

## AGREEMENT

**THIS AGREEMENT** is entered into this \_\_\_1\_\_ day of \_\_\_\_\_ July \_\_\_\_\_, 2017\_\_, by and between **Donald P. Belau, Ph.D.**, hereinafter referred to as the "Contractor" and the **County of Lancaster, Nebraska**, hereinafter referred to as the "County", a political subdivision of the State of Nebraska. County and Contractor may be referred to collectively as "the Parties."

**WHEREAS**, the Contractor has extensive experience in working with youth, families, and various agencies across a variety of settings with specific expertise in youth suicide prevention, and postvention, and is familiar with a number of evidence-based approaches in youth crisis response systems across the country;

**WHEREAS**, the County desires to engage the Contractor to facilitate the Youth Crisis Response System in Lincoln; and

**WHEREAS**, the County desires to expend State grant funds from the Nebraska Commission on Law Enforcement and Criminal Justice Community Aid Grant #17-CB-0529, for this purpose;

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, it is agreed between the parties as follows:

1) **Term**: The Term of this Agreement shall be from July 1, 2017, through and including June 30, 2018.

2) **Purpose**: To facilitate the Youth Crisis Response System, over the Term of the Agreement.

3) **Responsibilities**: The Contractor shall render the Services and provide the Deliverables identified in Attachment A to this Agreement (the "Scope of Services"), attached hereto and incorporated herein by this reference, to the County.

4) **Compensation**: In full consideration for the Services and the Deliverables provided by the Contractor under this Agreement, the Contractor shall be compensated for providing those Services and Deliverables at the rate of \$75.00 per hour, and the County shall pay or cause to be paid to Contractor a total amount of compensation not to exceed Six Thousand Dollars (\$6,000.00), as described herein. Compensation is to be paid only upon submission of an invoice for reimbursement and documentation that Services and Deliverables have been provided pursuant to this

Agreement. Invoices and documentation shall be submitted to the County for review prior to any payment for Services and Deliverables, and payment is subject to final approval of the Services and Deliverables by the County.

The Parties agree that this Agreement does not provide for compensation in the form of a retainer. The Contractor agrees that it shall not be paid until Services and Deliverables have been proved to the County as provided in this Agreement. Contractor further agrees that it will make any additional information available to the County to support any claim for Services rendered and Deliverables provided. The Contractor shall not perform Services or provide Deliverables that would obligate the County to costs that exceed the above amount of total compensation without the prior written consent of both the Director of Lincoln-Lancaster County Human Services and the Lancaster County Board of County Commissioners. The County shall not be responsible for the direct payment of any insurance or fringe benefits, including but not limited to, vacation, overtime, retirement benefits, workers= compensation insurance, and unemployment insurance.

In the event of termination, Contractor shall not be entitled to any compensation for work beyond the date of termination, and no reimbursement shall be made by County to Contractor for any Services or Deliverables not actually provided by Contractor to County.

Within 30 days after the conclusion of a quarter during the Term of this Agreement, Contractor shall submit a detailed quarterly invoice to the County. For purposes of this Agreement, a "quarter" shall mean each period of three consecutive calendar months during the Term of this Agreement ending on September 30, December 31, March 31, and June 30.

All invoices shall be supported by properly executed payroll, time records, invoices, receipts, contracts, or vouchers evidencing in proper detail the nature and propriety of the invoiced amounts ("supporting documentation").

The County shall review the invoice and supporting documentation, and if the invoice and supporting documentation properly reflect the performance of Contractor's duties under this Agreement, County shall approve the invoice for payment within 30 days of receipt of the invoice. Objections to any items in the invoice shall be made in writing by the County to the Contractor within 30 days of receipt of the invoice. Any items not objected to as described herein shall be deemed approved. Payment for any approved items in an invoice shall be made within thirty (30) days of approval.

- 5) **Not Discriminate:** In its performance of this Agreement, the Contractor shall not discriminate on the basis of race, creed, sex, national origin, religion, age, marital status, or disability, with respect to either provision of services or in its employment practices. In the event a federal or state court or administrative agency makes a finding of discrimination against Contractor after a due process hearing, Contractor shall forward a copy of the finding to County. Contractor shall be required to comply with 28 CFR 42.301 et seq. to formulate an Equal Employment Opportunity Program (EEOP).
- 6) **County Not Obligated to Third Parties:** This Agreement is not intended to, and does not, create any rights or benefits on behalf of any person other than the Parties to this Agreement. County shall not be obligated or liable hereunder to any person other than the Contractor.
- 7) **Prohibited Interests:** Neither Contractor nor any of its contractors or their subcontractors shall enter into any contract, subcontract, or arrangement in connection with this Agreement, or any property included or planned to be included in the subject matter of this Agreement, in which any officer, agent, or employee of Contractor during his tenure or for one year thereafter has any financial interest, direct or indirect.
- 7.1) **Assignment:** Contractor shall not assign its duties and responsibilities under this Agreement without the express written permission of the County. Any assignment without such express written permission shall be absolutely void.
- 8) **Nonperformance:** In the event the Contractor fails to perform the duties outlined in Attachment "A" or fails to meet any of the requirements outlined in this Agreement, then and upon the happening of such event, County shall give written notice to Contractor of such failure to perform, and this Agreement shall terminate immediately upon such notice. Contractor shall be compensated pursuant to the terms of this Agreement for Services and Deliverables provided to County prior to the date of termination.
- 9) **Severability:** If any portion of this Agreement is held invalid, the remainder hereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of the applicable law.
- 10) **Lack of Funding:** The Parties recognize that the compensation provided for in this Agreement is based solely upon funds from the Nebraska Commission on Law Enforcement and Criminal Justice, grant number 17-CB-529 ("Outside Grant"). The Parties further recognize that the County may terminate this Agreement in whole or in part immediately upon written notice to Contractor if Outside Grant's

funds run out or are no longer available. The date County sends the written notice of termination shall be the date of termination. The Contractor understands and agrees that the County shall not provide for funding under this Agreement from the Lancaster County General Fund, tax revenue, or any other source, and that the sole source of funding for this Agreement is the aforementioned Outside Grant. In the event that grant funds under the Outside Grant are no longer available or run out, the Contractor shall be compensated pursuant to the terms of this Agreement for Services and Deliverables provided to County prior to the date of termination. Contractor agrees that Contractor has no reasonable expectation of payment of any kind from any other source.

**11) Termination:**

(a) This Agreement may be terminated by County for lack of funding as provided in Section 10 above.

(b) This Agreement may be terminated by either County or Contractor for breach of the terms of this Agreement. The County may terminate the Agreement for breach as provided in Section 8 above. Upon breach by County, Contractor shall provide County written notice of such breach and shall provide County 30 days to cure the breach. During the cure period, both Parties shall continue to perform under the Agreement. If, after 30 days, County has failed to cure the breach, Contractor may terminate the Agreement immediately upon written notice to County.

(c) This Agreement may be terminated by County for convenience upon 30 days written notice to Contractor. Contractor shall be compensated pursuant to the terms of this Agreement for Services and Deliverables provided to County prior to the date of termination.

12) **Independent Contractor:** It is the express intent of the Parties that this Agreement shall not create an employer-employee relationship, and the Contractor, or any other employee or other person acting on behalf of Contractor in the performance of this Agreement, shall be deemed to be independent contractor(s) during the entire term of this Agreement or any renewals thereof. Contractor shall not receive any additional compensation in the form of wages or benefits from the County which are not specifically set forth in this Agreement. Contractor shall assume full responsibility for payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, social security and income tax law, with respect to Contractor or any such employees of Contractor as may be engaged in the performance of this Agreement. It is the express intent of the Parties that this Agreement shall not create an agency relationship between the Parties. Neither the County nor its

employees shall be deemed agents of the Contractor, and neither the Contractor nor its employees shall be deemed to be agents of the County.

13) **Hold Harmless:** To the fullest extent permitted by law the Contractor shall indemnify, defend, and hold harmless the County, its elected officials, officers, employees, agents, consultants, and employees, from and against claims, damages, losses and expenses, including but not limited to attorney fees, arising out of or resulting from performance of the Agreement, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, to injury to or destruction of tangible or intangible property, but only to the extent caused by the negligent, wrongful, or intentional acts or omissions of the Contractor, a subcontractor of Contractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder. In the event the claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder, the indemnification by the Contractor shall be prorated based on the extent of the liability of the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce obligations of indemnity which would otherwise exist as to a party or person described in this Section. Nothing herein shall be construed to be a waiver of sovereign immunity by the County.

14) **Insurance Requirements:** The Contractor shall, prior to beginning work, provide proof of insurance coverage in a form satisfactory to the County, which shall not withhold approval unreasonably. The coverages and minimum levels required by this Agreement are set forth below and shall be in effect for all times that work is being done pursuant to this Contract. No work pursuant to this Agreement shall begin until all insurance obligations herein are met to the satisfaction of the County, which shall not unreasonably withhold approval. Self-insurance shall not be permitted unless consent is given by the County prior to execution of the Agreement and may require submission of financial information for analysis. Deductible levels shall be provided in writing from the Contractor's insurer and will be no more than \$25,000.00 per occurrence. Said insurance shall be written on an **OCCURRENCE** basis, and shall be **PRIMARY, with any insurance coverage maintained by the County being secondary or excess.**

a) **Workers' Compensation.** Contractor does not maintain Workers' Compensation Insurance and thus Contractor agrees that Contractor alone will perform all obligations outlined in the Agreement and will not delegate any obligations to a third party.

b) **Commercial General Liability.** The Contractor shall provide proof of Commercial General Liability Insurance with a minimum limit of not less than \$1,000,000.00 each occurrence and \$2,000,000.00 aggregate. These minimum limits can be met by primary and umbrella liability policies. Coverage shall include: Premises-Operations, Products/Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury. Such coverage shall be endorsed for the general aggregate to be on a **PER PROJECT** basis, and the Contractor shall provide an additional insured endorsement acceptable to the County. The required insurance must include coverage for all projects and operations of Contractor or similar language that meets the approval of the County, which approval shall not be unreasonably withheld.

c) **Professional Liability.** Contractor shall provide proof of Professional Liability insurance covering damages arising out of negligent acts, errors, or omissions committed by Contractor in the performance of this Agreement, with a liability limit of not less than \$1,000,000 each claim. Contractor shall maintain this policy for a minimum of two (2) years after completion of the work or shall arrange for a two year extended discovery (tail) provision if the policy is not renewed.

d) **Additional Insured.** An Additional Insured endorsement shall be provided to County naming County as additional insured under the commercial general liability policy.

e) **Certificates.** The Contractor shall provide certificates of insurance and endorsements evidencing compliance with these requirements. The Contractor's insurance shall include an endorsement to provide for at least thirty (30) days' firm written notice in the event of cancellation. Intent to notify is not acceptable. During the term of the Agreement and during the period of any required continuing coverages, the Contractor shall provide, prior to expiration of the policies, certificates and endorsements evidencing renewal insurance coverages. The parties agree that the failure of County to object to the form of a certificate and/or additional insured endorsement provided shall not constitute a waiver of this requirement.

f) **Minimum Scope of Insurance.** Except for Professional Liability, all Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted otherwise.

g) **Sovereign Immunity.** Nothing contained in this clause or other clauses of this Agreement shall be construed to waive the Sovereign Immunity of the County.

15) **Employee Verification:** In accordance with Neb. Rev. Stat. §§ 4-108 through 4-114, Contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C. § 1324b. Contractor shall require any subcontractor to comply with the provisions of this section.

16) **Forbearance Not Waiver:** County's failure or neglect to enforce any of its rights under this Agreement shall not be deemed to be a waiver of County's rights.

EXECUTED by Contractor this   1   day of   July  , 2017.

BY: 

\_\_\_\_\_  
DONALD P. BELAU, Ph.D.,  
Contractor

EXECUTED by County this        day of                     , 2017.

APPROVED AS TO FORM THIS  
\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
For JOE KELLY  
Lancaster County Attorney

LANCASTER COUNTY, NEBRASKA  
A Political Subdivision, County

BY: \_\_\_\_\_  
TODD WILTGEN, Chair  
Lancaster County Board of Commissioners



**SCOPE OF SERVICES**

Donald P. Belau, Ph.D., Contractor

Contractor shall provide the following Services and Deliverables under this contract:

- Facilitate and chair the Steering Committee, meeting monthly
- Facilitate and chair the Lincoln/Lancaster County Crisis Response Team (LCCR team)
- Evaluation of criteria/outcomes to be developed with the LCCR team to measure process/outcome
- Surveys are developed and interviews are conducted with key stakeholders to assess crisis
- Evaluate survey data and interviews used to assess crisis response perception
- Identify methods of marketing a positive response to utilize services
- Develop awareness of help/text lines in the community
- Explore funding braiding strategies
- Formulate a proposed quality assurance system
- Review & integrate data into finalized materials with expert review team including legal, mental health, consumer views
- Evaluation of quality assurance system
- Revise, finalize, and deliver materials
- Develop a one-year plan focusing on sustainability

**Certificate of Insurance (Proof of Coverage) 10/11/2017**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

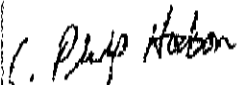
<b>Insured Name and Mailing Address*</b> Donald Belau 8630 Lavender Circle Lincoln, NE 68505	<b>Program Administrator</b> Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com Underwritten By: Philadelphia Indemnity Insurance Company
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<b>Coverage</b>		
Policy #: E41729	Effective Date: 04/06/2017	Expiration Date: 12/30/2017

**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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

Limits of Liability		Coverage Part
EACH OCCURRENCE (Per individual claim)	AGGREGATE (Total amount per policy year)	
\$1,000,000	\$3,000,000	Professional Liability
\$1,000,000	\$3,000,000	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability, and Personal Liability
\$N/A	\$N/A	Property Coverage
\$1,000,000	\$3,000,000	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

**Description/Special Provisions:**  
General Liability Insured Location(s): Lincoln/Lancaster City/County Building, 555 S 10th St, Lincoln, NE 68505

<b>Certificate Holder</b> Lancaster County 555 S 10th St Lincoln, NE 68508	<b>Cancellation</b> Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured:**  Yes <input checked="" type="checkbox"/> / <input type="checkbox"/> No	 <b>Authorized Representative</b> C. Philip Hodson
**If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	

**DISCLAIMER:** The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**General Purpose Endorsement**

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL AND  
SUPPLEMENTAL LIABILITY POLICY**

This information is completed only when this endorsement is issued subsequent to preparation of the policy:

POLICY CHANGES ARE INDICATED BY AN "X":

- NAMED INSURED amended to read as shown below.
- Address of NAMED INSURED is amended to read as shown below.
- Policy Period is amended to read as shown below.
- Limit(s) of Liability is/are amended to read as shown below.
- Premium is amended as shown below.
- Policy Number is amended to read as shown below.
- Other (described below).

**This policy is endorsed to include the Liability Coverage Enhancement PI-PHCP-11 (07/10) added effective 10/06/2017 at the additional premium of \$42.00.**

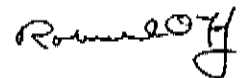
All other terms and conditions of this Policy remain unchanged. This endorsement is part of your Policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

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Policy #: E41729  
Effective on or after: 10/06/2017  
Issued to: Donald Belau  
Expiration date: 12/30/2017  
PI-PHCP-09(03/01)

Endorsement #: PI-PHCP-09(03/01)

By:



Robert O'Leary, Authorized Representative

Philadelphia Indemnity Insurance Company

Locations Schedule

The following locations are covered under the Liability Coverage Enhancement PI-PHCP-11 (12/05)

**Policy Number E41729**

Location No.	Address
1.	Lincoln/Lancaster City/County Building, 555 S 10th St. Lincoln, NE 68505



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/13/2017

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> CPH & Associates 711 S. Dearborn St. Ste 205 Chicago, IL 60605	<b>CONTACT NAME:</b> C. Philip Hodson <b>PHONE (A/C No. Ext):</b> 1.800.875.1911 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> info@cphins.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Insurance Company</td> <td>18058</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> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		Y	E41729	12/30/2016	12/30/2017	Per Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Lancaster County is added as additional insured

<b>CERTIFICATE HOLDER</b>  Lancaster County 555 10th St 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.  AUTHORIZED REPRESENTATIVE C. Philip Hodson
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**THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY**

**Additional Insured Endorsement**

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL  
AND SUPPLEMENTAL LIABILITY POLICY**

In consideration of the premium paid, this policy is amended as follows:

**Lancaster County** is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Lancaster County**.

Additional Insured Name and Mailing Address:  
Lancaster County

555 S 10th St  
Lincoln, NE , 68508

**\*\*Added to the policy effective 04/06/2017, at the additional premium of \$39.00.**

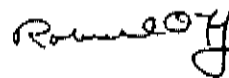
All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

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Policy: E41729  
Effective on and after: 04/06/2017  
Issued to: Donald Belau  
Expiration date: 12/30/2017

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PI-PHCP-3(03/01)



By: Robert O'Leary, Authorized Representative