

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

## CONTRACT RENEWAL

DEPARTMENT: Sheriff's Office

BID/RFP# DESCRIPTION: 11RFP01272011A-CC Inmate Physical & Mental Health BID/RFP# NUMBER: 11RFP01272011A-CC

ORIGINAL APPROVAL DATE: May 18, 2011

RENEWAL PERIOD: FROM: January 1,2015 THROUGH December 31,2015

RENEWAL OPTION # 4 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$16,213,224

COMPANY'S NAME: Corizon, LLC f/k/a Corizon, Inc.

ADDRESS: 103 Powell Court

CITY: Brentwood

STATE: Tennessee

ZIP: 37027

SIGNATURES: SEE NEXT PAGE

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# 14-0846

## SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corporation)
NAME: Scott A. Bowers President & COO (CEO, President, Vice President)
VENDOR'S SIGNATURE: Stand Jon DATE 10/30/14
ATTEST: NOTARY BUBDIC: (harlenet. Moton
TITLE: COUNTY: tu si liamson
SEAL (Affix)
ATTEST:
FULTON COUNTY, GEORGIA JOHN H. EAVES, GHANRMAN BOARD OF COMMISSIONERS MARK MASSEX FINIS CLERK TO THE COMMISSION DATE: 12/5/2014 DATE: 12/5/2014
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Theodore Jackson (Print)
DEPARTMENT HEAD SIGNATURE: Neodore Jacka DATE 12/3/14
Please indicate if the following are provided:
<ul> <li>BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.</li> <li>A copy of the current Certificate of Insurance must be attached to all renewals.</li> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>

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ITEM # 14-0846RM 10,15,2014 REGULAR MEETING

ACORD CERT	IFI(	CA	TE OF LIABIL	.ITY	INSUF	RANCE	1/1/2015 DATE	(MM/DD/YYY) )/20/2014
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AND	LY OF ANCE THE	DOE CER	GATIVELY AMEND, EXTEN S NOT CONSTITUTE A CO TIFICATE HOLDER.	ID OR /	ALTER THE C CT BETWEEN	OVERAGE A THE ISSUIN	E CERTIFICATE HOLDER. THIS FFORDED BY THE POLICIES G INSURER(S), AUTHORIZED	//20/2014
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PRODUCER LOCKTON COMPANIES 5847 San Felipe, Suite 320 Houston TX 77057				CONT. NAME PHON (A/C, N	ACT E No, Ext):		FAX (A/C, No):	
				E-MAIL ADDR	ĒSS:			
				INSUR			DRDING COVERAGE urance Company	NAIC #
INSURED Corizon, LLC							of the State of PA	23841 19429
1359399 105 Westpark Drive, Suite 200 Brentwood TN 37027				INSUR	ERC:			
				INSUR				
				INSUR	allaberer (			
COVERAGES CEP	TIFIC	ATE	NUMBER: 12121781				REVISION NUMBER: XXX	XXXX
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUC			NT, TERM OR CONDITION	OF AN		OR OTHER	DOCUMENT WITH RESPECT TO	MALION I THE
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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							internet and the banket of the	XXXXX XXXXX
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UMBRELLA LIAB OCCUR								VVVVV
EXCESS LIAB CLAIMS-MADE			NOT APPLICABLE	(				XXXXX XXXXX
DED RETENTION S							S	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A ANY PROPRIETOR/RADINER/EXECUTIVE		Y	038238190 (AOS) 015684268(CA)/01568426	57(FL)	1/1/2014 1/1/2014	1/1/2015 1/1/2015	X STATUTE OTH- ER	
A ANY PROPRIETOR/PARTNER/EXECUTIVE N A OFFICER/MEMBER EXCLUDED? N B (Mandatory in NH)	N/A		015684266 (Stop Gap) 038238266 (OR)		1/1/2014 1/1/2014	1/1/2015		00,000
If yes, describe under DESCRIPTION OF OPERATIONS below								00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Att	ach ACORD 101. Additional Re	amarks 9	Schedule may b	e attached if m	nora conce ic required)	
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12121781				AUTHO	RIZED REPRES	ENTATIVE	-	
Fulton County Government								
Purchasing and Contract Compliance I 130 Peachtree Street, S.W., Suite 116 Atlanta GA 30303-3459 USA	Depari 8	iment	ţ			<u>.</u>	->Kell	
					X	$\sim$	nan	
ACORD 25 (2014/01)			sensitiventi la 1		© 198	38-2014 ACC	ORD CORPORATION. All righ	ts reserved

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ACORD	CERTIFICATE	OF	LIABILITY	INSURANCE	Γ

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DATE (MM/DD/YYYY) 10/20/2014

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).											
100.000	PRODUCER CONTACT DENISE D. BARNES NAME: DEBBIE HOLSTINE										
ALC: N	HEALTHCARE LIABILITY SOLUTIONS PHONE FAX										
All Chronic Endors         (A/C, No, Ext): 713-343-5002         (A/C, No): 713-343-5025           820 GESSNER, SUITE 1825         E-MAIL         (A/C, No): 713-343-5025											
- 539	HOUSTON, TX 77024 PH: 800-732-8619 FAX: 713-343-5025										
F											
INSURED INSURE A: LEXINGTON INSURANCE COMPANY 19437											
	ALITAS HEALTH SERVICES, INC.			INSURER C:							
	ORRECTIONAL MEDICAL SERVIC	CES IN	IC	INSURER D:							
	05 WESTPARK DRIVE, SUITE 200			INSURER E:							
B	RENTWOOD, TN 37027			INSURER F:							
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							1,000,0				
1	GEN'L AGGREGATE LIMIT APPLIES PER:					100	6,000,0	- XASSA			
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	JECI LOC					EMPLOYEE BENEFITS \$	1,000,0	000			
						(Ea accident) \$	N/A				
	ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	N/A	Contraction of the second s	\$ N/A				
	AUTOS AUTOS NON-OWNED			1 1942	IN/A	PROPERTY DAMAGE	\$ N/A				
	HIRED AUTOS AUTOS					(Per accident) \$	N/A				
-	UMBRELLA LIAB OCCUR										
	EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A		N/A				
						AGGREGATE \$	N/A				
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	-				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	TORY LIMITS ER	00 × 80 0 8				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	5/45/2	NVA	1. N/X	E.L. EACH ACCIDENT \$	N/A				
	If yes, describe under Y / N	1553,355				E.L. DISEASE - EA EMPLOYEE	N/A				
_	DECRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	N/A				
A	MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE		6797600	01/01/14	01/01/15	SEE BELOW					
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	TO MEDICAL PROFESSIONAL SERVICES PROVIDED ON BEHALF OF THE INSURED SHOWN ABOVE.										
CERTIFICATE HOLDER CANCELLATION											
FULTON COUNTY GOVERNMENT DEPARTMENT OF PURCHASING 130 PEACHTREE STREET, SW, STE. 1168 ATLANTA, GA 30303					N DATE TH	DESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		<ul> <li>Representative environment</li> </ul>			
v	AUTHORIZED REPRESENTATIVE										
ACC	ORD 25 (2010/05)	X/CE	RTS/CORIZON/14-15 CORIZON INC GL-PL	© 1	988-2010 AC	ORD CORPORATION. AI	l riahts	s reserved.			

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www.beckhercarlson.com     Insurance	Number Decemporation com         Insurance Company         1982           Control: LLC Control: LLC Suite 200 HK Drive Suite 200 HK Driv		Brontwood, IN 07027				E-MAIL ADDRE	SS:		1.1.			
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Suite 200       Insurer D:       Insurer D:       Insurer D:         Bisterit/wood TN: 37027       Insurer D:       Insurer D:       Insurer D:         COVERAGE       CERTIFICATE NUMBER: 2020847       REVISION NUMBER: 2020847       REVISION NUMBER: 2020847         This IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW ANNE EEEN ISSUED TO THE INSURANCE APPORED BY THE POLICY PERIOD       REVISION NUMBER: 2020847       THE INSURANCE APPORED BY THE POLICIES DESCRIBED ON MAIN POLICIES DESCRIBED TO MHICH THE POLICY PERIOD         CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE APPORED BY THE POLICY PERIOD       SUBJECT TO ALL THE TERMS.         COMMENDANCE LIBRERIA LIBRERITY       THE INSURANCE APPORED BY THE POLICY PERIOD       SUBJECT TO ALL THE TERMS.         COMMENDANCE DESCRIBED TO THE INSURANCE APPORED BY THE POLICY PERIOD       SUBJECT TO ALL THE TERMS.       SUBJECT TO ALL THE TERMS.         COMMENDANCE DESCRIBED TO THE INSURANCE APPORED BY THE POLICY PERIOD       SUBJECT TO ALL THE TERMS.       SUBJECT TO ALL THE TERMS.         COMMENDANCE DESCRIBED TO CLARKS.       THE POLICY PERIOD       SUBJECT TO ALL THE TERMS.       SUBJECT TO ALL THE TERMS.         COMMENDANCE DESCRIBED TO THE INSURANCE DESCRIBED TO THE INSURANCE DESCRIBED TO THE INSURANCE SUBJECT TO ALL THE TERMS.       SUBJECT TO ALL THE TERMS.         COMMENDANCE DESCRIBED TO THE INSURANCE DESCRIBED TO THE INSURANCE DESCRIBED TO THE INSURANCE DESCRIBED TO THE INSURANCE SUBJECT TO ALL THE TERMS.       SUBJECT TO ALL THE TERMS.	Suite 200 Brentwood TN         Insurer 0: Insurer 0: Ins	C	orizon, LLC				INSURE	кв: Liberty	Insurance Un	derwriters, Inc.			19917
Brentwood TN 37027	Brentwood TN 37027      BOURDER E:     BRURER E:	1	05 Westpark Drive										
COVERAGES         CERTIFICATE NUMBER: 2028647         REVISION NUMBER:           This IS TO CERTIFY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE NOT THE POLICY PERIOD INDICATES. NORWTHISTANDING AWY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACTOR OF THER TO NAME DAROVE FOR THE POLICY PERIOD INDICATES. NORWTHISTANDING AWY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACTOR OF THER IS SUBJECT TO ALL THE TERMS. EXCLUSIONA NOT CONTRACTOR OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INDICATES. NAM CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INDICATES. NAME           INDICATES. NAMOCONTROL OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INDICATES. NAME           INDICATES. NAMOCONTROL OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INDICATES. NAME           INDICATES. NAMOCONTROL OF SUCH PAID.         INDICATES. NAME         INDICATES. NAME           INDICATES. NAME         INDICATES. NAME         POLICY NUMBER         INDICATES. NAME           INDICATES. NAME         INDICATES. NAME         INDICATES. NAME         INDICATES. NAME           INDISTATES. NAME	COVERAGES         CERTIFICATE NUMBER:         2002847         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE FOLICES OF INSURANCE LISTED BELOW HAVE BEEN (SSUED TO THE INSURANCE FOR THE POLICY PERIOD INSURCETES. NOWTHINSTANDING ANY RECURRENT, TERM OR ANY CONTRACT OF OTHER DOLCIMES DAMAGE ALONG FOR THE POLICY INSURANCE CERTIFICATE MAY BE ISSUED ON MAY PERTAIN, THE INSURANCE AFFORDED BY THE FOLICY DESCRIBED HAREN IS SUBJECT TO AULT THE TERMS; EXCLUSIONS AND CONDITIONS OF SUCH POLICYS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY DE DESCRIBED HAREN IS SUBJECT TO AULT THE TERMS; EXCLUSIONS AND CONDITIONS OF SUCH POLICYS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY NUMBER         MONOTOFYCE INSURANCE INSURANCE INSURANCE AFFORDED BY THE POLICY NUMBER           UPW or HEADINAL LIMITY         Impost the policy NUMBER         MONOTOFYCE INSURANCE INSURANCE INSURANCE INSURANCE AFFORDED BY THE POLICY NUMBER         MONOTOFYCE INSURANCE INSURANCE INSU												
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COMMERCIAL CONTRACT       LADIALITY       EACH DOCUMENCE       \$         CAINS-MADE       OCCUR       \$       EACH DOCUMENCE       \$         CAINS-MADE       OCCUR       \$       EACH DOCUMENCE       \$         CENT_AGGREGATE LIMIT APPLIES PER:       PERSUBSEG B OCCUR       \$       MMED TXP (Any Department)       \$         CENT_AGGREGATE LIMIT APPLIES PER:       POLICY       JEED       LOC       PERSUBSEG B OCCURRENCE       \$         POLICY       JEED       LOC       PERSUBSEG B OCCURRENCE       \$       PERSUBSEG B OCCURRENCE       \$         A AUTOROMBLE LABLITY       V       20 UUN AP4855       1/1/2013       1/1/2014       COMBINED SINGLE LIMIT \$       1.000,000         AUTOR       SOMEDULED       AUTOR       S       BODILY INURY (Per person) \$       B         UMBRELLA LIAB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH ACCURRENCE       \$       25,000,000         AVOY PROFERSTURABLUY       VIN       N/A       EL CARLENCE       \$       25,000,000       ACGREGATE       \$       \$         VORKERS COMENSATIONS       COLUMNARE       1000027207-06       1/1/2013       1/1/2014       EACH ACCURRENCE       \$       25,000,000       ACGREGATE       \$       \$	COMMERCIAL CONTROL LABILITY     COMMERCIAL CONTROL CALINGS AND CALINGS AND CONTROL CALINGS AND CALING	<b>F</b>	ACLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEENF	REDUCED BY	PAID CLAIMS		.01 10		THE TEIMIO,
CAIMS-MADE     OCCUR     CAIMS-MADE     OCCUR     CERTIFICATE HOLDER     CAIMS-INDEX	CLAUMS-MADE       OCCUR       B         CLAUMS-MADE       OCCUR       B         CREATE UNIT APPLIES PER.       PRESCOLUPRENCE       B         CREATE UNIT APPLIES PER.       POLICY       B         CREATE UNIT APPLIES PER.       POLICY       B         CONTEREX       CONTRAL AGREECATE       B         PRODUCTS       COMBINED SINGLE LIMIT       S         A AUTOMOBILE LIABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       COMBINED SINGLE LIMIT       S         A AUTOMOBILE LIABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       COMBINED SINGLE LIMIT       S       1.000.00         ALLOWNED       SOFEDULED       AUTOMOBILE LIABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       COMBINED SINGLE LIMIT       S       1.000.00         B       VERESTINGTON OF Ded 530/LOC COL Ded 51.000       S       S       S       S       S         B       VERESTINGTON OF OPERATIONS AUTOMOBILE LIABILITY       VIN RECENTRINGTON OF DESCRIPTION OF OPERATIONS / UCATIONS / USACO       S       S         VORKERS COMPENSION       AUTOMOBILE LIABILITY       VIN RECENTRICE       S       S         VIN RECENTRINGTON OF OPERATIONS / UCATIONS / USACO       VIN RECENTRING AUTOMOBILE LIABILI	LTR				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5	
Construct												s	
GENT. AGGREGATE LIMIT APPLIES PER:       PALCY       \$         GENT. AGGREGATE LIMIT APPLIES PER:       POLCY       JRC         GENT. AGGREGATE LIMIT APPLIES PER:       PRODUCTS: COMPORE AGG       \$         A AUTOMOBILE LIABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       ECOMPORES SIGLE LIMIT       \$         A AUTOMOBILE LIABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       ECOMPORES SIGLE LIMIT       \$       1.000,000         BOOLT NULRY (Per person)       \$       BOOLT NULRY (Per person)       \$       BOOLT NULRY (Per person)       \$         UMBRELLALIAB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         DED       RETENTIONS       OCCUR PER LIABILITY       INFA       INFA       ELACH ACCURRENCE       \$       25,000,000         VORCERS COMPERS LIABILITY ECUTIVE       Y/N       N/A       INFA       EL DISEASE - POLICY LIMIT       \$         MORKERS COMPERS LIABILITY ECUTIVE       Y/N       N/A       EL DISEASE - POLICY LIMIT       \$         MORKERS COMPERS LIABILITY ECUTIVE       Y/N       N/A       EL DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached	GEWLAGGREGATE LIMIT APPLIES PER:       PERSONAL & ADV INURY       \$         GEWLAGGREGATE LIMIT APPLIES PER:       GEWLERAL AGGREGATE       \$         PRODUCTS: COMPOPAGE       \$         A AUTONOBIL LABILITY       ✓       20 UUN AP4855       1/1/2013       1/1/2014       BOOLVINURY (Perpanon)       \$         A AUTONOBIL LABILITY       ✓       20 UUN AP4855       1/1/2013       1/1/2014       BOOLVINURY (Perpanon)       \$         AUTONOBIL       AUTOS       AUTOS       AUTOS       \$       1.000.00         AUTOS       AUTOS       AUTOS       \$       1.000.00         V Comp. Ded S5007       COL Bed \$1.000       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25.000.00         V excess Labe       Occume       1.000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25.000.00         MOREMELALLAL       Occume       1.000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25.000.00         MOREMELANDER       0.00007707-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25.000.00         MOREMELANDER       0.00007707-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       \$		CLAIMS-MADE OCCUR							PREMISES (Ea occurren	ice)	S	
GENL AGGREGATE       LIMIT APPLIES PER:	GENL AGGREGATE UNIT APPLIES PER:       GENERAL AGGREGATE       \$         POLICY       JECT       Loc       S         OTHER:       COMPORED       SOUTONICS       SOUTONICS         A AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Common Acq s         A AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Common Acq s         A AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Common Acq s         AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Ecolutinum And Preve academ) S       BODIL'I MURY (Per parced) S         HIRED AUTOS       SCHEDULED ALTONS       AUTOMAGE       S       S       BODIL'I MURY (Per academ) S         B       UMBRELLA LAB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE S       25,000.0C         AND EMACHORES LABILITY       NTA       SSATURE COMPENSIONAL       SSATURE COMPARENCES       25,000.0C         MONERS COMPENSIONALINY       NTA       SSATURE COMPARENCES       SSATURE COMPARENCES       SSATURE COMPARENCES         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarke Schedule, may be attached if more space is required       11/1/2014       EL									TRANSPORT MUTCHING AND ADDRESS.		111.2	
A AUTOMORE LABILITY     AUTOMORE LABILI	A Autonome Language Langu		GEN'L AGGREGATE LIMIT APPLIES PER							and the second		2441	
A       AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       CONSIDE CONTROLED AND SCHEDULED AUTOS NATOS N	A       AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Combined since think is 1,000,00         A       AUTOMOBILE UNBILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       Combined since think is 1,000,00         ALLOWNED       SCHEDULED       AUTOS       AUTOS       1000027207-06       1/1/2013       1/1/2014       BODLY INJURY (Per academ) is 1,000,00         B       UMRRELA LUB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE is 25,000,00         B       V Excess Lubs       CLAINS-AADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE is 25,000,00         B       V Excess Lubs       OCCUR       INTA       INTA       INTA       INTA       INTA         MORKERS COMPENSATIONS       INTA       INTA       INTA       INTA       INTA       INTA       INTA       INTA         DEBOLIVIERS LIBULTY       VIN       NTA       INTA									Contraction of the second second			
A       Automodule LABILITY       /       20 UUN AP4855       1/1/2013       1/1/2014       Complexity Since UNIT       s       1,000,000         ANY AUTO       ANY AUTO       ANY AUTO       ANY AUTO       SOHEDULED	A       AUTOMOBILE LABILITY       V       20 UUN AP4855       1/1/2013       1/1/2014       COMBINED SINGLE LIMIT       \$ 1,000.00         AVEX.WHED       SCHEDULED       AVTOS       SCHEDULED       1000027207-06       1/1/2013       1/1/2014       Intercent State St		and a second secon	1						PRODUCTS - COMP/OP			
ANY AUTO       ANY AUTO       B       BODILY INJURY (Per person)       \$         AUTOS       NOL-OWNED       NOL-OWNED       B       BODILY INJURY (Per person)       \$         B       UMBRELLA LIAB       COCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         B       UMBRELLA LIAB       COCUR       CLIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         AND EMPLYORES LIAB       CCUR       CLIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         MORKERS COMPERSATIONS       RETENTIONS       VIN       STATUTE       STATUTE       STATUTE       S         MORKERS COMPERSATIONS       MORKERS COMPERSATIONS       N/A       STATUTE       S	ANY AUTO       BODULY INJURY (Per person)       \$         AUTOS       AVTOS       AVTOS       BODULY INJURY (Per person)       \$         BODULY INJURY (Per academ)       \$       BODULY INJURY (Per person)       \$         PROPERTY DAMAGE       \$       BODULY INJURY (Per person)       \$         PROPERTY DAMAGE       \$       \$       \$         WIRRELA LIAB       CCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,00         AND SMECRS LIAB       CLAIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,00         MORKERS COMPENSATIONS       CLAIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,00         MORKERS COMPENSATIONS       CLAIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,00         MORKERS COMPENSATIONS       VERCENT TION OF COMPRATINGENSATIONS AND TIME TO PERATIONS AND TI	А	AUTOMOBILE LIABILITY	1		20 UUN AP4855		1/1/2013	1/1/2014	COMBINED SINGLE LIM			1.000.000
HIRED AUTOS       NON-OWNED AUTOS       NON-OWNED AUTOS       Image: Comp Ded \$500/ Coll Ded \$1,000       Image: Comp Ded \$500/ Coll Ded \$5,000,000       Image: Comp De	HRED AUTOS       MON-OWNED AUTOS       MON-OWNED AUTOS       PROPERTY DAMAGE       s         B       UMMERLA LIAB       OCCUR       S       S         Comp Ded S500/       Coll Ded S1,000       1000027207-06       1/1/2013       1/1/2014       EACH OCCURENCE       s       25,000,00         AGGREGATE       S       0CCUR       CLAIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURENCE       s       25,000,00         AGGREGATE       S       0CCUR       CLAIMS-MADE       S			a. 25								s	1,000,000
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B       UMBRELLA LIAB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         ABC       DED       CLAIMS-MADE       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,000         WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/SECUTIVE UMMARGUN IN MH2       Y/N       N/A       EL COLOCACH ACCIDENT       \$       EL COLOCACH ACCIDEN	B       UMBRELLA LIAB       OCCUR       1000027207-06       1/1/2013       1/1/2014       EACH OCCURRENCE       \$       25,000,00         AGGREGATE       \$       25,000,00       AGGREGATE       \$       25,000,00         ADDED       RETENTION \$       VIN       N/A       B       B       B       B       B       B       B       B       CLAIMS-MADE       B       B       AGGREGATE       \$       25,000,00         ADDED       RETENTION \$       DED       RETENTION \$       VIN       N/A       B </td <td></td> <td>AUTOS AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE (Per accident)</td> <td></td> <td>S</td> <td></td>		AUTOS AUTOS							PROPERTY DAMAGE (Per accident)		S	
V       EXCESS LIAB       OCCURR       Information       Information       Information       AGGREGATE       \$       25,000,000         ADD       DED       RETENTION \$       \$       S       3       AGGREGATE       \$       25,000,000         AND EMPCRESS COMPENSATION AND EMPCRESS COMPENSATION AND EMPCRESS COMPENSATION AND EMPCRESS COMPENSATION AND EMPCRESS COMPARTNERVEXECUTIVE       Y/N       N/A       PER       \$       S       25,000,000         If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Information of the space is required)         11RFP01272011A-CC, Inmate Physical & Mental Health Services       Certificate holder is included as Additional Insured as respects to the Automobile Liability policy as required by written contract subject to the policy terms, conditions and exclusions.         CERTIFICATE HOLDER       CANCELLATION         Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree Street, S.W. Suite 1168       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACORDANCE WITH THE POLICY PROVISIONS.         Attanta GA 30303-3459       UNIVERTURE DEPONENT	V       EXCESS LIAB       CLUMS-MADE       DOUCLY EXCLOS       INTEDIS       INTEDIS       INTEDIS       ACCH OCCURRENCE       \$       25,000,00         ADDED       RETENTION S       N/A       ELCOSEASCOMPERSATION       \$       \$       25,000,00         AND EMPCORRETORPARTINGREXCUTIVE       Y/N       N/A       ELCOSEASE - EACH OCCURRENT       \$       \$       25,000,00         AND EMPCORRETORPARTINGREXCUTIVE       Y/N       N/A       ELCOSEASE - EACH OCCURRENT       \$       \$       ELCOSEASE - EACH OCCURRENT       \$       ELCOSEASE - EACH OCCURENT       \$       ELCOSEASE - EACH OCURCINENT </td <td>B</td> <td></td> <td>0</td> <td></td> <td>1000022207.00</td> <td></td> <td>1/1/0010</td> <td>11110011</td> <td></td> <td></td> <td>S</td> <td></td>	B		0		1000022207.00		1/1/0010	11110011			S	
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CERTIFICATE HOLDER       CANCELLATION         Fulton County Government       Should any of the above described policies be cancelled before         Department of Purchasing & Contract Compliance       Should any of the above described policies be cancelled before         130 Peachtree Street, S.W. Suite 1168       Atlanta GA 30303-3459	CERTIFICATE HOLDER       CANCELLATION         Fulton County Government       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN       Accordance with the policy provisions.         130 Peachtree Street, S.W. Suite 1168       Atlanta GA 30303-3459         Authorized representative       Authorized representative         Image: Additional contract Compliance       Image: Authorized representative         Authorized Representative       Authorized Representative         Image: Additional contract Compliance       Image: Authorized Representative	111	R-P01272011A-CC, Inmate Physical &	Ment	al He	alth Services							
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Atlanta GA 30303-3459	Atlanta GA 30303-3459 AUTHORIZED REPRESENTATIVE Johna Bagley	Fulton County Government							ED BEFORE				
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## **ENDORSEMENT NO.2**

This endorsement, effective 12:01 AM: January 1, 2014

Forms a part of policy no.: 6797142

Issued to: VALITAS HEALTH SERVICES, INC.

By: LEXINGTON INSURANCE COMPANY

## ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided by the policy:

Section II. WHO IS AN INSURED of the HEALTHCARE GENERAL LIABILITY OCCURRENCE COVERAGE PART are amended by adding the following:

[The following are Insureds under this Coverage Part:]

Any person or organization to whom you are obligated by virtue of a written contract to provide indemnification or insurance as afforded by this Policy, but only with respect to liability arising out of operations conducted by you or on your behalf.

In the event that the Limits of Insurance provided by this Policy exceed the Limits of Insurance required by the written contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance required by the written contract. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis, unless the written contract with additional insured specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional insured. In such case, this insurance shall be primary and non-contributory with any other insurance carried by the additional insured.

In the event of payment under the Policy, we waive our right of subrogation against a person or organization included as an Insured on this endorsement where the Named Insured has waived liability of such person or organization as part of a written contractual agreement between the Named Insured and the organization entered into prior to the occurrence or offense.

In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any occurrence which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions. Failure to comply with this provision may, at our option, result in the claim or suit being denied.

All other terms, conditions and exclusions of the policy remain unchanged.

Authorized Representative or countersignature (where required by law)

MNSCPT (12/13)

