Emergency Response Services Selection Form- Attachment 1

Service Selection	Short Code	Unit Definition	Cap Rate	Provided Rate
Emergency Response System Installation	ERS Install	1 unit = 1 time occurrence	$50.00	
Emergency Response System (Landline)	ERS	1 unit = 1 month of service	$40.00	
Emergency Response System (SIM/Wireless)	ERS2	1 unit = 1 month of service	$40.00	
Emergency Response System w/ GPS	ERS3	1 unit = 1 month of service	$45.00	
Emergency Response System w/ Auto Alert (Landline)	ERS + Auto	1 unit = 1 month of service	$45.00	
Emergency Response System w/ Auto Alert (SIM/Wireless)	ERS2 + Auto	1 unit = 1 month of service	$45.00	
Emergency Response System w/ GPS & Auto Alert	ERS3 + Auto	1 unit = 1 month of service	$50.00	
Emergency Response Additional Button	ERS Add	1 unit = 1 month of service	$5.00	

In order for an application to be processed, the following items must be submitted at time of application as well as maintained throughout the life of the contract. Applications submitted without all required items will be held for thirty (30) days, after which the application will be considered invalid and will be destroyed. Failure to maintain all items throughout the life of the contract will result in service suspension and/or contract termination.

☐City Business License- If currently operating out of Utah, submit a copy of the comparable document from the city of operation.

☐Agency brochure, pamphlet, or other informational flyer

☐Agency Continuity of Operations Plan/Emergency Plan

☐Federal Communication Commission Registration

☐Direct Deposit Form (please leave SUPPLIER NUMBER field blank)

☐Voided Check

-or-

☐Bank Letter

☐Worker's Compensation Insurance Verification

☐Commercial General Liability Insurance- must be presented on an occurrence form

☐Name of Insured

☐State of Utah, DHS/DAAS, Salt Lake County listed as additional insured and certificate holder

☐Minimum amount of $1,000,000 per occurrence

☐Minimum amount of $3,000,000 general policy aggregate

☐Professional Liability Insurance
(Required only for providers that employ doctors, dentists, social workers, mental health therapists, or other professionals that will provide direct services under this contract)

☐Name of Insured*

*Salt Lake County is **not** to be listed as an additional insured for professional liability insurance

☐Minimum policy limit of $1,000,000 per occurrence

☐Minimum amount of $3,000,000 aggregate

☐Commercial Automobile Liability Insurance- must be presented on an occurrence form

☐Name of Insured

☐Coverage for owned, hired, and non-owned automobiles

☐Minimum of single combined limit of $1,000,000