Bay Area Collaborative

NONPUBLIC SCHOOL / AGENCY PREFERRED PROVIDER STATUS APPLICATION

By becoming a Bay Area Collaborative Preferred Provider, your organization's preferred status, rate schedule, and contact information will be shared with all collaborative members and be available on our website, <u>www.solanocountyselpa.net/governance/bac</u>.

Please submit this form with a copy of the school/agency's <u>current CDE Certification</u>, <u>current rate sheet</u> (only CDE authorized services should be listed on the rate sheet), and <u>insurance documents</u> (see page 2 for the required insurance minimums) to: <u>Andrew Ownby, Chairperson at AOwnby@solanocce.net</u>.

Nar	ne of Organization:	□ NPA □ NPS (Check all that apply)	School Certification Number and Level:			
Cor	tact Name:	Phone Number:	Email:			
Age	s/Grades Served:	Eligibility Categories Served:	Student / Certificated Teacher Ratio:			
Description of Program including services provided. For nonpublic schools, include the number of school days/year, number of hours served daily and the number of ESY days available.						
Districts within the Bay Area Collaborative currently working with:						
Reason for your request for Preferred Status in the Bay Area Collaborative:						
Has your school or agency been the subject of a complaint by CDE or OCR in the past 18 months? If yes, please describe the complaint and outcome. Alternatively, you may submit redacted copies of the findings with the documents listed below.						
	To complete your application, please check the box to confirm you have reviewed, understand, and will comply with the BAC <u>Operating Guidelines</u> .					

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Master Contract Insurance Requirements

Insurance coverage shall be at least as broad as:

- 1) Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001).
- 2) Insurance Services Office form number CA 0001 (Ed. 1/87) covering Automobile Liability, code 1 (any auto).
- Workers' Compensation insurance as required by the state in which services are performed and Employer's Liability Insurance with limits of \$2,000,000/\$2,000,000.

CONTRACTOR shall maintain limits of insurance no less than:

	Agencies with 1-5 providers	Agencies with 6+ providers and non-public school	Residential		
General Liability					
Per occurrence	\$1,000,000	\$2,000,000	\$3,000,000		
Fire damage	\$500,000	\$500,000	\$500,000		
Medical expenses	\$5,000	5,000	5,000		
Personal and adv. Injury	\$1,000,000	\$1,000,000	\$1,000,000		
General aggregate	\$1,000,000	\$2,000,000	\$6,000,000		
Business Auto Liability combined single limit	\$2,000,000	\$2,000,000	\$2,000,000		
Professional Liability/Errors and Omissions coverage not to exclude sexual molestation and abuse coverage unless that coverage is afforded elsewhere in the commercial general liability insurance					
Per Occurrence	\$1,000,000	\$1,000,000	\$3,000,000		
General Aggregate	\$3,000,000	\$3,000,000	\$6,000,000		
Workers Compensation and Employers Liability	\$2,000,000	\$2,000,000	\$2,000,000		