

AGREEMENT

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

WHEREAS, County, pursuant to the provisions of state law, has established a department known as the Mental Health Crisis Center ("Crisis Center"), a 16-bed licensed mental health facility which provides temporary custody, stabilization, centralized screening, emergency evaluation and crisis intervention for acutely mentally ill adults who have been placed in emergency protective custody (EPC) pursuant to the provisions of the Nebraska Mental Health Commitment Act, Neb. Rev. Stat. § 71-901 et. seq.;

WHEREAS, Region V is a political subdivision of the State of Nebraska, pursuant to the provisions of the Nebraska Behavioral Health Services Act, Neb. Rev. Stat. § 71-801 et. seq., and is responsible for development and coordination of publicly funded behavioral health services within the 16 southeastern Nebraska counties identified in Neb. Rev. Stat. § 71-807(5) pursuant to the rules and regulations adopted and promulgated by the Department of Health and Human Services;

WHEREAS, Region V, pursuant to Neb. Rev. Stat. § 71-809 and the Interlocal Cooperation Act, Neb. Rev. Stat. § 13-801 et. seq., has entered into contracts with the 16 counties identified in Neb. Rev. Stat. § 71-807(5) to provide an appropriate facility in which to detain persons from those counties who have been placed in emergency protective custody pending their hearings before the appropriate mental health boards, as required by Neb. Rev. Stat. § 71-919;

WHEREAS, in order to meet the needs of those counties for such facilities, Region V has contracted with the County to detain such persons at the Crisis Center;

WHEREAS, the number of individuals requiring services at the Crisis Center exceeds the capacity of the facility;

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 emergency detoxification services and involuntary detention of individuals under the influence of alcohol or drugs in accordance with the provisions of Neb. Rev. Stat. §§ 53-1,121 and 71-919;

WHEREAS, Region V presently contracts with The Bridge to provide services to individuals with substance abuse problems; and

WHEREAS, the Parties mutually desire to have The Bridge assist the County and Region V by including in the services it presently provides, the detention of individuals who are in Emergency Protective Custody in cases in which detention at The Bridge is appropriate;

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

1. The Bridge will assume the safekeeping, care and sustenance of individuals who have been placed in Emergency Protective Custody by law enforcement, and are referred to it by the Crisis Center. Referrals to The Bridge shall include those individuals who are under the influence of alcohol and/or drugs,. In cases of alcohol intoxication, referrals shall be limited to individuals whose blood alcohol content (BAC) is not greater than .50. Referrals to The Bridge shall also be limited to individuals whose medical, mental health, security, and other needs do not exceed the capabilities of The Bridge. Transportation to The Bridge shall be coordinated by the Crisis Center.
2. In those cases in which referrals are made by phone, and individuals are transported directly to The Bridge, The Bridge shall be responsible for obtaining all necessary documentation and information from the admitting law enforcement officer, and forwarding the same to the Crisis Center as soon as reasonably possible.
3. Upon admission of an individual to its facility, The Bridge shall provide the individual safekeeping, care, sustenance and related services appropriate to his or her 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 individuals receiving emergency detoxification services at its facility. Medical services that are not routinely provided by The Bridge staff shall be the responsibility of the Crisis Center, which shall also be responsible for the costs of such services. The Bridge shall also provide detoxification services, including the availability of a licensed alcohol and drug counselor (LADC) to assist in performing any evaluations or assessments of the individual.
4. The Bridge shall notify the Crisis Center when emergency detoxification services are nearing completion to arrange transfer to the Crisis Center, or other appropriate facility, pursuant to section 9.C of this Agreement.
5. The Bridge shall also assume the safekeeping, care and sustenance of individuals with substance abuse problems who have been committed by a Mental Health Board to an outpatient substance abuse treatment program, and who are referred by the Crisis Center for lodging pending the ability of the treatment facility to accept them into the program. Such lodging shall be appropriate to each individual's condition, needs and situation. In the event a committed individual becomes absent without authorization from The Bridge, The Bridge shall immediately notify the Nebraska State Patrol, the Lancaster County District Court Clerk and the Crisis Center.
6. The Bridge shall not be obligated to accept or retain custody of any individual whose physical condition, mental condition, or behavior make continued detention there 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 either event, The Bridge shall notify the Crisis Center as soon as reasonably practicable of the transfer of the individual and the circumstances giving rise to the transfer. In all non-emergency situations The Bridge shall contact the Crisis

Center if it believes that a transfer is warranted. Staff of the Crisis Center and The Bridge shall cooperate in identifying and evaluating all pertinent factors relating to the proposed transfer. The Crisis Center shall be responsible for determining whether the transfer is necessary, and, if so, for taking the necessary steps to affect such transfer.

7. Except as expressly provided in Paragraph 6 above, The Bridge shall not be responsible for providing or arranging any transportation for individuals to and from its facility. Except for the emergency situations addressed in said Paragraph 6, the Crisis Center shall be responsible for coordinating transportation of individuals to and from The Bridge facility.
8. The Bridge shall be responsible for providing the Crisis Center and Region V with all necessary information regarding the status of individuals detained pursuant to this Agreement. Such information shall be provided in a timely manner based upon the particular needs of the Crisis Center and Region V.
9. The Crisis Center shall be responsible for providing centralized screening and coordination services with respect to all individuals receiving services pursuant to this Agreement. The Crisis Center employees shall be available 24 hours per day, 7 days per week, to provide such services to the other Parties and to law enforcement personnel. The duties of the Crisis Center shall specifically include, but are not limited to, the following:
 - A. Responsibility for the safekeeping, care and sustenance of individuals who cannot be appropriately accepted or detained by The Bridge;
 - B. Responsibility for arranging all non-emergency transportation to and from The Bridge;
 - C. Responsibility for arranging transportation of client to appropriate facility at the time that emergency detoxification services are complete or at 24 hours, whichever occurs first; and
 - D. Responsibility for providing The Bridge, law enforcement and all other interested individuals and entities with necessary scheduling information and related information regarding the legal status of each individual detained by The Bridge pursuant to this Agreement.
10. Region V shall be responsible for the following:
 - A. Allocating funds for the services described herein to both The Bridge and the Crisis Center in accordance with the terms of their respective agency agreements;
 - B. Monitoring the effective utilization of resources and services to meet priorities set by the Governor, the Nebraska Department of Health and Human Services (HHS) and Region V Systems;
 - C. Facilitating the coordination of regularly-scheduled administrative meetings among the Parties to assist in resolving issues related to emergency system coordination for adults;

- D. Facilitating the planning process and assessment of this part of the emergency system of care by identifying gaps and barriers, developing strategies to effectively meet the needs, and filling gaps and overcoming barriers to ensure that the Agreement reflects the interest of all Parties and meets the emergency needs of the Region to assure a balanced behavioral health system of care; and
 - E. Requiring, in its separate contracts with the individual counties that comprise Region V, that:
 - 1) the Referring County shall provide all transportation to the Crisis Center or The Bridge; and
 - 2) the Referring County shall indemnify and hold harmless, to the fullest extent allowed by law, the Parties to this Agreement, and their respective officers, employees and representatives, from and against all liability, losses, claims and damages resulting from or arising out of the actions of the Referring County or its officers, employees or representatives in connection with the receipt of services pursuant to this Agreement.
11. The Parties will be jointly responsible for the following:
- A. Development of and compliance with a triage protocol for screening, transitioning and on-site evaluations;
 - B. Participation in periodic meetings and consultations as agreed upon by the Parties, for the purpose of resolving issues related to implementation of this Agreement and discussing options for more effectively addressing the need to safely and appropriately provide services necessitated by the provisions of the Mental Health Commitment Act;
 - C. The exchange of client information during the EPC process in an appropriate and expedient manner that will meet the emergency needs of the individual 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; and
 - D. Compliance with information reporting to the Nebraska Department of Health and Human Services System Management Agent (Magellan).
12. The Parties mutually agree that this Agreement shall not create any type of employment relationship between or among the Parties, and that the employees of each Party shall not be considered employees of any other Party for any purpose.
13. Each Party agrees to indemnify and hold harmless, to the fullest extent allowed by law, the other Parties and their 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. **Automobile Liability.** The Contractor shall provide proof of Automobile Liability coverage, which shall include: Owned, Hired and Non-Owned. Bodily Injury and Property Damage Combined Single Limit shall be at least \$1,000,000 Per Accident.
- F. **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.
- 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. Nothing contained in this clause or other clauses of this Agreement shall be construed to waive the Sovereign Immunity of the County.

- 14. 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.
- 15. The Initial Term of this Agreement shall become effective on July 1, 2019, and shall continue through June 30, 2020, unless otherwise terminated as provided herein. At the conclusion of the Initial Term and any Renewal Term, the Parties may agree to renew the Agreement for a Renewal Term of one year. Any Party may terminate this Agreement at any time without cause by giving all other Parties written notice of its intent to terminate at least sixty (60) days prior to the proposed termination date. This Agreement may also be terminated by any Party for breach of the Agreement by any other Party or Parties. In the event of a breach, the non-breaching Party or Parties shall provide written notice of the claimed breach to the other Party or Parties. If the breach is not remedied within ten (10) days, the non-breaching Party or Parties may elect to terminate the Agreement by providing the other Party or Parties' 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 part of liability for damages caused by its failure to properly perform its obligations under the terms of the Agreement.

16. 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. 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. 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. 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. 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. 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. The recitals to this Agreement are true and correct, and are incorporated herein and made a part of this Agreement by this reference.
23. 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 all Parties.
24. 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.

Executed by The Bridge this 20 day of August, 2019.

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

By: Jammy Stevenson

Title: Executive Director

Executed by Region V this 21 day of August, 2019.

REGION V SYSTEMS

By: C.J. Johnson

Title: Regional Administrator

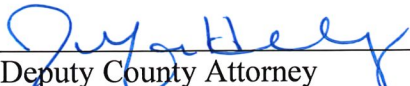
Executed by the County this ____ day of _____, 2019.

BOARD OF COUNTY COMMISSIONERS
OF LANCASTER COUNTY, NEBRASKA

By: _____

Approved as to form this 23 day

of SEPTEMBER, 2018.⁹
JH 9/23/19



Deputy County Attorney
for PAT CONDON
Lancaster County Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2018

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 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 UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508		CONTACT NAME: Cynthia Reinsch PHONE (A/C, No, Ext): (402)434-7200 E-MAIL ADDRESS: creinsch@unicogroup.com FAX (A/C, No): (402)434-7272	
INSURED Region V Systems 1645 "N" Street, Suite A Lincoln NE 68508		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity INSURER B: Dakota Truck Underwriters INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058 34924	

COVERAGES **CERTIFICATE NUMBER:** 18/19 All lines **REVISION NUMBER:**

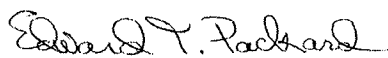
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1895855	10/16/2018	10/16/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1895855	10/16/2018	10/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ Incl w/UM
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED RETENTION \$ 10,000			PHUB651449	10/16/2018	10/16/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC010-0001260-2018A	10/16/2018	10/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers			PHSD1372900	09/11/2018	10/16/2019	3,000,000 10,000 dedt

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Emergency Protective Custody services. Lancaster County is an additional insured with respects to the General Liability.

CERTIFICATE HOLDER

CANCELLATION

Lancaster County Attn: David A. Derbin (Deputy County Attorney) County Attorney's Office 575 South 10th 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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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

<p>Name Of Additional Insured Person(s) Or Organization(s): Lancaster County</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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.

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

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

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However:

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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2019

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).

PRODUCER The Gilenke Agency, L.L.C. 105 North 6th St Clear Lake, IA 50428 Jay L. Bullington, CPCU	515-267-8555	CONTACT NAME: Jay L. Bullington, CPCU PHONE (A/C, No, Ext): 515-267-8555 FAX (A/C, No): 515-222-5999 E-MAIL ADDRESS: jay@theglienkeagency.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Ins. Co</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td>United Heartland Services, Inc</td> <td>29157</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Ins. Co	18058	INSURER B:	United Heartland Services, Inc	29157	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED The Bridge of Nebraska Inc. Tammy Stevenson 721 K Street Lincoln, NE 68508																						

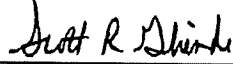
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab <input checked="" type="checkbox"/> Abuse /Molestatio GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PHPK2006817	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000
				PHPK2006817	07/01/2019	07/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
				PHPK2006817	07/01/2019	07/01/2020	MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> 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	X		PHPK2001167	07/01/2019	07/01/2020	GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000	
						Emp Ben. \$ 1,000,000	
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
A	<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 \$ 10000			PHUB684491	07/01/2019	07/01/2020	BODILY INJURY (Per person) \$
						EACH OCCURRENCE \$ 4,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	2000025094	07/01/2019	07/01/2020	AGGREGATE \$ 4,000,000
						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
						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)
See above for Additional Insured Status

CERTIFICATE HOLDER CANCELLATION

Lancaster County 555 S 10 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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POLICY CHANGE DOCUMENT

POLICY NO.: PHPK2006817

Philadelphia Indemnity Insurance Company | 29060 The Glienke Agency, LLC

NAMED INSURED The Bridge of Nebraska Inc
 dba The Bridge Behavioral Health

MAILING ADDRESS 721 K St
 Lincoln, NE 68508-2949

POLICY PERIOD: FROM 07/01/2019 TO 07/01/2020 at
 12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 07/01/2019 CHANGE # ~~XXXXXXXXXXXX~~ 5 (9,6,2 1) 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Additional Insured's
Lancaster County
Lancaster County Sheriff

Per Attached

Path ID 12974322

Total Annual
Additional/Return Premium \$

0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$

0.00
NO CHANGE

COUNTERSIGNED
(Date)

BY
(Authorized Representative)

07/26/2019
Issue Date

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2006817

Additional Insured

Lancaster County
555 S 10th St
Lincoln, NE 68508-2803

CG2026 - General Liability

Additional Insured

Lancaster County Sheriff
575 S 10th St
Lincoln, NE 68508-2810

CG2026 - General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION NOTICE TO SCHEDULED ADDITIONAL INSURED OR CERTIFICATE HOLDER

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- PROFESSIONAL LIABILITY COVERAGE PART
- COMMERCIAL CRIME COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- COMMERCIAL AUTOMOBILE COVERAGE PART

SCHEDULE OF ADDITIONAL INSUREDS OR CERTIFICATE HOLDERS

AI or CH	Additional Insured or Certificate Holder	Address
AI	Lancaster County	555 S 10th Street
		Lincoln, NE 68508

The following is added to **A. CANCELLATION** of the Common Policy Conditions of the above applicable coverage part:

- A. In the event we cancel the policy in accordance with the policy's terms and conditions, we will endeavor to mail written notice of cancellation to Additional Insureds or Certificate Holders, shown in the above SCHEDULE within the time frame listed below. However, failure to mail such notice shall impose no obligation of any kind upon us, our agents or representatives.
 1. 30 days before the effective date of cancellation if we cancel for any reason other than for non - payment of premium.

As respects Additional Insureds, the above cancellation provision applies only when the Additional Insured shown in the above **SCHEDULE** is added to the policy by a separate additional insured endorsement as the **CANCELLATION NOTICE TO ADDITIONAL INSURED OR CERTIFICATE HOLDER** does not provide additional insured coverage.

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

<p>Name Of Additional Insured Person(s) Or Organization(s): Lancaster County</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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.