

*Frequently Asked Questions (FAQ)*  
*Treasure Coast Early Steps Program 2014-2017*  
*Insurance requirements (Updated 3/24/14)*

We have been receiving questions from Treasure Coast Early Steps providers about the insurance requirements delineated in the 2014-2017 Provider Agreement. This list of Frequently Asked Questions was developed to assist you in complying with these requirements. Any additional inquiries we feel might be helpful will be posted here. This is an opportunity for us all to learn from each other.

**1. What insurance must I have in order to be a Treasure Coast Part C provider?**

Please refer to your 2014-2017 Provider Agreement, page 3 number 29. This states:

*The Provider, at its sole cost and expense, shall maintain policies of professional liability insurance, Florida automobile liability insurance and workers' compensation insurance to insure the Provider against any claim or claims for damages arising in connection with the performance of Provider's responsibilities under this agreement. Such policies shall provide coverage in the aggregate as indicated below. Provider shall notify Easter Seals Florida Treasure Coast Early Steps in writing within twenty-four (24) hours of receiving any notice of cancellation of the insurance, or within one week of any other change (other than cancellation) in liability coverage and costs thereof.*

- a) **Professional liability insurance** Provide a minimum of one million per occurrence and three million aggregate coverage AND name Easter Seals Florida, Inc. as a "Named Additional Insured" on policy.
- b) **Florida Automobile liability insurance** Provide proof of current Florida coverage for this policy. This applies to providers who anticipate submitting requests for travel reimbursement.
- c) **Workers' compensation insurance** Provide proof of Workers' Compensation coverage or signed workers' compensation attestation.

*The Provider will provide proof of this insurance, at signing of this agreement, to the Treasure Coast Early Steps program by submitting a Certificate of Insurance. **EASTER SEALS FLORIDA, INC. SHALL BE NAMED AS AN ADDITIONAL INSURED ON THE PROFESSIONAL LIABILITY INSURANCE CERTIFICATE OF INSURANCE.***

If you have specific questions about what coverage each policy provides, you need to speak with your insurance agent.

**2. Do I need to provide you with proof of all these insurances when I send in my 2014-2017 Provider Agreement?** Yes, you will need to provide it upon initial enrollment and every year thereafter.

**3. Does Easter Seals Florida, Inc. need to be named as an additional insured on the certificate on all these insurances?** No. Easter Seals Florida Inc. must be named as an additional insured on the professional liability insurance certificate. For workers' compensation and auto liability coverage you are only required to provide a certificate for proof of coverage.

**4. What should I ask of my insurance company in order to have Easter Seals named on this insurance?** Please ask your carrier to add Easter Seals Florida, Inc. as a named additional insured.

**5. Do I need Workers' Compensation coverage?** If you have four (4) or more employees, full-time or part-time, you are required to carry workers' compensation coverage.

**6. What do I do if I am not required to carry Workers' Compensation coverage?** Complete and sign the workers' compensation attestation of exemption <http://www.easterseals.com/florida/shared-components/document-library/tces-enrollment-packet-fy14/workers-comp-attestation-of.pdf> certifying that you are not required to carry workers' compensation insurance.

**Questions that might be asked by your insurance carrier:**

***What is the name and address of the proposed additional insured?***

Easter Seals Florida, Inc.  
520 N. Semoran Blvd., Suite 280  
Orlando, FL 32807  
Attn: Gladys Epps, CFO

***The additional insured is my?***

Subcontractor for Early Steps Program (IDEA Part C)

***Describe the relationship between you and the proposed additional insured.***

Contractual

***The additional Insured gives me the following forms to file with the IRS W-2? 1099?***

You will be getting an IRS Form 1099 from Easter Seals Florida.

***Are you requesting the entity named (Easter Seals Florida) to be added as an additional insured in order to fulfill a contractual obligation? If so, why?***

Yes. The Professional Liability coverage provided by Easter Seals Florida, Inc.'s (ESF) carrier provides coverage for Bodily Injury and claims that are brought against ESF due to acts of negligence arising out of ESF operations.

This coverage is also extended to ESF employees and contracted employees while they are performing their duties for ESF at ESF insured locations. Unfortunately, this Professional Liability coverage does not extend coverage to ESF for the negligent acts of Independent or Sub Contractors who perform their duties at their place of business, even if they are treating your clients on behalf of ESF.

ESF must protect itself for this uninsured situation by contractually transferring this risk to those providers. The contract therefore, requires that the Sub Contractor add ESF as an additional insured to their insurance coverage, and carry limits to match those carried by ESF.

For one obvious reason, if the Contractors are treating patients under programs funded by the State of Florida, ESF's contract with the State requires ESF to be responsible for any claims arising out of the use of the Sub Contractors and to hold the state harmless. Section I.2 also requires ESF to defend the State against all claims. If the state is not shown as an additional insured to the ESF policy, a claim presented to the state would not be covered. As such, the ESF contract must also require that the Sub Contractor's policy follow these requirements as well.

***Nature of Proposed Additional Insured's Business?***

Non-profit community health organization holding Early Steps, IDEA Part C, contract for the Treasure Coast Region of Florida

We hope this information is helpful to you. **Please note:** if the insurance documentation is the only thing holding up your contract and you have not already done so, please return all the required materials with your contract to Easter Seals Florida, 520 N. Semoran Blvd., Suite 280, Orlando, FL 32807, and continue to work on obtaining the required insurance documentation. Please provide the date you expect to receive your insurance documentation to Joan Stolarz (jstolarz@fl.easterseals.com or 407-306-9766, x11101).