

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

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 Agreement was amended by County Contract C-18-0053, executed by the County Board on January 30, 2018 to extend the Agreement for an additional one (1) month term beginning February 1, 2018 through February 28, 2018;

WHEREAS, the parties hereby extend the Agreement for an additional one (1) month term beginning March 1, 2018 through March 31, 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 March 1, 2018 through March 31, 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**

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**AMENDMENT TO AGREEMENT  
Health Care Services for Adult Detention Facility  
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

<b>Company Name:</b>	CORRECT CARE SOLUTIONS, INC
<b>By: (Please Sign)</b>	
<b>By: (Please Print)</b>	CHRIS BOVE
<b>Title:</b>	CHIEF OPERATING OFFICER
<b>Company Address:</b>	1283 Murfreesboro Pk Suite 500 Nashville, TN 37217
<b>Company Phone &amp; Fax:</b>	Phone:(615) 324-5750 Fax (615) 844-5549
<b>E-Mail Address:</b>	omossallati@correctcaresolutions.com
<b>Date:</b>	2/20/2018
<b>Contact Person for: Orders or Service</b>	Gina Rose
<b>Contact Phone Number:</b>	615-324-5746

# Lancaster County Signature Page

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**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 \_\_\_\_\_



# 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).

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

**INSURED**  
CORRECT CARE SOLUTIONS, 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> REIMBURSEMENT FORM			ES1866	12/15/17	12/15/18	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 EMPLOYEE BENEFITS \$N/A
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$N/A BODILY INJURY (Per person) \$N/A BODILY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>			N/A	N/A	N/A	EACH OCCURRENCE \$N/A AGGREGATE \$N/A
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y/N DECEIPTION OF OPERATIONS below			N/A	N/A	N/A	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$N/A E.L. DISEASE - EA EMPLOYEE \$N/A E.L. DISEASE - POLICY LIMIT \$N/A
	<b>MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE - REIMBURSEMENT FORM</b>			ES1866	12/15/17	12/15/18	\$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-17-0431 LANCASTER COUNTY ADULT CORRECTION FACILITY 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).

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

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY Ded: \$250,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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	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

### 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 

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

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



Coverages	Limit Of Insurance
<b>Covered Autos Liability</b>	\$ 2,000,000 Each "Accident"
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
<b>Collision</b>	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
<b>Specified Causes Of Loss</b>	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.