

# **INSURANCE CLARIFICATION FOR MEDI-CAL PROVIDER ENROLLMENT**

## **PROFESSIONAL LIABILITY INSURANCE**

Professional Liability, ALSO called Malpractice Insurance, is coverage against the legal liability of the insured, and against loss, damage, or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in rendering professional services by any person who holds a certificate or license.

Medi-Cal requires licensed professionals to have this insurance in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000. Documentation of this insurance requirement includes a copy of a certificate or declaration from the insurer/insurance company that contains the name of the insurance company, the name and address of the insured, effective dates, and limits of coverage.

## **GENERAL LIABILITY INSURANCE**

General Liability insurance covers premises and operation for the business address. Liability means legal liability for damages including costs of defense, legal costs and fees, and other claims expenses because of injuries to other persons, damage to their property, or other damage or loss to the other persons resulting from or arising out of any business, whether profit or nonprofit, trade, product, services, including professional services, premises, or operations, or any activity of any state or local government, or any agency or political subdivision thereof. Medi-Cal requires this liability coverage to be in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000. The declaration sheet or insurance certificate submitted must be location specific, i.e., the business address on the application should match the address on the insurance document.

Other acceptable types of liability insurance that meet this requirement include:

- Commercial General Liability

- General Liability

- Comprehensive Liability

- Commercial Business Liability

*Business Office OR Business Premises coverage does not meet this liability insurance requirement.*

# SAMPLE OF A COMMON FORM OF LIABILITY INSURANCE CERTIFICATE

<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).				
<b>PRODUCER</b> NAME: ADDRESS: CITY, STATE, ZIP:	<b>CONTACT</b> NAME: PHONE: FAX: E-MAIL: ADDRESS:	INSURER(S) AFFORDING COVERAGE NAME #		
<b>INSURED</b>	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			
COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
POLICY	TYPE OF INSURANCE	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
1	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCCUR <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EACH OCCURRENCE \$ CLAIMS TO REMIT \$ AGGREGATE (POLICY/PERIOD) \$ MED EXP (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
2	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>			COMMERCIAL SINGLE LIMIT \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
3	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCCUR <input type="checkbox"/> LOC			EACH OCCURRENCE \$ AGGREGATE \$ \$
4	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ALL EMPLOYERS (EXCEPT DOMESTIC SERVANTS & EMPLOYERS OF DOMESTIC SERVANTS) T/F (ALL EMPLOYERS) DESCRIPTION OF OPERATIONS (SEE)	Y/N	N/A	PER ACCIDENT \$ PER EMPLOYEE \$ PER ACCIDENT - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>	
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
			AUTHORIZED REPRESENTATIVE	