

**AMENDMENT TO AGREEMENT**  
**Juvenile Health Care Services for Youth Service Center**  
**Bid No. 18-026**  
**Lancaster County**  
**Company Name Change**  
**Correct Care Solutions, LLC**

This Amendment is hereby entered into by and between Correct Care Solutions, LLC, 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated March 29, 2018, under County Contract No. C-18-0252, for Juvenile Health Care Services for Youth Service Center, Bid No. 18-026, which is made a part hereof by this reference.

WHEREAS, the parties hereby change the name reflected in the Agreement from Correct Care Solutions, LLC to Wellpath LLC, per Attachment A; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-18-0252, and stated herein the parties agree as follows:

- 1) The parties hereby change the name reflected in the Agreement from Correct Care Solutions, LLC to Wellpath LLC, per Attachment A.
- 2) 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  
Juvenile Health Care Services for Youth Service Center  
Bid No. 18-026  
Lancaster County  
Company Name Change  
Correct Care Solutions, LLC**

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

Mail to: City/County Purchasing  
Attn: Lori L. Irons  
440 So. 8th St., Ste. 200  
Lincoln, NE 68508  
Or email to: [llirons@lincoln.ne.gov](mailto:llirons@lincoln.ne.gov)

<b>Company Name:</b>	WELLPATH LLC
<b>By: (Please Sign)</b>	<i>Cindy P. Watson</i>
<b>By: (Please Print)</b>	CINDY WATSON
<b>Title:</b>	COO LOCAL DETENTION
<b>Company Address:</b>	1283 MURFREESBORO ROAD, SUITE 500, NASHVILLE, TN 32717
<b>Company Phone &amp; Fax:</b>	800-592-2974; 615-844-5549
<b>E-Mail Address:</b>	OMossallati@Wellpath.us
<b>Date:</b>	April 22, 2019
<b>Contact Person for: Service or Orders"</b>	Omar Mossallati
<b>Contact Phone Number:</b>	615-312-7257

## Lancaster County Signature Page

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**AMENDMENT TO AGREEMENT  
Juvenile Health Care Services for Youth Service Center  
Bid No. 18-026  
Lancaster County  
Company Name Change  
Correct Care Solutions, LLC**

**EXECUTION BY LANCASTER COUNTY, NEBRASKA**

Contract Approved as to Form:

The Board of County Commissioners of  
Lancaster, Nebraska

\_\_\_\_\_  
Deputy Lancaster County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

dated \_\_\_\_\_



March 11, 2019

Dear Valued Client:

As you may be aware, Correct Care Solutions, LLC recently merged with Correctional Medical Group Companies, Inc. to create Wellpath LLC. We are very excited about our future as a combined company. Beginning with the attached, all invoices will now display the Wellpath LLC logo. While our name has changed, our Employer Identification Number (Tax ID) has not. We have included a revised W-9 form reflecting the new name associated with the EIN. Please update your systems accordingly.

We appreciate your continued partnership. Feel free to contact us with any questions or concerns you may have at [AccountsReivable@Wellpath.us](mailto:AccountsReivable@Wellpath.us).

The Wellpath Accounts Receivable Team

Wellpath  
1283 Murfreesboro Road  
Suite 500  
Nashville, TN 37217

[www.wellpathcare.com](http://www.wellpathcare.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/27/2019

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> Marsh USA, Inc. 1801 West End Avenue, Suite 1400 Nashville, TN 37203  102698814-upl-GP-18-20	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ProAssurance Specialty Insurance Company</td> <td>10179</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ProAssurance Specialty Insurance Company	10179	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : ProAssurance Specialty Insurance Company	10179													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-004878925-05                      **REVISION NUMBER:** 0

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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			ES1866 (Master) SIR: \$2,000,000	12/15/2018	03/15/2020	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$      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 <input checked="" type="checkbox"/> N      N/A						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>MEDICAL PROF LIABILITY</b> (CLAIMS MADE)			ES1866 (Master) SIR: \$2,000,000	12/15/2018	03/15/2020	PER MEDICAL INCIDENT	\$ 1,000,000
							AGGREGATE	\$ 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Lancaster County is included as Additional Insured as respects to General Liability where required by written contract.

<b>CERTIFICATE HOLDER</b>  Lancaster County Youth Service Center Robert Walla City/County Purchasing 440 S. 8th Street, Suite 200 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 of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA, Inc.		<b>NAMED INSURED</b> Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

ADDITIONAL NAMED INSUREDS INCLUDE:

- CCS-CMGC Parent Holdings, LP
- CCS-CMGC Intermediate Holdings2, Inc.
- CCS-CMGC Intermediate Holdings, Inc.
- Wellpath Holdings, Inc
- CCS-CMGC Holdings, Inc.
- Wellpath Group Holdings, LLC
- Correct Care Solutions Group Holdings, LLC
- Wellpath CFMG, inc.
- CFMG Holdings Corp.
- Wellpath Management, Inc
- Correctional Medical Group Companies, Inc.
- California Forensic Management Group, Inc.
- Southwest Correctional Medical Group, Inc.
- Wellpath, LLC
- Correct Care Solutions, LLC
- Health Cost Solutions, LLC
- Correct Care Holdings, LLC
- Wellpath Recovery Solutions, LLC
- Correct Care, LLC
- Correct Care of South Carolina, LLC
- Correct Care Australia Pty, Ltd (Australia)
- League Medical Concepts, LLC
- League Medical Concepts, LP
- Jessamine Healthcare, Inc.
- Conmed Healthcare Management, LLC
- Conmed, LLC
- Correctional Mental Health Services, LLC
- Correctional Healthcare Holding Company, LLC
- CHC Companies, LLC
- CHC Pharmacy Services, LLC
- Physicians Network Association, Inc
- Correctional Healthcare Companies, LLC
- Healthcare Professionals, LLC

**HEALTH CARE FACILITY LIABILITY POLICY  
REIMBURSEMENT FORM  
LIMITED COMPANY AUTHORIZED AMENDATORY ENDORSEMENT**

**POLICYHOLDER:** CCS-CMGC Parent Holdings, LP

**ENDORSEMENT  
EFFECTIVE DATE:** 12/15/2018

**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 INSURED(S):**

Lancaster County  
555 South 10th Street  
Lincoln, NE 68508

**HEALTH CARE FACILITY LIABILITY POLICY  
REIMBURSEMENT FORM  
BLANKET ADDITIONAL INSURED ENDORSEMENT**

**POLICYHOLDER:** CCS-CMGC Parent Holdings, LP

**ENDORSEMENT  
EFFECTIVE DATE:** 12/15/2018

**POLICY NUMBER:** ES1866

THIS ENDORSEMENT MODIFIES THE GENERAL LIABILITY COVERAGE PART AND THE PROFESSIONAL LIABILITY COVERAGE PART OF THE POLICY TO ADD ONE OR MORE ADDITIONAL INSUREDS.

The above-numbered **policy** is hereby modified as follows:

Each of the following is included as an additional insured under the above-described Coverage Part(s) of the **policy**, but only with respect to the vicarious liability arising solely and entirely out of the operations of the **policyholder**:

**ADDITIONAL INSUREDS**

All persons or organizations required by valid written contract with the **policyholder** to be named as additional insureds.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/06/2019

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> Marsh USA, Inc. 1801 West End Avenue, Suite 1400 Nashville, TN 37203  102698814-AW-18-19	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): E-MAIL ADDRESS:		<b>FAX (A/C No.):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	<b>INSURER A :</b> American Zurich Insurance Company		<b>NAIC #</b> 40142
	<b>INSURER B :</b> Zurich American Insurance Company		16535
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> ATL-004857082-07	<b>REVISION NUMBER:</b> 0
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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 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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP5252136-04	10/13/2018	10/13/2019	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	N/A	WC5252134-04 (AOS) WC5252135-04 (WI)	10/13/2018 10/13/2018	10/13/2019 10/13/2019	<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

**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 where required by written contract.

<b>CERTIFICATE HOLDER</b> Lancaster County Office of Risk Management 555 South 9th Street 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.  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh USA, Inc.		NAMED INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

ADDITIONAL NAMED INSUREDS INCLUDE:

- CCS-CMGC Parent Holdings, LP
- CCS-CMGC Intermediate Holdings2, Inc.
- CCS-CMGC Intermediate Holdings, Inc.
- Wellpath Holdings, Inc
- CCS-CMGC Holdings, Inc.
- Wellpath Group Holdings, LLC
- Correct Care Solutions Group Holdings, LLC
- Wellpath CFMG, Inc.
- CFMG Holdings Corp.
- Wellpath Management, Inc
- Correctional Medical Group Companies, Inc.
- California Forensic Management Group, Inc.
- Southwest Correctional Medical Group, Inc.
- Wellpath, LLC
- Correct Care Solutions, LLC
- Health Cost Solutions, LLC
- Correct Care Holdings, LLC
- Wellpath Recovery Solutions, LLC
- Correct Care, LLC
- Correct Care of South Carolina, LLC
- Correct Care Australia Pty, Ltd (Australia)
- League Medical Concepts, LLC
- League Medical Concepts, LP
- Jessamine Healthcare, Inc.
- Conmed Healthcare Management, LLC
- Conmed, LLC
- Correctional Mental Health Services, LLC
- Correctional Healthcare Holding Company, LLC
- CHC Companies, LLC
- CHC Pharmacy Services, LLC
- Physicians Network Association, Inc
- Correctional Healthcare Companies, LLC
- Healthcare Professionals, LLC

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ADDITIONAL WORKERS COMPENSATION POLICIES:

Zurich American Insurance Company  
1/1/19 - 1/1/20  
Workers Compensation - Statutory  
Employers Liability - 1M/1M/1M

- WC0165570-02 - Grand Prairie Health Services, New York Correct Care Solutions Medical Services, CCS Kastre NV Medical Services
- WC0165568-02 - Midwest Center, PC
- WC0165664-02 - California CCS, PC
- WC0165660-02 - Great Peak Healthcare Services, PC



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh USA, Inc.		NAMED INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

- WC0125678-02 - Massachusetts Correction Healthcare Services, PC
- WC0165668-02 - New Garden Healthcare PC, Emerald Healthcare Services
- WC0165573-02 - Old Empire Dental, Great Peak Dental
- WC0165670-02 - Old Empire Psychology, PC

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

**DESIGNATED INSURED FOR  
COVERED AUTOS LIABILITY COVERAGE**

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 this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

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

<p><b>Named Insured:</b> CCS-CMGC HOLDINGS, INC.</p> <p><b>Endorsement Effective Date:</b></p>
--

**SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b>  LANCASTER COUNTY  OFFICE OF RISK MANAGEMENT  555 SOUTH 9TH STREET  LINCOLN, NE 68508</p>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT, OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

**Lori L. Irons**

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**Subject:** FW: Insurance  
**Attachments:** Zurich WC Waiver of Subrogation.pdf

**From:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Sent:** Thursday, May 30, 2019 1:30 PM  
**To:** Sue L. Eckley <[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)>  
**Cc:** Omar Mossallati <[OMossallati@Wellpath.us](mailto:OMossallati@Wellpath.us)>  
**Subject:** RE: Insurance

Sue,  
Here is the workers' compensation waiver of subrogation blanket endorsement.

Thank you

**JAMES R. SEITZ, ARM**  
Director of Insurance

**wellpath**

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

PH 615-466-3480 // CELL 260-445-5512

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

[WellpathCare.com](http://WellpathCare.com)

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**From:** Sue L. Eckley <[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)>  
**Sent:** Thursday, May 30, 2019 10:48 AM  
**To:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Subject:** [EXT] RE: Insurance

That would be great. On the COI the column that shows Subr. WVD was not checked so the endorsement form would clarify that for us.

I do appreciate you assisting in getting all the information.

Thank you

Sue

---

**From:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Sent:** Wednesday, May 29, 2019 4:14 PM  
**To:** Sue L. Eckley <[seckley@lanaster.ne.gov](mailto:seckley@lanaster.ne.gov)>  
**Cc:** Omar Mossallati <[OMossallati@Wellpath.us](mailto:OMossallati@Wellpath.us)>  
**Subject:** RE: Insurance

Sue,

We have a blanket waiver endorsement on the policy. I will see if I can obtain a copy of the waiver for you.

**JAMES R. SEITZ, ARM**

Director of Insurance

## wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

PH 615-466-3480 // CELL 260-445-5512

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

[WellpathCare.com](http://WellpathCare.com)

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**From:** Sue L. Eckley <[seckley@lanaster.ne.gov](mailto:seckley@lanaster.ne.gov)>  
**Sent:** Wednesday, May 29, 2019 4:08 PM  
**To:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Cc:** Omar Mossallati <[OMossallati@Wellpath.us](mailto:OMossallati@Wellpath.us)>  
**Subject:** Re: Insurance

Many thanks for getting this to us. Could we also get the waiver of subrogation form for the work comp policy as well.

Thank you again for your prompt attention in getting us what we need.

Sue

Sue Eckley

Lancaster County Risk Manager

[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)

402-441-6510

402-441-6465 - fax

---

**From:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Sent:** Wednesday, May 29, 2019 3:44 PM  
**To:** Sue L. Eckley  
**Cc:** Omar Mossallati  
**Subject:** FW: Insurance

Dear Sue Eckley:

Please find attached the requested insurance documents. Please contact myself or Omar Mossallati with questions or concerns.

Thank you

**JAMES R. SEITZ, ARM**

Director of Insurance

**wellpath**

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

PH 615-466-3480 // CELL 260-445-5512

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**From:** Stewart, Connie D <[Connie.D.Stewart@marsh.com](mailto:Connie.D.Stewart@marsh.com)>  
**Sent:** Wednesday, May 29, 2019 12:55 PM  
**To:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>  
**Subject:** [EXT] RE: Insurance

Here you go.



**Connie Stewart**, Senior Account Representative  
**Marsh USA, Inc.**  
1801 West End Avenue, Suite 1400, Nashville, TN 37203  
+1 615 340 2551 / Fax +1 615 340 2438 / [connie.d.stewart@marsh.com](mailto:connie.d.stewart@marsh.com)

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**From:** James Seitz [<mailto:JSeitz@Wellpath.us>]  
**Sent:** Wednesday, May 29, 2019 12:37 PM  
**To:** Stewart, Connie D  
**Subject:** FW: Insurance

Connie,

Please see the attached scan. Do we have the auto and gl endorsements as shown in the attachment?

**JAMES R. SEITZ, ARM**

Director of Insurance

**wellpath**

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

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**From:** Sue L. Eckley <[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)>

**Sent:** Wednesday, May 29, 2019 12:14 PM

**To:** James Seitz <[JSeitz@Wellpath.us](mailto:JSeitz@Wellpath.us)>

**Cc:** Sue L. Eckley <[seckley@lancaster.ne.gov](mailto:seckley@lancaster.ne.gov)>

**Subject:** [EXT] Insurance

Good Afternoon, Mr. Seitz –

I am the Risk Manager for Lancaster County and have been asked to get two additional pieces of information in order to place this contract on the County Board's agenda. I asked Connie Stewart at Marsh but she stated that I would have to go through Wellpath.

I have attached the information we had from the prior contract. We still need:

1. The actual waiver of subrogation endorsement form on workers' compensation
2. The endorsement form for the auto coverage naming Lancaster County as additional insured

In the attachment, the two forms we still need are the last two pages of the scan. If you could please email those to me at [seckley@lanaster.ne.gov](mailto:seckley@lanaster.ne.gov) then we can place this on the Board's agenda for execution.

Thank you for your help,

Sue Eckley  
Lancaster County

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