

**FORM 8.5**  
**CERTIFICATION OF COMPLIANCE WITH COUNTY INSURANCE REQUIREMENTS**

The following is a list of required insurance policies:

- a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability\* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.
- f. ***To be added if professional liability or error and omissions insurance is applicable to Contract:*** Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.
- g. ***To be added if contract deals with children:*** Liability coverage for abuse and molestation in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

\*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

1. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.
2. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

I, \_\_\_\_\_, certify that I have reviewed the above insurance requirements, and:

I certify that as an individual/company/organization submitting a proposal, I am able to meet the above insurance requirements.

OR

I am not able to meet the above insurance requirements, and would like to request a waiver of the following policies:

\_\_\_\_\_.

The insurance policies currently held by this individual/company/organization are:

\_\_\_\_\_. A copy of the current insurance policies is attached.

Signed:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Title