

**STANDARD PROFESSIONAL SERVICES CONTRACT**

**Exhibit B– Insurance Requirements**

No changes or additions can be made to this form other than indicating self-insurance status, if applicable, and attaching a letter that outlines the self-insurance coverage.

The following are the insurance requirements for the Contractor. The coverage limits and other specific insurance requirements are set forth in Paragraph X of the Contract. Contractor must fill in Sections A-D by checking one box in each insurance area and signing the document at the bottom.

**A. Worker's Compensation Insurance**

- Attached is certificate evidencing above insurance coverage in force as of the Contract start date.
- MN Statute Chapter 176 does not apply because Contractor has no employees and will not have any during the life of the Agreement.

**B. Commercial General Liability insurance**

- Attached is certificate evidencing above insurance coverage in force as of the Contract start date.
- Contractor assumes full responsibility for any and all damages that occur as a result of this Contract.

**C. Commercial Automobile Liability insurance covering all owned, non-owned and hired automobiles.**

- Attached is certificate evidencing above insurance coverage in force as of the Contract start date.
- Contractor's personal auto liability insurance coverage addresses the risk. Attached is a letter from insurance agent stating that personal automobile insurance policy covers business usage of all automobiles(s) that will be used during the life of this Contract.
- Contractor will not drive any automobiles while performing services under this Contract.

**D. Professional Liability Insurance providing coverage for the claims that arise from the errors of Contractor or its consultants, omissions of Contractor or its consultants, failure to render a professional service by Contractor or its consultants, or the negligent rendering of the professional service by Contractor or its employees, agents, consultants, or subcontractors.**

- Attached is certificate evidencing above insurance coverage in force as of the Contract start date.
- Contractor agrees to assume full responsibility for any and all damages that occur as a result of Contractor's acts, errors or omissions.

Contractor Business Name (printed) \_\_\_\_\_

Contractor Authorized Name (printed) \_\_\_\_\_

Contractor Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_