



CERTIFICATE OF INSURANCE REQUIREMENTS

CERTIFICATE HOLDER

When supplying Kaiser Foundation Health Plan, Inc. with the Certificate of Insurance, please have the Certificate Holder named as follows:

Kaiser Foundation Health Plan, Inc.
1800 Harrison Street, 23rd floor, Suite 2325
Oakland, CA 94612

Additional Insured

Kaiser Foundation Health Plan, Inc. requires the following to be listed as Additional Insured as follows:

Kaiser Permanente

Required Limits

General Liability	Minimum of \$2,000,000 per occurrence
Worker's Compensation	As required by law - \$1,000,000 in California
Employer's Liability	Minimum of \$2,000,000
Automotive Liability	Minimum of \$1,000,000

Cancellation Notification

A minimum of **30 days** notice is required for cancellation of coverage.

Please fax your Certificate of Insurance to (510) 625-5400 or email to: 1800.fac.management@kp.org