Service Provider Risk Management Checklist

Provider Name:

	Recommended Limit/Explanation	Yes	No	N/A	Date	Notes
Insurance Requirements						
Loss History Reviewed						
Workers Compensation Insurance						
All States Coverage						
Employers Liability	500,000 Each Person/500,000 Each Accident					
General Liability Coverage						
Occurrence From Bodily Injury/Property Damage	1,000,000 per occurrence/2,000,000 aggregate					
Products/Completed Operations Aggregate	1,000,000					
Personal and Advertising Injury	1,000,000					
Medical Payments	10,000					`
Additional Insured-Certificate Issued With Effective Dates	TBD Entity and Broker/Manager					
Additional Insured-Certificate Issued With Effective Dates	Volunteers (Described under Operations on Certificate)					
Vehicle Liability						
Bodily Injury and Property Damage	1,000,000 Combined Single Limit					
Medical Payments	10,000					
Uninsured/Underinsured Motorists Liability	1,000,000					
Hired/Nonowned Automobile Liability	1,000,000					
Additional Insured-Certificate Issued With Effective Dates	Volunteers (Described under Operations on Certificate)					
Additional Insured-Certificate Issued With Effective Dates	TBD Entity and Broker/Manager					
Umbrella or Excess Liability Insurance **Director and Officer Liability** **Employee Dishonesty**	2,000,000 per occurrence/2,000,000 aggregate To include non compensated Directors and Officers					
Crime (Dishonesty)						
Fidelity Bond (if applicable)	25,000					

Service Provider Risk Management Checklist

Provider Name:

	Recommended Limit/Explanation	Yes	No	N/A	Date	Notes
Vehicle Standards						
Record Review						
Regular Maintenance						
Preventative Maintenance						
Valid Registration						
Current Inspection						
Written Pre & Post Trip Inspection						
Insurance Verification						
Driver Standards						
Criminal Background Check						
NH Criminal Check						
Federal Criminal Record Check						
License Check						
Copy of current, Valid NH License						
CDL, if required						
Copy of current motor vehicle driver record/review	Meets MVCP Standards					
Minimum 21 years of age						
Medical Clearance						
Certification for Fitness For Duty						
DOT Physical/Med Card, if applicable						
Medical Examiner Certificate						
Drug & Alcohol Program						
Policy Review acknowledgement & signed consent						
Pre-employment drug test completed						
Random Drug Testing Pool						

Service Provider Risk Management Checklist

Provider Name:

	Recommended Limit/Explanation	Yes	No	N/A	Date	Notes
Driver Training/Agency Communication						
Operational Procedures and Training						
Supervisor identified & communication process implemented						
Operational procedures review acknowledgement						
Operational procedures review						
Passenger assistance/wheelchair securement						
Defensive Driving						
Attend drug & alcohol training program						
Emergency & accident orientation						