp; Mistakes in Applications</b>                | <p>Requests for extension of this time or date will not be granted. Applications received after the due date and time listed in Section 1 will not be considered. Applications may be modified or withdrawn by written notice received by the Contract Monitor before the time and date set forth in Section 1 for receipt of Applications.</p> <p>It is imperative that the prices included on the Applications Price Sheet have been entered correctly and calculated accurately and that the entries or inaccurate calculations may cause the Application to be rejected.</p>  |   |              |
| <b>Original Signatures</b>  | <p>GCHD requires valid signatures on all submissions that this RFR/A or the documentation forms require to be signed. The Contractor may scan and email to the Contract Monitor any document containing such valid signatures.</p>  |   |              |
| <b>Special Invoicing Instructions</b>                               | <p>In addition to the invoicing requirements the Contractor will not be paid until the service is completed, documented, and billing is submitted and reviewed for accuracy. Payment will not be made for incomplete services. If billing is not submitted within 90 days it will not be reimbursed.</p> <p>Compensation shall be paid only for required services actually performed and for which GCHD can reasonably expect reimbursement. The following terms must be met for GCHD to reasonably expect reimbursement:</p> <ol style="list-style-type: none"> <li>1. Required documentation including billing logs/invoices for services provided has been appropriately recorded and submitted.</li> <li>2. Progress notes will be completed within 24 hours of the appointment.</li> <li>3. Diagnostic reports will be completed within 5 days of the appointment.</li> <li>4. Treatment plans and other required paperwork will be completed within the required time.</li> </ol> <p>Failure by the contractor to complete any of the above duties may result in a reduction or complete loss of payment.</p> |   |              |
| <b>Section 2 – Procurement Officer/Contract Monitor Information</b> |   |   |              |
| <b>Requesting Agency</b>  | Garrett County Health Department (GCHD)   |   |              |
| <b>Procurement Officer</b>  | Vickie Weeks  | <b>Procurement Officer phone number</b> | 240-226-0022 |
| <b>Procurement Officer email address</b>                            | vickie.weeks@maryland.gov   |   |              |

|   |  |                                      |              |
|---|--|--------------------------------------|--------------|
| <b>Procurement Officer mailing address</b>  | Garrett County Health Department, 1025 Memorial Dr. Oakland, MD 21550  |                                      |              |
| <b>Contract Monitor</b>   | Jennifer Brenneman   | <b>Contract Monitor phone number</b> | 301-334-7680 |
| <b>Contract Monitor email address</b>   | jennifer.brenneman@maryland.gov  |                                      |              |
| <b>Contract Monitor mailing address for submitted applications:</b>   | Garrett County Health Department, Attn: Jennifer Brenneman<br>1025 Memorial Dr.<br>Oakland, MD 21550   |                                      |              |
| <b>Role Definitions</b>   |  |                                      |              |
| 1.  | Procurement Officer – responsible for managing the RFR/A process up to the point of release and executing the contract documents.  |                                      |              |
| 2.  | Contract Monitor – responsible for managing the RFR/A process after the point of release and to oversee the work performance for all contract functions once it is awarded.  |                                      |              |
| 3.  | Contractor – The Contractor shall provide the resource and be accountable for the resource’s work performance under the Contract.  |                                      |              |
| <b>Section 3 – Scope of Work/Job Description</b>  |  |                                      |              |
| <b>A. Background</b>  |  |                                      |              |
| <p>The GCHD is recruiting staff to perform the following independent therapist services: individual, group, and family therapy, treatment planning, intake and/or diagnostic evaluations and other client based interventions as are appropriate to the clinic care of the client which are essential services, two (2) days per week minimally.</p> <p>To provide therapeutic services that include the completion of evaluation and diagnostic assessments, individual, couple, family and/or group therapy services to the clients of the Garrett County Center for Behavioral Health. Individual Therapists shall provide counseling and/or diagnostic services at the agreed upon location which may include the school setting.</p> |  |                                      |              |
| <b>B. Job Description</b>   |  |                                      |              |
| <b>Labor Category (From Section 1 Above)</b>  | <b>Duties / Responsibilities</b>   |                                      |              |
| Independent Therapist   | <p>Provide counseling services to include individual, group, family, and couple’s therapy; treatment planning, intake and/or diagnostic evaluations and other client based interventions as appropriate to the clinical care of the client, crisis intervention; and completion of referrals to other agencies/providers.</p> <p>Therapist will communicate with diverse community agencies/organizations regarding client treatment and advocacy. Consult with colleagues, supervisor, clinic and medical director regarding cases as needed.</p> |                                      |              |
|   | Completes intake and diagnostic services including assessments for clients entering services at the agency.  |                                      |              |

|  |   |
|--|---|
|  | Therapists are responsible for working collaboratively with clients to develop a person-centered treatment plan, evaluate client progress and update the plan of treatment accordingly. Paperwork (coordination of care letters/release of information letters, disability paperwork, responding to local agencies where clients are receiving additional services and care), and maintaining progress notes following each session.  |
|  | Daily contact in person, in writing or by telephone with clinic clients to provide and coordinate treatment, with a routine minimum of once monthly sessions.   |
|  | Ongoing contact in person, in writing or by telephone with representatives of agencies to provide consultation and strive for continuity of care for clinic clients.  |
|  | Decision making and recommendation provided by this position include: patient treatment and type of treatment, patient referrals to other agencies, the degree of endangerment to self or others and hospitalizations, timing of patient discharges.  |
|  | <p>Performance standards for this position:</p> <ul style="list-style-type: none"> <li>● Average 6 face to face therapy contacts per 8 hour day</li> <li>● Provide courteous, respectful diagnostic and counseling services to clients</li> <li>● Communicates effectively when making interagency referrals</li> <li>● Applies clinical and professional standards and policies to decision making and use of resources</li> <li>● Develop treatment plans and completes all documentation in a timely manner</li> <li>● Attendance of scheduled meetings, both intra and interagency as needed</li> </ul>   |
|  | <p>There is a limited number of services provided in which there is no mechanism to bill they are as follows (Administrative Time):</p> <ul style="list-style-type: none"> <li>● Time spent on Crisis calls</li> <li>● Crisis coverage</li> <li>● Court subpoena preparation time and Court appearance</li> <li>● Designated supervision time/or required and approved training</li> <li>● Mandatory staff meetings</li> <li>● Participation in opportunities for personal and professional skill development as recommended and/or assigned by supervision/management to address overall goals and objectives of the Behavioral Health Department and the GCHD. That includes Performance Management, Quality Improvement, Workforce Development Initiatives, etc.</li> <li>● Orientation activities</li> <li>● Provision of therapeutic services to medically indigent clients</li> </ul> <p>For reimbursement at the hourly labor rate, appropriate approval from the Director of Clinical Services shall be obtained.</p> |
|  | Daily (based on work schedule) contact in person, in writing or by telephone with clinic clinicians to provide and receive consultation.  |
|  | Contact in person, with the supervisor for guidance and direction regarding cases, and clinic policies/procedures, as well as routine contact with the clinic supervisor.   |
|  | Contact in person with the Clinic Medical Director for consultation regarding cases and to ensure quality care for clients; this may also be completed during peer review meetings.   |
|  | Attend individual supervision, staff meetings, peer review/clinical supervision and interagency meetings as required. Adhere to the policies of the agency as changes arise.  |
|  | Attends continuing education training, keeps abreast of current readings in the counseling field to keep clinical licensure, and provide quality services to clients.   |

**C. Minimum Qualifications**

Qualified Applicants shall meet the minimum qualifications. **Applicants that do not meet minimum qualifications will be deemed non responsive and will not progress to full evaluation.**

| <b>Labor Category<br/>(From Section 1 Above)</b> | <b>Minimum Experience/Knowledge/Skill</b>  |
|--|--|
| Independent Therapist                            | <ol style="list-style-type: none"><li>1. A minimum of (2) years of experience as a therapist is preferred.</li><li>2. Licenses, Registrations and Certifications:<ol style="list-style-type: none"><li>a. Applicants shall possess an active and in good standing clinical license from the Board of Professional Counselors as a LCPC or the Board of Social Work Examiners as a LCSW-C or Independent Practitioner. A copy of your license shall be included in your submission.</li><li>b. Applicants shall submit Certificates of Insurance for: General/Professional liability. See attached Insurance Table.</li><li>c. Applicants shall submit a currently dated W-9 (Refer to section 7.5 below), click here for the attachment:<br/><a href="https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf">https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf</a></li></ol></li></ol> |

**Section 4 – Personnel Qualifications**

**Experience Levels/Qualifications**

Applicants will be evaluated on their ability to meet the minimum qualifications, in addition to the preferred experience/knowledge and skills listed below. Applicants possessing the preferred experience/qualifications/knowledge and skills below may receive a higher technical ranking.

**Preferred Experience/Qualification/Knowledge/Skills**

|                       |                            |
|-----------------------|----------------------------|
| Independent Therapist | 1. Education:              |
|                       | 2. General Experience:     |
|                       | 3. Specialized Experience: |

**Other Considerations - additional preferred experience**

1. Strong clinical assessment and critical thinking skills.
2. Excellent communication and interpersonal skills.
3. Ability to work independently and manage time effectively.
4. Knowledge of relevant COMAR/CARF regulations and compliance standards.
5. Compassion, patience and a commitment to patient-centered well-being and approach to care.
6. Previous experience in a counseling or outpatient behavioral health environment or a related field preferred.

**Section 5 – Required Submissions**

Applicants submitting a response to the RFR/A must include the documents below:

1. RFR/A Attachment 1 – RFR/A Resume/Application Form for the labor category described in the RFR/A. Attachment 1 shall include three (3) current references that can be contacted for performance verification for Applicant’s work experience and skills. Telephone number and email address of reference is required.
2. RFR/A Attachment 2A & 2B - Applicant Price Sheets.
3. RFR/A Attachment 3 - Conflict of Interest Affidavit.
4. RFR/A Attachment 4 - Criminal Background Check Affidavit.
5. Proof of Licenses, Registrations & Certifications - See Section Minimum Qualifications above.
6. Any relative documentation to demonstrate meeting the qualifications in RFR/A Section 4 – Personnel Qualifications.

### **Section 6 – Selection/Award Process**

1. After completion of interviews, the Applicants will be ranked for merit based on the following evaluation criteria:
  - a. Relevant job experience
  - b. Price
  - c. References
  - d. Additional certifications
2. Applications will be evaluated and ranked from highest to lowest based on Personnel Qualifications and acceptable reimbursement rates submitted.
3. The Contract Monitor will recommend awards to the Applicants whose Application is determined to be the best value to the GCHD, considering price and the evaluation factors set forth above. In this evaluation, technical merit has greater weight than financial merit. The Procurement Officer will initiate and deliver a Contract to the selected Applicants.

### **Section 7 – Invoicing Instructions**

1. All Invoices shall be complete, accurate and signed by the Contractor and submitted to the Contract Monitor by Wednesday @ 10:00 AM each week.
2. The Contractor shall invoice the GCHD at the submitted administrative hourly rate and acceptable reimbursement percentage rate for services.
3. Errors on Invoices may delay processing and payment. Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information. Invoice verification shall be completed for accuracy, completeness and accuracy of documentation.
4. GCHD may hold payment of the Invoice if the client documentation is incomplete or the visit is unlocked/incomplete in the EMR. If documentation is not completed within 90 days there will be no reimbursement
5. **Tax Identification Number, the Contractor shall complete a currently dated W-9.** This documentation is required to process payment for the Contractor. Payment can be processed with either the Contractor’s Federal Tax Identification Number or Social Security Number (Individual Contractor Only). Contractor’s Federal Tax Identification Number or Social Security Number shall appear on all invoices submitted by the Contractor to the GCHD for payment.

# ATTACHMENT 1 – RFR/A RESUME/APPLICATION FORM

RFR/A # 2024-0520IT

Instructions: Insert Resume/Application information in the fields below; do not submit other Resume/Application formats.

|                                    |  |   |
|------------------------------------|--|---|
| Applicant Name:                    |  | Labor Category (from Section 1 of the RFR/A): |
| Master Contractor (If applicable): |  |   |

**A. Education / Training**

| Institution Name / City / State | Degree / Certification | Year Completed | Field Of Study |
|---------------------------------|------------------------|----------------|----------------|
| <add lines as needed>           |                        |                |                |

**B. Relevant Work Experience**

Describe work experience relevant to the Duties / Responsibilities and Minimum Experience / Knowledge / Skill described in Section 3 of the RFR/A. Start with the most recent experience first; do not include non-relevant experience.

|   |                               |
|---|-------------------------------|
| [Organization]                                  | <i>Description of Work...</i> |
| [Title / Role]                                  |                               |
| [Period of Employment / Work]                   |                               |
| [Location]                                      |                               |
| [Contact Person (Optional if current employer)] |                               |

|                               |                               |
|-------------------------------|-------------------------------|
| [Organization]                | <i>Description of Work...</i> |
| [Title / Role]                |                               |
| [Period of Employment / Work] |                               |
| [Location]                    |                               |
| [Contact Person]              |                               |

<add lines as needed>

**C. Employment History**

List employment history, starting with the most recent employment first

| Start and End Dates   | Job Title or Position | Organization Name | Reason for Leaving |
|-----------------------|-----------------------|-------------------|--------------------|
| <add lines as needed> |                       |                   |                    |

**D. References**

List persons the State may contact as employment references

| Reference Name        | Job Title or Position | Organization Name | Telephone / Email |
|-----------------------|-----------------------|-------------------|-------------------|
| <add lines as needed> |                       |                   |                   |

ATTACHMENT 2A

**RFR/A APPLICATION PRICE SHEET - INDEPENDENT  
THERAPIST VISITS**

RFR/A # 2024-0520IT

| <b>PROPOSED LABOR CATEGORY<br/>INDEPENDENT THERAPIST<br/>INITIAL TERM: YEAR 1-2</b>         | <b>RATE OF<br/>REIMBURSEMENT</b> | <b>ESTIMATED<br/>WEEKLY<br/>HOURS<br/>AVAILABLE</b> | <b>INITIAL BELOW TO<br/>ACCEPT RATE OF<br/>REIMBURSEMENT</b> |
|---|----------------------------------|---|--|
| <b>1. REIMBURSEMENT RATES<br/>BASED ON CURRENT MEDICAL<br/>ASSISTANCE RATE - THERAPY</b>    | <b>50%</b>                       |   |  |
| <b>2. REIMBURSEMENT RATES<br/>BASED ON CURRENT MEDICAL<br/>ASSISTANCE RATE - DIAGNOSTIC</b> | <b>60%</b>                       |   |  |

*\*MA rates may increase based on State of MD funding allocated by the Governor's Office and approved by the General Assembly. Timing of any increases may vary.*

*\*Administrative time shall be computed on the next Price Sheet, Attachment 2B.*

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Authorized Individual Name

---

Company Name (if applicable)

---

Title

---

Individual or Company Tax ID #

This Application Price Sheet must accompany the Resume/Application provided. The "Percentage Rate of Reimbursement" is the actual rate that the GCHD will pay for services and is based on the expected payment received by GCHD.



ATTACHMENT 2B

**RFR/A APPLICATION PRICE SHEET - INDEPENDENT  
THERAPIST VISITS - ADMINISTRATIVE TIME**

RFR/A # 2024-0520IT

Acceptable Salary Range (Please select an acceptable hourly labor rate): **\$20.00-\$25.00/hour**

| Initial Term: Year 1-2     |                                  |
|----------------------------|----------------------------------|
| Hourly Administrative Rate | Estimated Weekly Hours Available |
| \$                         |                                  |

\_\_\_\_\_  
Authorized Individual Name

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Individual or Company Tax ID #

This Application Price Sheet must accompany the Resume/Application provided. The "Hourly Labor Rate" is the actual fully-loaded rate that the GCHD will pay for services recorded in dollars and cents for Administrative time.

**Attachment 3. - CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE**

- A) "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the GCHD, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.
- B) "Person" includes an applicant, bidder, offeror, contractor, consultant, or subcontractor or sub consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which an application, bid or offer is made.
- C) The applicant, bidder or offeror warrants that, except as disclosed in D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.
- D) The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):
- E) The applicant, bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the applicant, bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the applicant, bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.
- F) No employee of the State of Maryland, county or any department, commission, agency or branch thereof, whose duties as such employee include matters relating to or affecting the subject matter of this contract shall, during the pendency and term of this Contract and while serving as an official or employee of the State of Maryland, county or any department, commission agency, or branch thereof, become or be an employee of the Contractor or any entity that is a subcontractor on this Contract.
- G) No applicant, bidder or offeror shall be covered by the Maryland Tort Claims Act.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: \_\_\_\_\_ By: \_\_\_\_\_

(Authorized Representative and Affiant)

**Attachment 4.- CRIMINAL BACKGROUND CHECK AFFIDAVIT**

**AUTHORIZED REPRESENTATIVE**

**I HEREBY AFFIRM THAT:**

I am \_\_\_\_\_ Business Name or Owner or Title (if applicable) \_\_\_\_\_ and the duly authorized representative of \_\_\_\_\_ Contractor \_\_\_\_\_ and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that \_\_\_\_\_ (Contractor or individual \_\_\_\_\_) has complied with Section 1, Security Requirements of the IT Visits RFR/A.

I hereby affirm that the \_\_\_\_\_ (Contractor or individual \_\_\_\_\_) has provided the GCHD with a summary of the security clearance results for the applicant that will be working on Solicitation Number RFR/A 2024-0520IT and this applicant has successfully passed all of the background checks required under Section 1 of the IT Visits RFR/A. The Contractor hereby agrees to provide security clearance results for any additional terms of the contract at least ten (10) days prior to the date the applicant commences work on this Contract.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Contractor or Individual

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit within 10 days of NTP**

## **Insurance Requirements for the Garrett County Health Department**

**General Liability Insurance:** Coverage shall be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability form including Products/Completed Operations and, if necessary, **Commercial Umbrella Insurance** .

Minimum Limits

|             |  |
|-------------|--|
| \$1,000,000 | Each Occurrence                        |
| \$1,000,000 | Products & Completed Operations        |
| \$1,000,000 | Personal Injury and Advertising Injury |
| \$2,000,000 | Annual Aggregate                       |
| \$1,000,000 | Fire Damage                            |
| \$5,000     | Medical Expense Each Person            |
| \$100,000   | Medical Expense Each Occurrence        |

**Automobile Liability Insurance:** Coverage sufficient to cover owned, hired and non-owned coverage, including bodily injury, per person and occurrence and property damage per occurrence.\*

Minimum Limits

|             |                       |
|-------------|-----------------------|
| \$1,000,000 | Combined Single Limit |
|-------------|-----------------------|

*\*Required for all contracts EXCEPT architectural design, review and/or engineering services and planning, research and/or policy projects.*

**Statutory Workers Compensation and Employer's Liability Insurance:** Workers Compensation Coverage shall meet statutory limits as required by the State of Maryland or other applicable laws and Employers' Liability Insurance as follows.\*

Minimum Limits

|           |   |
|-----------|---|
| \$500,000 | Each accident for bodily injury by accident   |
| \$500,000 | Policy limit for bodily injury by disease and |
| \$500,000 | Each employee for bodily injury by disease    |

*\*Workers' Compensation and Employer's Liability Insurance is required for all contracts who has employees or subcontractors.*

**Professional Liability Insurance:** Coverage for errors, omissions, and negligent acts per claim and aggregate, with one year discovery period.\*

Minimum Limits

|             |                 |
|-------------|-----------------|
| \$1,000,000 | Each Occurrence |
| \$5,000     | Deductible      |

*\*Required for all Professional Service Contracts ONLY including but not limited to architectural design, review and/or engineering services.*

**Pollution Liability Insurance:** Coverage for bodily injury, property damage, defense, and cleanup as a result of pollution conditions.\*

Minimum Limits

|             |                 |
|-------------|-----------------|
| \$1,000,000 | Each Occurrence |
| \$1,000,000 | Aggregate       |

*\*Required for contracts with remedial hazardous material operations.*

**Builders Risk Insurance:** Coverage equal to the full value of project\*

*\*Required for all property construction projects*