

## Computer Aid, Inc.

Managed Services Provider | Indiana MSP Program

## CRITERIA FOR PARTICIPATION

Indiana Managed Services Provider

### *State of Indiana Managed Services Provider Program*

## HOW TO REGISTER

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Vendors interested in participating in the State of Indiana's Managed Services Provider program must initially register with CAI through the Supplier Management Portal, via the "Register Your Company" option on the webpage link below. If your company has already registered and has login credentials, you can log directly into the Portal via this link.

The Required Documentation outlined in this Criteria for Participation must be submitted as part of your enrollment within the Supplier Management Portal. Please note: your enrollment request will not be received by CAI until all required documentation has been submitted within the Portal.

**Portal:** <https://cai.service-now.com/sm>

## REQUIRED DOCUMENTATION

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Please be aware that this documentation must stay current throughout the life of the contract for your company to actively participate in the program. The Supplier Management Portal will distribute automated alerts when your documentation is nearing expiration or has expired, and your company bears responsibility for maintaining the required documentation. Your company will be inactivated if required documentation is no longer current and may be subject to a fee for reenrollment.

### **1. Subcontractor Agreement**

Please be sure to complete all parts of the subcontractor agreement. The agreement must be signed by an authorized representative of your company. Electronic signatures are acceptable. Please note: vendors interested in participating in the IV&V portion of the program must be approved by the State.

### **2. W-9**

Please include a signed copy of your company's W-9, using the IRS's most recent version. Be sure to include your company's EIN. Please note: Vendors must be incorporated and social security numbers are not acceptable as the company EIN.

### 3. Certificate of Insurance (COI)

Please provide a certificate of insurance, with an expiration date at least 30 days from today's date, with the following coverage levels.

Type of Insurance	Limit	Amount	Notes
Commercial General Liability	Per Occurrence Aggregate	\$700,000 \$5,000,000	The State of Indiana and Contractor shall be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly under or in connection with this Contract.
Automobile Liability	Per Occurrence Aggregate	\$700,000 \$5,000,000	The State of Indiana and Contractor are to be named as an additional insured on a primary, non-contributory basis.
Employers Liability	Per Accident Per Employee for Disease Aggregate Disease	\$500,000 \$500,000 \$500,000	
Professional Liability (Errors and Omissions)	Per Occurrence Annual Aggregate	\$1,000,000 \$1,000,000	Coverage for the benefit of the State of Indiana and Contractor shall continue for a period of two (2) years after the date of service provided under this Contract.
Crime Insurance (3rd Party Indemnity) or Surety or Fidelity Bond	Per Occurrence	\$25,000	If required by statute or agency
Cyber Liability	Per Occurrence Aggregate	\$700,000 \$5,000,000	
Workers Compensation	State of Indiana Requirements	In Compliance	

In addition, proof of an "all states endorsement" covering claims occurring outside the State of Indiana is required if any of the services provided under this Contract involve work outside of Indiana.

The Suppliers' insurance coverage must meet the following additional requirements:

1. The insurer must have a certificate of authority or other appropriate authorization to operate in the state in which the policy was issued.
2. Any deductible or self-insured retention amount or other similar obligation under the insurance policies shall be the sole obligation of the Supplier.
3. The State of Indiana and Contractor shall be defended, indemnified, and held harmless to the full extent of any coverage actually secured by the Supplier in excess of the minimum requirements set forth above. The duty to indemnify the State of Indiana and Contractor under this Agreement shall not be limited by the insurance required in this Contract.
4. The insurance required in this Agreement, through a policy or endorsement(s), shall include a provision that the policy and endorsements may not be canceled or modified without thirty (30) days' prior written notice to the Contractor and State of Indiana.
5. The Supplier waives and agrees to require their insurer to waive their rights of subrogation against the State of Indiana and Contractor.

6. Supplier's Worker's Compensation and Employer's Liability insurance policies shall be endorsed with the "Alternate Employer Endorsement" to extend coverage under such policies to State of Indiana and Contractor as an alternate employer. Failure to provide insurance as required in this Agreement may be deemed a material breach of contract entitling the Contractor to immediately terminate this Agreement. The Supplier shall furnish a certificate of insurance and all endorsements to the Contractor before the commencement of this Agreement.

**Please note:** The insurance requirements shown above are base levels for enrollment in the program. Certain positions may require additional insurance coverage. These additional requirements will be noted on the applicable requisition, and your company will be required to provide proof of coverage during the candidate submission process for these requisitions.

If you have questions regarding the contractually-required insurance coverage levels, or require assistance meeting the required levels of coverage, please contact CAI's MSP Vendor Management Team via the Contact Us option within the Supplier Management Portal.

*Note: All expiring documents must be renewed proactively. The portal sends automated reminders, but failure to upload prior to expiration will result in inactivation from the program.*

## CERTIFICATE HOLDER

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CAI shall be listed as the Certificate Holder reflecting the following details:

**Computer Aid, Inc.**

Attn: Insurance Dept.  
1390 Ridgeview Drive  
Allentown, PA 18104

## OPTIONAL DOCUMENTATION

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### MBE, WBE, IVOSB Certification

If your company is certified as a Minority-owned Business Enterprise, a Woman-owned Business Enterprise, or an Indiana Veteran-owned Small Business, please provide your certification. More information on certifying as an MBE, WBE, or IVOSB is available at:

<https://www.in.gov/idoa/mwbe/minority-and-womens-business-enterprises/certify-your-business/>

Note: Certification is not required to enroll in the program. You may provide proof of certification at any time.

## QUESTIONS

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If you have any questions about the enrollment process, please contact CAI's MSP Vendor Management Team via the Contact Us option within the Supplier Management Portal.

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