



**LOGISTICARE INSURANCE CREDENTIALING
CHECKLIST**

Provider Name: _____

Insurance Certificate on file? Yes No

A current copy of your **Insurance Certificate** needs to be submitted along with the information below:

CREDENTIALING TYPE	EXPIRATION DATE	AMOUNT	VERIFIED BY	COMMENTS
General Liability Coverage (\$500,000)				
Coverage for Contractual Liability-Occurrence based (not claims made)				
Additional Coverage of Sexual Abuse and Molestation – (\$500,000.00)				
Workers Compensation (For 1 or more employees)				
Automobile Liability/Any Auto or symbols 2, 8 & 9 must be selected as part of coverage unless otherwise approved by SVP.– (\$500,000) Ambulances – (\$1,000,000)				
LogistiCare Solutions, LLC (see below for Additional Insured language.)				
“LogistiCare Solutions, LLC and _____ are included as Additional Insured with regard to commercial General Liability and Auto Liability policies as required by written contract. General Liability coverage includes blanket contractual liabilities and sexual abuse and molestation”.				
LogistiCare Certificate Holder				

Additional Comments: _____

