|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Insurance | ADH Program | Equipment/ Pers | ADH, Respite NF | Behavioral Health/ Coaching | Fiscal/Peer Support | HM, PC, HHA, SHCA, CP, Chore, OT/PT | Laundry | Transportation/ Grocery | Translation/ Interpreting |
| General  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Automotive  | ✓ | ✓ | ✓ | n/a | n/a | ✓ | ✓ | ✓ | ✓ |
| Workers Comp | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Professional | ✓ | n/a | ✓ | ✓ | n/a | ✓ | n/a | n/a | ✓ |
| Abuse, Sexual and Molestation  | ✓ | n/a | ✓ | ✓ | n/a | ✓ | n/a | n/a | ✓ |
| Third Party | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Mystic Valley Elder Services**

**Minimum Insurance Requirements Checklist for Contracted Providers**

2024

\*Mystic Valley Elder Services is requiring the following types of insurance coverage and recommending the following minimum coverage amounts. It is a requirement that Mystic Valley Elder Services is added as an **Additional insured as respects all liability programs.**

\*Twenty (20) days written notice of cancellation