

EXHIBIT 7
INSURANCE COMPLIANCE

On the chart below, indicate the amount of coverage the applicant agency currently has, noting the expiration date next to the appropriate type of insurance. A copy of the cover page for each type of insurance that is required for the provision of the proposed service must be included with this Agreement. All insurance must be affected under valid and enforceable policies and written by an insurance company with an A.M. Best Company rating of A- or above. Successful applicants will be required to add the Detroit Area Agency on Aging as additionally insured, and increase coverage to the minimum requirements, if necessary. Thirty (30) day notice of cancellation must be provided to the DAAA.

<u>Type of Insurance</u>	<u>Yes</u>	<u>No</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Minimum Required</u>
1. Facility Insurance	_____	_____	_____	_____	
2. Auto Liability Insurance	_____	_____	_____	_____	\$1,000,000
3. Worker's Compensation / Employer's Liability	_____	_____	_____	_____	Statutory / \$ 500,000
4. Professional Liability, if applicable (\$1,000,000 per professional incident /\$2,000,000 aggregate)	_____	_____	_____	_____	
5. General Liability, Products / Completed Operations, Premises, and Advertising Injury / Personal Injury (Including product liability)	_____	_____	_____	_____	\$1,000,000
6. Property & Theft Coverage	_____	_____	_____	_____	
7. Directors & Officers	_____	_____	_____	_____	
8. Employee/Independent Contractor Bonding Insurance	_____	_____	_____	_____	\$ 100,000
9. Malpractice Insurance, if applicable	_____	_____	_____	_____	
10. Umbrella / Excess Liability (suggested amount \$1,000,000)	_____	_____	_____	_____	