

EXHIBIT A-2

(CITY OF STAMFORD INSURANCE REQUIREMENTS)

City of Stamford
Insurance Requirements
Healthcare Advisory Consultant

The Consultant shall maintain throughout the entire term of its agreement with the City of Stamford the following insurance coverages:

1. ***Comprehensive General liability*** insurance, which provides coverage for operations liability, completed operations and products liability, contractual liability and personal injury and advertising liability:
 - Must be written on an occurrence basis;
 - City of Stamford and its employees, agents and officers designated as additional insureds;
 - Completed operations and products liability insurance must be maintained for a period of not less than two (2) years following completion of the contract;
 - Contractual liability must insure any indemnities contained in the contract.
 - Limits of liability not less than \$1 million combined single limit per occurrence for bodily injury and property damage and \$2 million in the aggregate.

2. ***Comprehensive automobile liability***, which provides coverage for liabilities arising out of the ownership, operation and maintenance of motor vehicles.
 - City of Stamford and its employees, agents and officers to be designated as additional insureds;
 - Coverage shall apply to all owned, non-owned and leased (rental) vehicles;
 - Limits of liability not less than \$1 million combined single limit per occurrence for bodily injury and property damage.

3. ***Workers' compensation*** coverage, which complies with statutes and regulations of the State of Connecticut.

4. ***Employer's liability*** insurance, with minimum limits of liability of \$100,000 each accident, \$100,000 disease, each employee and \$100,000 disease policy limit.

5. ***Professional liability*** insurance, which covers the services of the Consultant as defined in the Contract. Minimum limit of liability is \$1,000,000.

Additional Requirements:

- Any insurance underwritten on a claims made as opposed to an occurrence basis shall contain retro-active date of the date the contract is executed or commencement of services, whichever is earlier and an extended reporting period of not less than two (2) years following termination of the contract or completion of the services provided hereunder, whichever is later.
- All insurance required hereunder shall contain ten days (10) prior written notice to the Risk Manager of the City of Stamford in the event of cancellation, termination or material change in any terms and conditions of the insurance required hereunder.
- The Consultant agrees to waive any claim, right of claim against the City of Stamford, which is or may insured under any of the insurance policies required hereunder. All insurance required hereunder shall contain waivers of subrogation in favor of the City of Stamford and its employees, agents and officers and shall be primary without any right of contribution from any insurance maintained by or on behalf of the City of Stamford, with the exception of professional liability insurance.
- The Consultant shall provide certificates of insurance, which evidence the insurance required hereunder.

AGORD.		CERTIFICATE OF INSURANCE					
PRODUCER Full Name of Insurance Agency Street Address City, State Zip Code Telephone Number / Facsimile Number			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED Name of Named Insured Street Address City, State Zip Code Telephone Number / Facsimile Number			COMPANIES AFFORDING COVERAGE				
			COMPANY A	Name of Insurance Company			
			COMPANY B	Name of Insurance Company			
			COMPANY C	Name of Insurance Company			
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONT PROT Contractual Liability		XXXXXXXXXX	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	\$2,000,000
						PRODUCTS-COMP/OP AGG	\$2,000,000
						PERSONAL & ADV INJURY	\$1,000,000
						EACH OCCURRENCE	\$1,000,000
						FIRE DAMAGE (Any one fire)	
						Each claim / incident	\$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		XXXXXXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT	\$1,000,000
						BODILY INJURY (Per Person)	\$
						BODILY INJURY (Per Accident)	\$
						PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EACH ACCIDENT	\$
						OTHER THAN AUTO ONLY:	
						EACH ACCIDENT	\$
						AGGREGATE	\$
A	PROFESSIONAL LIABILITY		XXXXXXXXXXXX	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	\$1,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL		XXXXXXXXXXXX	XX/XX/XX	XX/XX/XX	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
						EACH ACCIDENT	\$100,000
						DISEASE - POLICY LIMIT	\$100,000
						DISEASE - EACH EMPLOYEE	\$100,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: <i>City of Stamford, and its employees, agents and officers designated as additional insureds under commercial general liability and automobile liability policies. All insurance required hereunder shall be primary, not excess or contributory, to any insurance maintained by or on behalf of the City of Stamford. Waivers of subrogation under all insurance required hereunder apply to City of Stamford, and its employees, agents and officers. Waiver of subrogation does not apply under Professional Liability policy.</i>							
CERTIFICATE HOLDER City of Stamford 888 Washington Boulevard Stamford, CT 06904				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, INSURANCE COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			