



**STATE OF INDIANA**  
**SUPPLIER AGREEMENT ADDENDUM FOR**  
**LICENSED MEDICAL PROFESSIONAL STAFF AUGMENTATION SERVICES**

This Addendum is effective as of \_\_\_\_\_, between **Computer Aid, Inc. (CAI)** with Corporate Headquarters at 1390 Ridgeview Drive, Allentown, PA, 18104 ("Contractor") and \_\_\_\_\_, with offices at \_\_\_\_\_ ("Supplier"). Each of Supplier and Contractor may be referred to herein individually as a "Party" and both Supplier and Contractor may be referred to herein jointly as the "Parties."

This Addendum modifies the Supplier Agreement between the parties dated \_\_\_\_\_ between the Contractor and the Supplier for Suppliers providing Licensed Medical Professionals to meet the following Insurance Requirements:

**2.1.A. Minimum Insurance Requirements**

The Supplier and its subcontractors (if any) shall secure and keep in force during the term of this Contract the following insurance coverages (if applicable) covering the Supplier for any and all claims of any nature which may in any manner arise out of or result from Supplier's performance under this Contract:

TYPE OF INSURANCE	LIMIT	AMOUNT	Notes
<b>Commercial General Liability</b>	Per Person Per Occurrence	\$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.
<b>Commercial Automobile Liability (for Owned, Hired, and Non-Owned Automobiles)</b>	Per Person Per Occurrence	\$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.
<b>Worker's Compensation</b>	State of Indiana Requirements	Per Statute	
<b>Employer's Liability</b>	Per Accident Per Employee for Disease Aggregate Disease	\$500,000 \$500,000 \$500,000	
<b>Professional Liability/Errors and Omissions</b>	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.
<b>Crime Coverage (3rd Party Indemnity)</b>	Per Occurrence	\$25,000	If required by statute or agency
<b>Privacy &amp; Security (Cyber) Liability</b>	Per Occurrence Aggregate	\$700,000 \$5,000,000	
<b>At least one of the following:</b>			
<b>Medical Malpractice</b>	Per Occurrence Annual Aggregate	\$1,000,000 \$3,000,000	
<b>Professional Liability</b> (In no way shall limit coverage for medical professionals or medical operations and/or services)	Per Occurrence Annual Aggregate	\$1,000,000 \$3,000,000	If utilizing this option, language confirming coverage of medical professionals/services must be included in the Description of Operations in the COI.
<b>Indiana Patient's Compensation Fund (IPCF) enrollment</b>	Per Occurrence Aggregate	\$500,000 \$1,500,000	

Contractor reserves the right to require additional insurance coverage based on the job duties of the requirement, which shall be communicated in advance to Supplier.



The Supplier shall provide proof of such insurance coverage by tendering to the Contractor a certificate of insurance prior to the commencement of this Supplier Agreement and proof of workers' compensation coverage meeting all statutory requirements of IC § 22-3-2. 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:

- (i) The insurer must have a certificate of authority or other appropriate authorization to operate in the state in which the policy was issued.
- (ii) Any deductible or self-insured retention amount or other similar obligation under the insurance policies shall be the sole obligation of the Supplier.
- (iii) 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.
- (iv) 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.
- (v) The Supplier waives and agrees to require their insurer to waive their rights of subrogation against the State of Indiana and Contractor.
- (vi) 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: Contractor should be listed as the Certificate Holder with the following address:

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

These insurance requirements shall not in any way limit Supplier's indemnity obligations to Contractor as set forth elsewhere in this Agreement, nor shall they relieve or decrease the liability of Supplier in any way. Contractor does not in any way represent that the insurance or limits of insurance specified above are sufficient or adequate to protect the Supplier's interests or liabilities. The Supplier is responsible at Suppliers sole expense for providing any additional insurance Supplier deems necessary to protect Supplier's interests.

IN WITNESS WHEREOF, the parties hereto have caused this Addendum to be duly executed on the day and year first above written.

**CONTRACTOR**

**Computer Aid, Inc.**

Representative's Signature:

Representative's Name:

Title:

**SUPPLIER**

Representative's Signature:

Representative's Name:

Title:

Email Address:

EIN: