

**AMENDMENT TO CONTRACT**  
**Medical Services for Youth Service Center**  
**Bid No. 09-275**  
**Lancaster County**  
**Extension**  
**Correctional Healthcare Companies (CHC)**

This Amendment is hereby entered into by and between Correctional Healthcare Companies (CHC) (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Contract dated June 22, 2010, under County Contract No. C-10-0317, for Medical Services for Youth Service Center, Bid No. 09-275 which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is July 1, 2010 through June 30, 2013, with the option to renew for three (3) additional one (1) year terms upon written mutual consent of both parties;

WHEREAS, the Contract was amended by the County C-13-0261, executed by the County Board on June 11, 2013 to renew the contract for an additional one (1) year period from July 1, 2013 through June 30, 2014; and

WHEREAS, the Contract was amended by the County C-14-0350, executed by the County Board on July 8, 2014 to renew the Contract for an additional one (1) year period from July 1, 2014 through June 30, 2015; and

WHEREAS, the Contract was amended by the County C-15-0247, executed by the County Board on June 2, 2015 to renew the Contract for an additional one (1) year period from July 1, 2015 through June 30, 2016; and

WHEREAS, the Contract was amended by the County C-16-0411, executed by the County Board on August 2, 2016 to extend the Contract for an additional one (1) year period from July 1, 2016 thru June 30, 2017; and

WHEREAS, the parties hereby extend the Contract for an additional five (5) month term beginning July 1, 2017 thru November 30, 2017; and

WHEREAS, the expenditures for Lancaster County for the term of this extension shall not exceed \$90,000.00 without prior approval by the Lancaster County Board of Commissioners; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-10-0317 and stated herein the parties agree as follows:

- 1) The parties hereby extend the Contract for an additional five (5) month term beginning July 1, 2017 thru November 30, 2017.
- 2) The expenditures for Lancaster County for the term of this extension shall not exceed \$90,000.00 without prior approval by the Lancaster County Board of Commissioners.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

Vendor Signature Page  
Lancaster County Signature Page

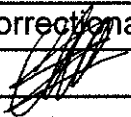
## Vendor Signature Page

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**AMENDMENT TO CONTRACT  
Medical Services for Youth Service Center  
Bid No. 09-275  
Lancaster County  
Extension  
Correctional Healthcare Companies (CHC)**

**Please sign, date and return within 5 days of receipt.**

Mail to: City/County Purchasing  
Attn: Brianne Crooks  
440 So. 8th St., Ste. 200  
Lincoln, NE 68508  
Or email to: bcrooks@lincoln.ne.gov

<b>Company Name:</b>	Correctional Healthcare Companies, LLC
<b>By: (Please Sign)</b>	
<b>By: (Please Print)</b>	Chris Bove
<b>Title:</b>	President, Local Detention Division
<b>Company Address:</b>	1283 Murfreesboro Pike Nashville, TN 37217
<b>Company Phone &amp; Fax:</b>	615-324-5712
<b>E-Mail Address:</b>	CBove@correctcaresolutions.com
<b>Date:</b>	June 2, 2017
<b>Contact Person for: "Orders or Service"</b>	Omar Mossallati, Contracts Attorney
<b>Contact Phone Number:</b>	615-312-7257

**Lancaster County Signature Page**

**AMENDMENT TO CONTRACT  
Medical Services for Youth Service Center  
Bid No. 09-275  
Lancaster County  
Extension  
Correctional Healthcare Companies (CHC)**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

\_\_\_\_\_  
Deputy Lancaster County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

dated \_\_\_\_\_

## CONTINUATION CERTIFICATE

The Westchester Fire Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. K08492359 in the sum of Twenty Six Thousand Dollars and 00/100 (\$26,000.00) Dollars, on

behalf of Correct Care Solutions, LLC

in favor of Lancaster County

subject to all the conditions and terms thereof through November 30, 2017 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 25 day of May, 2017.

Westchester Fire Insurance Company  
Surety

By: Pamela Pratt  
Pamela Pratt, Attorney-in-Fact

# Power of Attorney

## WESTCHESTER FIRE INSURANCE COMPANY

**Know all men by these presents:** That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

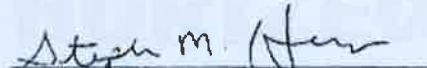
FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

Does hereby nominate, constitute and appoint Mark R Duggan, Pamela Pratt, all of the City of Nashville, Tennessee, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Ten million dollars & zero cents (\$10,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office,

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 4 day of August 2016.

**WESTCHESTER FIRE INSURANCE COMPANY**

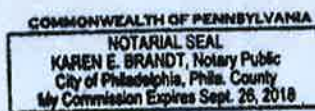


  
Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF PHILADELPHIA ss.

On this 4 day of August, AD. 2016 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

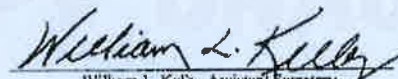


  
Notary Public

I, the undersigned Assistant Secretary of the **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this <sup>25th</sup> day of May, 2017.



  
William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER August 04, 2018.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/8/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> DENISE D. BARNES USI SOUTHWEST, INC. DBA HEALTHCARE LIABILITY SOLUTIONS 820 GESSNER, SUITE 1825 HOUSTON, TX 77024 PH: 800-732-8619      FAX: 713-343-5025		<b>CONTACT NAME:</b> DEBBIE HOLSTINE <b>PHONE (A/C, No, Ext):</b> 713-490-4679 <b>FAX (A/C, No):</b> 713-343-5025 <b>E-MAIL ADDRESS:</b>																						
<b>INSURED</b> CORRECTIONAL HEALTHCARE COMPANIES, INC. 1283 MURFREESBORO RD SUITE 500 NASHVILLE, TN 37217		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>PROASSURANCE SPECIALTY INS. CO, INC</td> <td>10179</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	PROASSURANCE SPECIALTY INS. CO, INC	10179	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			ES1866	12/15/16	12/15/17	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ N/A	
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>							PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					GENERAL AGGREGATE	\$3,000,000
								PRODUCTS - COMP/OP AGG	\$3,000,000
								EMPLOYEE BENEFITS	\$ N/A
	<b>AUTOMOBILE LIABILITY</b>			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident)	\$ N/A	
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$ N/A	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$ N/A	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$ N/A	
	<b>UMBRELLA LIAB</b>			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A	
	<b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ N/A	
	DED		RETENTION \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			N/A	N/A	N/A	WC STATUTORY LIMITS		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	If yes, describe under						E.L. EACH ACCIDENT	\$ N/A	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ N/A	
A	<b>MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE</b>			ES1866	12/15/16	12/15/17	\$1,000,000 PER LOSS EVENT		
							\$3,000,000 AGGREGATE		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY  
LANCASTER COUNTY IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS TO GENERAL LIABILITY AND MEDICAL PROFESSIONAL LIABILITY COVERAGE WHERE REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER      CANCELLATION**

LANCASTER COUNTY OFFICE OF RISK MANAGEMENT 555 SOUTH 9TH STREET LINCOLN, NE 68508	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Correctional Healthcare Companies, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217 USA	<b>INSURER A:</b> Zurich American Insurance Company      16535	
	<b>INSURER B:</b> American Zurich Insurance Company      40142	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** W2615431      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	BAP 5252136-02	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	WC5252134-02	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation and Employer's Liability Per Statute	N	N	WC5252135-02	10/01/2016	10/01/2017	EL Each Accident \$1,000,000 E.L. Disease-EA EMPL \$1,000,000 E.L. Disease-POL LIM \$1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 06/09/2017 WITH ID: W2612509.

<b>CERTIFICATE HOLDER</b>  Lancaster County Office of Risk Management 555 South 9th Street Lincoln, NE 68508	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  

**HEALTH CARE FACILITY LIABILITY POLICY  
REIMBURSEMENT FORM  
LIMITED COMPANY AUTHORIZED AMENDATORY ENDORSEMENT**

**POLICYHOLDER:** Correct Care Solutions Group Holdings, LLC.

**ENDORSEMENT  
EFFECTIVE DATE:** 12/15/16

**POLICY NUMBER:** ES1866

THIS ENDORSEMENT PRODUCED BY THE BROKER AND SENT TO **US** IS CONSIDERED A PART OF THE **POLICY** AND MODIFIES THE GENERAL LIABILITY COVERAGE PART OF THE **POLICY** AS FOLLOWS:

**Additional Insured**

Each entity shown in the Schedule below is included as an additional insured under the above-described Coverage Part(s) of the **policy**, but only with respect to vicarious liability arising solely and entirely out of the operations of **Correctional Healthcare Companies, Inc.**

**SCHEDULE OF ADDITIONAL INSUREDS:**

Lancaster County  
Office of Risk Management  
555 South 9th Street  
Lincoln, NE 68508