

AMENDMENT TO AGREEMENT
Health Care Services for Adult Detention Facility
Bid No. 10-173
Lancaster County
Extension
Correct Care Solutions, LLC (CCS)

C-18-0053

This Amendment is hereby entered into by and between Correct Care Solutions, LLC, 1283 Murfreesboro Pike, Suite 500, Nashville, TN 37211 (hereinafter "Contractor") and Lancaster County (hereinafter "County"), for the purpose of amending the Agreement dated May 10, 2011, executed under County Contract No. C-11-0252, for Health Care Services for Adult Detention Facility, Bid No. 10-173, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is June 2, 2011 through May 31, 2014, with the option to renew for an additional thirty-six (36) month term upon written mutual consent of both parties;

WHEREAS, the Agreement was amended by County Contract C-14-0267, executed by the County Board on May 27, 2014 to renew the Agreement for the additional thirty-six (36) term period from June 1, 2014 through May 31, 2017;

WHEREAS, the Agreement was amended by County Contract C-16-0248, executed by the County Board on May 24, 2016 to extend the Agreement for an additional one (1) month term from June 1, 2017 through June 30, 2017;

WHEREAS, the Agreement was amended by County Contract C-17-0431, executed by the County Board on June 20, 2017 to extend the Agreement for an additional five (5) month term beginning July 1, 2017 through November 30, 2017;

WHEREAS, the Agreement was amended by County Contract C-17-0930, executed by the County Board on November 30, 2017 to extend the Agreement for an additional two (2) month term beginning December 1, 2017 through January 31, 2018;

WHEREAS, the parties hereby extend the Agreement for an additional one (1) month term beginning February 1, 2018 through February 28, 2018 and

WHEREAS, the expenditures for Lancaster County Corrections Department for the term of this extension shall not exceed \$180,000.00 without prior approval by the Lancaster County Board of Commissioners.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Agreement, under County Contract C-11-0252, and stated herein the parties agree as follows:

- 1) The parties hereby extend the Agreement for an additional one (1) month term beginning February 1, 2018 through February 28, 2018.
- 2) The expenditures for Lancaster County Corrections Department for the term of this extension shall not exceed \$180,000.00 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 AGREEMENT
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Bid No. 10-173
Lancaster County
Extension
Correct Care Solutions, LLC**

Please sign, date and return within 2 days of receipt.

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

Company Name:	CORRECT CARE SOLUTIONS, INC
By: (Please Sign)	
By: (Please Print)	CHRIS BOVE
Title:	CHIEF OPERATING OFFICER
Company Address:	1283 Murfreesboro Pk Suite 500 Nashville, TN 37217
Company Phone & Fax:	Phone:(615) 324-5750 Fax (615) 844-5549
E-Mail Address:	omossallati@correctcaresolutions.com
Date:	1/19/2018
Contact Person for: Orders or Service	Gina Rose
Contact Phone Number:	615-324-5746

Lancaster County Signature Page

**AMENDMENT TO AGREEMENT
Health Care Services for Adult Detention Facility
Bid No. 10-173
Lancaster County
Extension
Correct Care Solutions, LLC**

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Agreement 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 February 28, 2018 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 22 day of January, 2018.

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

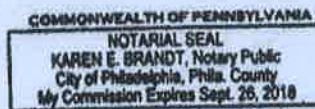



Stephen M. Haney, Vice President

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.

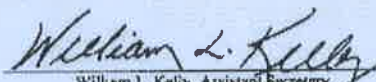



Karen E. Brandt
Notary Public

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 22nd day of January 2018




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)
1/24/2018

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).

PRODUCER DENISE D. BARNES USI SOUTHWEST, INC. DBA HEALTHCARE LIABILITY SOLUTIONS 820 GESSNER, SUITE 1825 HOUSTON, TX 77024	CONTACT NAME: DEBBIE HOLSTINE	
	PHONE (A/C, No, Ext): 713-490-4679	FAX (A/C, No): 713-343-5025
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: PROASSURANCE SPECIALTY INS. CO, INC		10179
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 CORRECTIONAL HEALTHCARE COMPANIES, LLC
 1283 MURFREESBORO ROAD, SUITE 500
 NASHVILLE, TN 37217

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	GENERAL LIABILITY			ES1866	12/15/17	12/15/18	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
	<input checked="" type="checkbox"/> REIMBURSEMENT FORM						PERSONAL & ADV INJURY \$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$3,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY			N/A	N/A	N/A	EMPLOYEE BENEFITS \$N/A
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$N/A
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$N/A
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$N/A
							PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB			N/A	N/A	N/A	EACH OCCURRENCE \$N/A
	<input type="checkbox"/> OCCUR						AGGREGATE \$N/A
	EXCESS LIAB						
	<input type="checkbox"/> CLAIMS MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	N/A	N/A	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under Y/N	N/A					E.L. EACH ACCIDENT \$N/A
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$N/A
A	MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE - REIMBURSEMENT FORM			ES1866	12/15/17	12/15/18	E.L. DISEASE - POLICY LIMIT \$N/A
							\$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
CORRECTIONAL HEALTHCARE COMPANIES, LLC IS AN ADDITIONAL NAMED INSURED OF CORRECT CARE SOLUTIONS ON THIS POLICY.
COUNTY CONTRACT # C-17-0931 LANCASTER COUNTY YOUTH SERVICE CENTER 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 
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**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)
09/28/2017

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 NAIC # INSURER A: American Zurich Insurance Company 40142	
INSURED Correct Care Solutions, LLC 1283 Murfreesboro Road Suite 500 Nashville, TN 37217 USA	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: W3814196** **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	
	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 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 <input checked="" type="checkbox"/> 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)
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

POLICY NUMBER: BAP 5252136-03

COMMERCIAL AUTO
CA 04 30 10 13

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.