

**Cross Country Home Services  
Insurance Requirements**



Under the existing contract with Cross Country Home Services, Providers shall maintain insurance coverage at all times during the term of their agreement with the following minimum coverage\*:

<b>Name Insured</b>	Please provide the insured's name, any applicable DBAs, address and phone number
<b>Commercial General Liability</b>	<ul style="list-style-type: none"><li>• \$1 Million Each Occurrence</li><li>• \$1 Million General Aggregate</li><li>• Cross Country Home Services Inc. and/or their subsidiaries and affiliates listed as additional insured as required by contract</li><li>• Limits may be achieved with supplied umbrella</li></ul>
<b>Automobile Liability</b>	<ul style="list-style-type: none"><li>• \$300,000 Combined Single Limit <u>or</u></li><li>• \$100,000 Bodily Injury Per Person/\$300,000 Bodily Injury Per Accident &amp; \$50,000 Property Damage Per Accident</li><li>• Proof must provide agent contact information, policy number, effective dates and coverage amount</li></ul>
<b>Workers' Compensation</b>	<ul style="list-style-type: none"><li>• Must meet State Statutory Limits</li><li>• Exemptions and waivers are acceptable in accordance to state exemption regulations</li></ul>
<b>Certificate Holder</b>	<b>Cross Country Home Services Inc. and/or their subsidiaries and affiliates</b> c/o PlusOne Solutions, Inc. 3501 Quadrangle Blvd., Ste. 120 Orlando, FL 32817

Certificates of Insurance must be submitted to PlusOne Solutions evidencing such insurance and each renewal of the insurance policies to the following:

Email: [compliance@plusonesolutions.net](mailto:compliance@plusonesolutions.net)  
Fax: (877) 943-0800

If you have any questions contact PlusOne Solutions at (877) 943-0100.

\*For a listing of specific insurance requirements, please refer to your contract or most recently executed amendment.





# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	Please include phone number and email	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	Please include DBA's, address and phone number	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	<b>GENERAL LIABILITY</b>			Policy Number			EACH OCCURRENCE	\$1,000,000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$1,000,000	
							PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
	<b>AUTOMOBILE LIABILITY</b>			Policy Number			COMBINED SINGLE LIMIT (Ea accident)	\$300,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$100,000	
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULE D AUTOS	BODILY INJURY (Per accident)	\$300,000
	<input type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$50,000
									\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR					AGGREGATE	\$	
		<input type="checkbox"/> CLAIMS-						\$	
	DED	RETENTION \$							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Policy Number			<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$100,000	
	OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>					E.L. DISEASE - EA EMPLOYEE	\$100,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cross Country Home Services Inc. and/or subsidiaries and affiliates listed as additional insured as required by contract. (Note: Auto liability may be a combined single limit or split limits, per above.)

**CERTIFICATE HOLDER****CANCELLATION**

Cross Country Home Services Inc. and/or their subsidiaries and affiliates  
c/o PlusOne Solutions Inc.  
3501 Quadrangle Blvd, STE 120  
Orlando, FL 32817

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

*Authorized Signature*