

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

C-18-0052

This Amendment is hereby entered into by and between Correctional Healthcare Companies, LLC (CHC), 1283 Murfreesboro Pike, Suite 500, Nashville, TN 37211 (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;

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;

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;

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;

WHEREAS, the Contract was extended by the County C-17-0430, executed by the County Board on June 20, 2017 to extend the Contract for an additional five (5) month period from July 1, 2017 thru November 30, 2017; and

WHEREAS, the Contract was extended by the County C-17-0931, executed by the County Board on November 30, 2017 to extend the Contract for an additional two (2) month period from December 1, 2017 thru January 31, 2018; and

WHEREAS, the parties hereby extend the Contract for an additional three (3) month term beginning February 1, 2018 thru April 30, 2018; and

WHEREAS, the expenditures for Lancaster County for the term of this extension shall not exceed \$60,000.00 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 three (3) month term beginning February 1, 2018 thru April 30, 2018.
- 2) The expenditures for Lancaster County for the term of this extension shall not exceed \$60,000.00 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

**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.

E-mail to: Debbie Winkler
dwinkler@lincoln.ne.gov

Company Name:	Correctional Healthcare Companies
By: (Please Sign)	
By: (Please Print)	Chris Bove
Title:	Chief Operating Officer
Company Address:	1283 Murfreesboro Pk Ste 500 Nashville TN 37217
Company Phone & Fax:	Phone: (615) 324-5750 Fax: (615) 844-5549
E-Mail Address:	omossallati@correctcaresolutions.com
Date:	January 19, 2018
Contact Person for: "Orders or Service"	Omar Mossallati
Contact Phone Number:	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 _____

**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 the **policyholder**.

SCHEDULE OF ADDITIONAL INSUREDS:

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/28/2017

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).

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

COVERAGES **CERTIFICATE NUMBER: W4487080** **REVISION NUMBER:**

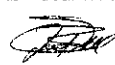
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY Ded: \$250,000	Y		BAP 5252136-03	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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	No	N/A	WC5252134-03	10/01/2017	10/01/2018	<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
A	Workers Compensation - Retro Employer's Liability Limits Per Statute			WC5252135-03	10/01/2017	10/01/2018	Each accident \$500,000 Disease-policy limit \$500,000 Disease-each employee \$500,000	

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 09/28/2017 WITH ID: W3814196.

Lancaster County is included as an Additional Insured as respects to Auto Liability.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TENNESSEE LESSOR –
ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Insurance Company: ZURICH AMERICAN INSURANCE COMPANY	
Policy Number: BAP 5252136-03	Effective Date: 10-01-2017
Expiration Date: 10-01-2018	
Named Insured: CCS GROUP HOLDINGS, LLC	
Address: 1283 MURFREESBORO PIKE NASHVILLE TN 37217-	
Additional Insured (Lessor): ONLY THOSE WHERE REQUIRED BY WRITTEN CONTRACT Address:	
Designation Or Description Of "Leased Autos": ONLY THOSE WHERE REQUIRED BY WRITTEN CONTRACT	

Coverages	Limit Of Insurance
Covered Autos Liability	\$ 2,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, the **Who Is An Insured** provision under **Covered Autos Liability Coverage** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covering the interest of the lessor will not be invalidated because of your intentional acts or omissions.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.