EXHIBIT 1

INSURANCE REQUIREMENTS

1. Vendor shall maintain adequate public liability, property damage, malpractice, and workers' compensation insurances, insuring as they may appear in the interest of all parties to said contract. **Certification of said insurance coverage shall be submitted to the County at the time of the execution of the contract by vendor**. **County shall be named as an additional insured on certificate of insurance provided.** If the additional insured requirement must be endorsed then the endorsement must accompany the insurance certificate.

2. Vendor shall annually provide the County with a certificate of insurance as noted below in paragraph 7, with the Contract number clearly noted on said certificate of insurance.

3. No Waiver of Subrogation provision shall apply.

4. Notice will be delivered to the County in the event coverage is cancelled, non-renewed, or coverage is reduced before the expiration date thereof in accordance with policy provisions.

5. If Vendor desires to self-insure any or all of the coverages listed in this section, except where prohibited by law, it shall provide to the County documentation that such self-insurance has received all the approvals required by law or regulations, as well as the most recent audited financial statement of the Vendor's insurance. Any coverage, which is self-insured, shall provide the same coverage limits and benefits as the coverages listed in this section.

6. If Vendor fails to provide such required insurance coverage and/or adequate proof of current coverage in amounts required, the County shall have the right to treat such failure as a material breach of the contract and to exercise all appropriate rights and remedies.

7. The County reserves the right to review categories and levels of insurance coverage held by the Vendor in an ongoing program of risk management. The Vendor will be notified, in writing, of coverage requirements as determined by this review and Vendor agrees to secure such requested coverage.

8. The minimum insurance requirements are as detailed as follows:

Commercial General Liability - Occurrence form (ISO 2013 or equivalent)

Each policy and Certificate of Insurance shall contain an endorsement naming the County of Northampton as an additional insured party with the at least the following minimum coverage:

$2,000,000 General Aggregate
$2,000,000 Products/Completed Operations Aggregate

EXHIBIT 1

INSURANCE REQUIREMENTS

$1,000,000 Personal/Advertising Injury
$1,000,000 Each Occurrence
$1,000,000 Excess/Umbrella Coverage Each Occurrence
$5,000,000 Excess/Umbrella (For Contractors/Larger Projects)

(Any restrictive endorsements must be included.)

Workers Compensation

PA Statutory Coverage
Employers Liability - Basic Limits

Business Automobile Policy

Covering "Any" Auto - Policy Symbol # 1 or combination of symbols #7, #8, & #9

$1,000,000 Each Accident Limit

Professional Errors and Omissions Liability (for any contract that involves the performance of a recognized professional service)

Additionally, IT vendors, and any Vendor who transfers data, information, money, or sensitive information (such as employee records or medical information), they must provide proof of third-party coverage in the event of a data or security breach and hold the County harmless and indemnify the County for any negative outcomes of their service.

$1,000,000 Each Occurrence
$1,000,000 Each Aggregate

Medical Malpractice Insurance (for any contract that involves performance of a member of the medical profession.)

Those in the medical professions must also provide evidence of participation in the MCARE in the amounts noted below.

$1,000,000.00 Each Occurrence
$3,000,000.00 Each Aggregate

Abuse/Molestation Coverage (for any contract that involves services for children, senior citizens, or any one-on-one services.)

$250,000 Each Occurrence
$500,000 Each Aggregate

(Additionally, all vendors must ensure that their have employees have required abuse clearances.)

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	Y	N/A				EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Northampton County is included as additional insured where required by written contract with respect to general liability.

No Waiver of Subrogation provision shall apply.

CERTIFICATE HOLDER

County of Northampton
Procurement Office Rm. 2101
669 Washington Street
Easton, PA 18042

CANCELLATION

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