

**AGREEMENT**  
**24/7 Relapse Treatment**

THIS AGREEMENT is made and entered into by and between the County of Lancaster, Nebraska, for the Lancaster County Department of Community Corrections, hereinafter referred to as "County", and The Bridge Behavioral Health hereinafter referred to as "The Bridge". Collectively the County and The Bridge may be referred to as "Parties," and individually each may be referred to as a "Party."

WHEREAS, the County has established a sobriety program called 24/7, designed for DUI offenders with multiple, aggravated DUIs, and/or other alcohol-related offenses;

WHEREAS, the County is desirous of obtaining certain professional alcohol treatment services for participants in 24/7, as provided herein;

WHEREAS, The Bridge is a Nebraska not for profit corporation which operates a licensed health care facility at which it maintains a substance abuse treatment program with the ability to provide those professional services;

NOW, THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth, it is agreed as follows by the Parties hereto.

1. Purpose: The purpose of this Agreement is for The Bridge to provide certain professional alcohol treatment services, as provided herein, for participants in the County's 24/7 sobriety program.
2. Term: The Initial Term of this Agreement shall become effective on October 10<sup>th</sup> 2017, and shall continue through June 30, 2018, unless otherwise terminated as provided herein. At the conclusion of the Initial Term, the Agreement shall renew for an additional one year Renewal Term. At the conclusion of any Renewal Term, the Parties may agree to renew the Agreement for an additional Renewal Term of one year.
3. Termination:
  - a. Either Party may terminate this Agreement at any time without cause and without penalty by giving the other Party written notice of its intent to terminate at least 60 days prior to the proposed termination date.
  - b. This Agreement may also be terminated by either Party for breach of the Agreement by the other Party. In the event of a breach, the non-breaching Party shall provide written notice of the claimed breach to the other Party. If the breach is not remedied within ten (10) days, the non-breaching Party may elect to terminate the Agreement by providing the other Party written notice of that election ten (10) days prior to the proposed termination date. Termination of this Agreement as provided herein shall not relieve any Party of liability for damages caused by its failure to properly perform its obligations under the terms of the Agreement.

- c. Notwithstanding termination, The Bridge shall be entitled to payment pursuant to the terms of this Agreement for any work performed pursuant to the terms of this Agreement that has been satisfactorily completed as of the termination date.
    - d. Notwithstanding termination, any Client Visit that begins prior to the date of termination shall be completed pursuant to the terms of this Agreement, and The Bridge shall be entitled to payment pursuant to the terms of this Agreement therefor.
4. Client Visit Rate: In exchange for The Bridge providing the services and performing the duties provided herein, the County shall reimburse the Bridge at the Client Visit Rate of \$108 per Client Visit.
5. Adjusted Client Visit Rate: Between December 1, 2017, and December 31, 2017, The Bridge may notify the County in writing of an adjustment to the Client Visit Rate. This adjusted rate shall be referred to as "the Adjusted Client Visit Rate." The Adjusted Client Visit Rate shall not exceed \$128 per Client Visit. If The Bridge notifies the County in writing of the Adjusted Client Visit Rate pursuant to the terms of this Section 5, the Adjusted Client Visit Rate shall replace the Client Visit Rate beginning on April 1, 2018, for purposes of Section 4 of this Agreement, unless the Agreement is terminated pursuant to the provisions of this Agreement.
6. Invoicing:
  - a. Within 30 days after the conclusion of each calendar month during the Term of this Agreement, The Bridge shall submit a detailed monthly invoice to the County for the costs described above by delivering it to the Lancaster County Department of Community Corrections, 605 N. 10th Street, Suite B131, Lincoln, NE 68508.
  - b. The total amount of reimbursement paid by the County to The Bridge during the Term of this Agreement shall not exceed \$12,000.00, unless the Agreement is amended as provided herein. It is understood and agreed that the amounts stated above shall represent total reimbursement for the services provided under the terms of this Agreement. The County shall not be responsible for the direct payment of any wages, insurance or fringe benefits, including but not limited to vacation, overtime, retirement benefits, workers' compensation insurance and unemployment insurance.
7. Referral: On behalf of the County, Drug Testing Center (24/7) staff will notify the Bridge by phone at least 30 minutes prior to escorting a Client to the Bridge. For purposes of this Agreement, each 24/7 participant referred by County to the Bridge pursuant to this Agreement shall be deemed a "Client."
8. Client Visit: Upon Referral, The Bridge shall admit a Client for a Client Visit. A Client Visit shall mean a twelve-hour admission to The Bridge, except that, if a Client, against the advice of The Bridge, voluntarily terminates a Client Visit prior to the conclusion of the Client Visit, such Client Visit shall constitute a completed Client Visit for purposes of this Agreement. The Bridge shall provide the following services to the Client during a Client Visit:
  - a. Upon admitting a Client to The Bridge, The Bridge will assume the safekeeping, care and sustenance of the Client, including providing standard

breakfast, lunch, and dinner offerings. The Bridge shall provide the individual safekeeping, care, sustenance and related services appropriate to the Client's condition, needs and situation. The Bridge shall be responsible for the provision and cost of medical services that are routinely provided by The Bridge staff (including contract staff) to similarly-situated individuals receiving services at The Bridge.

- b. The Bridge shall complete its usual admissions process for each Client and administer breath alcohol tests as appropriate.
  - c. The Bridge's nursing staff shall review the Client's referral information, including results of any positive tests performed prior to the Client's arrival, and shall complete a nursing assessment. The Bridge's nursing staff shall oversee services provided to the Client.
  - d. The Bridge shall not be obligated to accept for admission or retain as admitted any individual whose physical condition, mental condition, or behavior make continued admission at The Bridge inappropriate. In the event of a medical emergency, The Bridge shall immediately contact an ambulance service and have the individual transported to a hospital for emergency treatment. In the event of any other emergency, The Bridge shall immediately contact the appropriate law enforcement agency (Lincoln Police or Lancaster County Sheriff's Office) and have the individual transported to the appropriate facility. In any event, The Bridge shall notify the County's Program Administrator as soon as reasonably practicable of the transfer and/or discharge of the Client and the circumstances giving rise to the transfer and/or discharge
9. Reporting: Prior to referral, County will have each Client execute a release of information form, as provided in Exhibit A to this Agreement, which Exhibit is attached hereto and incorporated herein by this reference. Upon the County's request, the Bridge shall provide to County a discharge summary for a Client. The exchange of Client information pursuant to this Agreement shall be performed in an appropriate and expedient manner that will meet the medical needs of the Client and comply with applicable legal provisions, including the Health Insurance Portability and Accountability Act (HIPAA, 42 U.S.C. § 1320(d) et. seq., and implementing regulations) as well as 42 CFR, Part 2, for substance abuse, and 204 NAC 5.004.06
10. Program Administrators. Except as otherwise provided herein, the Agreement shall be administered by a program administrator from The Bridge and a program administrator from the County (the "Program Administrator(s)"). The County hereby designates Kim Etherton, Director, Lancaster County Department of Community Corrections, or designee as its Program Administrator under this Agreement. The Bridge hereby designates Phil Tegeler or designee as its Program Administrator under this Agreement. The Program Administrators shall be directly responsible for making decisions and for administering and managing the day to day operations under this Agreement. The Program Administrators shall mutually administer this Agreement and agree on the practices, procedures and parameters of utilization as provided herein. The Program Administrator may be changed from time to time by any Party appointing a successor Program Administrator upon no less than seven (7) days advance written notice to the other Party.

11. Legal Counsel: During the period of a Client Visit, The Bridge shall afford Clients reasonable access to their legal representatives as necessary to prepare for any legal proceedings.
12. Transportation: Except as expressly provided in Paragraph 8 . d above, The Bridge shall not be responsible for providing or arranging any transportation for Clients to and from its facility, nor shall the Bridge transport any Client pursuant to this Agreement. Except for the emergency situations addressed in said Paragraph 8 . d , the County shall be responsible for coordinating transportation of individuals to The Bridge facility. The County shall not be responsible for Client's transportation from the Bridge following completion of a Client Stay
13. Independent Contractor: It is the express intent of the Parties that this Agreement shall not create an employer-employee relationship. Employees of the County shall not be deemed to be employees of The Bridge and employees of The Bridge shall not be deemed to be employees of the County. The Bridge and the County shall be responsible to their respective employees for all salary and benefits. Neither the County's employees nor The Bridge's employees shall be entitled to any salary, wages, or benefits from the other Party, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. The Bridge shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.
14. Indemnification: Each Party agrees to indemnify and hold harmless, to the fullest extent allowed by law, the other Party and its respective officers and employees, from and against all liability, judgments, losses, claims, damages and other expenses, including court-ordered attorney's fees, resulting from or arising out of the acts or omissions of its officers or employees in performance of this Agreement. Further, each Party shall provide, at its own expense, a policy or policies of insurance (or a self-insurance program), sufficient in amount and coverage to indemnify itself in the event it becomes liable for any act or omission of its officers or employees in performance of this Agreement. Each Party shall provide proof of such insurance prior to performance of any services pursuant to this Agreement.
  - a. **Insurance; Coverage Information.** Each Party 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 Agreement. 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 Party'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.**
  - b. **Certificates.** The Parties shall provide certificates of insurance and endorsements

evidencing compliance with these requirements. The Parties shall provide a Certificate of Insurance demonstrating the coverage required herein and the necessary endorsements and waivers described herein and below before being permitted to begin the work or project. All certificates, endorsements and endorsement forms (where required) must be acceptable to the County Attorney. Certificates shall include an endorsement to provide for at least thirty (30) days' firm written notice in the event of cancellation. During the term of the Agreement and during the period of any required continuing coverages, the Parties shall provide, prior to expiration of the policies, certificates and endorsement forms 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 or endorsement forms provided shall not constitute a waiver of this requirement.

- c. **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.
- d. **Additional Insured (Requires an Endorsement Form).** An Additional Insured Endorsement Form showing the County as Additional Insured under the commercial general liability policy.
- e. **Workers' Compensation: Employers' Liability.** The Contractor shall provide proof of workers' compensation insurance of not less than minimum statutory requirements under the laws of the State of Nebraska and any other applicable State. Employers' Liability coverage with limits of not less than \$500,000.00 each accident or injury shall be included. The Contractor shall also be responsible for ensuring that all subcontractors have workers' compensation insurance for their employees before and during the time any work is done pursuant to this Agreement.
- f. **Professional Liability.** Errors and Omissions or Professional Liability insurance, as may be required, 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.
- g. **Minimum Scope of Insurance.** 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.
- h. **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. Non-discrimination: Each Party agrees that in providing services pursuant to this Agreement it will not discriminate against any individual in regard to either its employment practices or its provision of services, on the basis of race, color, religion, sex, disability, national origin, age, marital status, or any other basis prohibited by applicable state or federal law.
16. E-Verify: In accordance with Neb. Rev. Stat. § 4-108 through § 4-114, each Party 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. Each Party 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. Each Party shall require any subcontract or providing services under this Agreement to comply with the provisions of this section.
17. Governing Law: The validity, construction, interpretation and performance of this Agreement shall be governed by and construed in accordance with the laws of the State of Nebraska.
18. Assignment: The Parties shall not assign their duties and responsibilities under this Agreement without the express written permission of the other Parties to the Agreement. Any assignment without such express written permission shall be absolutely void.
19. Severability: If any portion of this Agreement is held invalid, the remainder thereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law.
20. Third Parties: This Agreement is not intended to, and does not, create any rights or benefits on behalf of any person, whether an individual or an entity, other than the Parties to this Agreement. The Parties shall not be obligated or liable hereunder to any person, whether an individual or an entity, other than the other Parties to this Agreement.
21. Waiver: Any Party's failure or neglect to enforce any of its rights under this Agreement will not be deemed to be a waiver of that Party's rights.
22. Integration: The Parties do hereby agree to all the terms and conditions of this Agreement. This Agreement shall be binding upon the Parties, their heirs, administrators, executors, legal and personal representatives, successors and assigns. The Parties hereby agree that this Agreement constitutes the entire understanding of the Parties and supersedes all prior contracts, agreements and negotiations between the Parties whether verbal or written concerning the subject matter of this Agreement. This Agreement may be modified,

altered, or amended only by written instrument executed by both Parties subsequent to the execution of this Agreement.

- 23. Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be an original, but all of which shall constitute one and the same instrument.
- 24. Notices: All notices provided under this Agreement shall be in writing and shall be given to the Party's Program Administrator at the email address provided by the Party's Program Administrator or such other email address as either Party may specify hereafter in writing. Such notice or other communication shall be emailed, return receipt request. For the purposes of this Agreement, all notices will be deemed to have been given upon the date of delivery as proved by the return receipt referenced above.
- 25. Force Majeure: Neither Party shall be liable for any failure of or delay in the performance of this Agreement for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to acts of God, war, strikes or labor disputes, embargoes, government orders, or any other force majeure event.
- 26. Throughout the Term of this Agreement, The Bridge shall Apply for, obtain, and maintain any and all necessary permits, certifications, licenses, variances, and approvals required by any applicable law or regulations that relate to Contractor's services. If the license(s) of The Bridge or The Bridge's employee(s) are suspended or revoked, or if The Bridge or The Bridge's employees become professionally decertified, or if The Bridge or The Bridge's employee(s) fail to maintain any other permit, certification, license, variance, status, or approval impairing The Bridge's ability to perform under this Agreement, The Bridge shall immediately notify County. The Parties agree that in the event of suspension or revocation of licensure, professional decertification, or other failure to maintain any other permit, certification, license, variance, status, or approval, the County may terminate this Agreement immediately upon written notice to The Bridge.

Executed by The Bridge this 5<sup>th</sup> day of October, 2017.

THE BRIDGE BEHAVIORAL HEALTH OF  
LINCOLN, LANCASTER COUNTY, INC.

By: Phil Tegeler

Name: Phil Tegeler

Title: Executive Director

Executed by the County this \_\_\_\_ day of \_\_\_\_\_, 2017.

BOARD OF COUNTY COMMISSIONERS  
OF LANCASTER COUNTY, NEBRASKA

Approved as to form this \_\_\_\_\_ day  
of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Deputy County Attorney  
for JOE KELLY  
Lancaster County Attorney

By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**09/06/2017**

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> The Glienke Agency, L.L.C. 1200 Valley West Dr., Ste 503 West Des Moines, IA 50266 Scott R. Glienke, CPCU, CIC	<b>CONTACT NAME:</b> Scott R. Glienke, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> 515-267-8555 <b>FAX (A/C, No):</b> 515-222-5999 <b>E-MAIL ADDRESS:</b> scott@theglienkeagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
<b>INSURED</b> <b>The Bridge of Nebraska Inc.</b> <b>Phil Tegeler</b> <b>721 K Street</b> <b>Lincoln, NE 68508</b>	<b>INSURER A :</b> Philadelphia Indemnity Ins. Co	<b>18058</b>
	<b>INSURER B :</b> Alliance of Nonprofits	<b>10023</b>
	<b>INSURER C :</b> United Heartland Services, Inc	<b>29157</b>
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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.

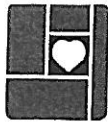
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		2017-27684 CGL/PRO	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000
				2017-27684 CGL/PRO	07/01/2017	07/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
				2017-27684 CGL/PRO	07/01/2017	07/01/2018	MED EXP (Any one person) \$ 20,000
				GEN'L AGGREGATE LIMIT APPLIES PER:			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1674979	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2017-27684 UMB	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	20000017478	07/01/2017	07/01/2018	PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**                                      **CANCELLATION**

Lancaster County Attn: Brenda Fisher 3801 West O St 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 
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**ALLIANCE OF  
NONPROFITS FOR  
INSURANCE**

*A Head for Insurance. A Heart for Nonprofits.*

**ALLIANCE OF NONPROFITS FOR INSURANCE  
RISK RETENTION GROUP (ANI)**

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

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

COMPANY: Alliance of Nonprofits for Insurance (27684)  
 POLICY NUMBER: 2017-27684  
 NAMED INSURED: Bridge Behavioral Health, Inc. (The)  
 POLICY CHANGE EFFECTIVE: 07/01/2017  
 COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY  
 POLICY CHANGE#: 1 Page 1

The following additional insured(s) is/are hereby added to the policy:

CG 20 26 Locations - ALL

Lancaster County \$0  
 3801 West O St  
 Lincoln, IA 68508  
 ONLY AS RESPECTS TO Per Contract with Lancaster County for referrals and  
 funds

0

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM: \$0  
 RETURN PREMIUM: \$0  
 ENDORSEMENT PREMIUM: \$0

*Panel C. D.*

07/25/2017

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

POLICY NUMBER: 2017-27684  
Named Insured: Bridge Behavioral Health, Inc. (The)

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Lancaster County

Per Contract with Lancaster County for referrals and funds

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

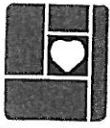
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



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

COMPANY: Alliance of Nonprofits for Insurance (27684)  
POLICY NUMBER: 2017-27684  
NAMED INSURED: Bridge Behavioral Health, Inc. (The)

POLICY CHANGE EFFECTIVE: 07/25/2017  
COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY  
POLICY CHANGE#: 2

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Form ANI-RRG-E64/10 12 Amended Notice of Cancellation - 30, is hereby added to the policy.

All other terms, limits and conditions remain the same.

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ADDITIONAL PREMIUM: \$0  
RETURN PREMIUM: \$0  
ENDORSEMENT PREMIUM: \$0

AUTHORIZED SIGNATURE

08/18/2017



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

**AMENDED  
NOTICE OF CANCELLATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
BUSINESS AUTO COVERAGE FORM

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**Cancellation: 30 Days Notice of Cancellation**

**Person or Organization**

Lancaster County

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.