

## CHAPTER 40 - INSURANCE

EFFECTIVE DATE: November 10, 2016

REFERENCES: [RFQVA DDD-710000](#)

### **Insurance Requirements**

Qualified Vendors (QV) are required to maintain continuous insurance coverage through the duration of the Agreement; failure to comply may result in enrollment suspense and termination. Insurance requirements are set forth in the Agreement under Section 6.7 DES/DDD Standard Terms and Conditions for QV:

[https://des.az.gov/sites/default/files/qv2014.section\\_6\\_standard\\_terms\\_and\\_conditions.pdf](https://des.az.gov/sites/default/files/qv2014.section_6_standard_terms_and_conditions.pdf)

### **Reporting Requirements**

Proof of continuous insurance must be provided to the Division:

- A. Prior to the expiration of the policy, and
- B. Through a Certificate of Insurance (COI) submitted on an ACORD form 25 (or an equivalent form that has been approved by the State of Arizona).

### **Certificate of Insurance Requirements**

- A. The QV's insurance provider is responsible for completing the COI.
- B. The QV is responsible for informing the insurance provider of the following requirements:
  1. The "Insured" box of the COI must reflect the name of the QV on the agreement and the address must be the same as the vendor address listed in Section 2 of the Qualified Vendor Agreement (QVA).
  2. The description section of the COI must include the solicitation number "RFQVA DDD-710000", and your contract or QVA number.
  3. Each COI submitted must reflect the State of Arizona, Department of Economic Security as the "Certificate Holder". One of the following addresses must be present in the Certificate Holder section of the certificate:
    - a. State of Arizona  
Department of Economic Security  
Division of Developmental Disabilities  
Contract Management Unit  
Business Operations – Site Code 791A

- b. State of Arizona  
Department of Economic Security  
Division of Developmental Disabilities  
P.O. Box 6123  
Phoenix, AZ 85005-6123
  - c. State of Arizona  
Department of Economic Security  
Division of Developmental Disabilities  
1789 West Jefferson St  
Site Code 791-A  
Phoenix, AZ 85007
4. The COI must include the policy number, effective date, and expiration date for each type of insurance.