



Fulton County, GA

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: Sheriff's Office

BD/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

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 (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] DATE 10/30/14

ATTEST:

NOTARY PUBLIC: Charlene P. Morton

TITLE: _____ COUNTY: Williamson

SEAL (Affix) MY COMMISSION EXPIRES: 2/27/16

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 12/5/2014

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 12/5/2014

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Theodore Jackson (Print)

DEPARTMENT HEAD SIGNATURE: Theodore Jackson DATE 12/3/14

Please indicate if the following are provided:

- ☐ 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.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.



CERTIFICATE OF LIABILITY INSURANCE

1/1/2015

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).

PRODUCER LOCKTON COMPANIES 5847 San Felipe, Suite 320 Houston TX 77057	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Corizon, LLC 1359399 105 Westpark Drive, Suite 200 Brentwood TN 37027	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : New Hampshire Insurance Company	NAIC # 23841
	INSURER B : Insurance Company of the State of PA	19429
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 12121781

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX
							MED EXP (Any one person) \$ XXXXXXXX
							PERSONAL & ADV INJURY \$ XXXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ XXXXXXXX
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ XXXXXXXX
	OTHER						\$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX
	ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXXX
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ XXXXXXXX
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
							\$
	UMBRELLA LIAB			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
	EXCESS LIAB						AGGREGATE \$ XXXXXXXX
	DED						\$
	RETENTION \$						\$
A A A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	Y	038238190 (AOS)	1/1/2014	1/1/2015	X PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A	015684268(CA)/015684267(FL)	1/1/2014	1/1/2015	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			015684266 (Stop Gap)	1/1/2014	1/1/2015	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				038238266 (OR)	1/1/2014	1/1/2015	E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. RE: RIP No. 11RFP01272011A-CC (Inmate Physical and Mental Health Services)

CERTIFICATE HOLDER**CANCELLATION**

12121781

Fulton County Government
Purchasing and Contract Compliance Department
130 Peachtree Street, S.W., Suite 1168
Atlanta GA 30303-3459 USA

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



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER DENISE D. BARNES HEALTHCARE LIABILITY SOLUTIONS 820 GESSNER, SUITE 1825 HOUSTON, TX 77024 PH: 800-732-8619 FAX: 713-343-5025	CONTACT NAME: DEBBIE HOLSTINE PHONE (A/C, No, Ext): 713-343-5002 FAX (A/C, No): 713-343-5025 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: LEXINGTON INSURANCE COMPANY NAIC # 19437 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED VALITAS HEALTH SERVICES, INC. CORIZON, LLC CORRECTIONAL MEDICAL SERVICES, INC. 105 WESTPARK DRIVE, SUITE 200 BRENTWOOD, TN 37027	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6797142	01/01/14	01/01/15	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 EMPLOYEE BENEFITS \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y / N DESCRIPTION OF OPERATIONS below	N/A		N/A	N/A	N/A	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
A	MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE			6797600	01/01/14	01/01/15	SEE BELOW

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMESIS. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
\$1,000,000 PER LOSS EVENT PER CONTRACTOR INSURED/\$3,000,000 ANNUAL AGGREGATE PER CONTRACTOR INSURED
\$1,000,000 PER LOSS EVENT CORPORATE LIMIT/\$10,000,000 ANNUAL AGGREGATE CORPORATE LIMIT
\$48,000,000 POLICY AGGREGATE
11RFP01272011A-CC, INMATE PHYSICAL & MENTAL HEALTH SERVICES

FULTON COUNTY GOVERNMENT IS INCLUDED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO WORK PERFORMED BY THE NAMED INSURED, BUT ONLY WITH RESPECT TO THE ACTS OF THE NAMED INSURED SHOWN ABOVE. COVERAGE IS LIMITED 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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2014

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PRODUCER Beecher Carlson Insurance Services
6 Cadillac Drive, Suite 320
Brentwood, TN 37027

CONTACT NAME: Beecher Carlson Insurance Services
PHONE (A/C, No, Ext): 615-277-9840 FAX (A/C, No): 615-277-9879
E-MAIL ADDRESS:

www.beechercarlson.com

INSURED
Corizon, LLC
105 Westpark Drive
Suite 200
Brentwood TN 37027

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Hartford Fire Insurance Company	19682
INSURER B:	Liberty Insurance Underwriters, Inc.	19917
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 22028547

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>		20 UUN AP4855	1/1/2013	1/1/2014	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> Comp Ded \$500/ <input checked="" type="checkbox"/> Coll Ded \$1,000						
	SCHEDULED AUTOS NON-OWNED AUTOS						
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB			1000027207-06	1/1/2013	1/1/2014	
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION S						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more 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
Atlanta GA 30303-3459

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

Donna Bagley

(NASH) Donna Bagley

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.

MNSCPT (12/13)


Authorized Representative
or countersignature (where required by law)

CITY OF ATLANTA, GEORGIA - DEPARTMENT OF FINANCE
OCCUPATION TAX REGISTRATION CERTIFICATE

VALID ONLY WHEN REGISTRATION TAX REQUIREMENTS ARE PAID

CERTIFICATE NO. : 151277LGB
BUSINESS NAME : CORIZON INC
LOCATION : 901 RICE ST NW ATLANTA GA 30318

DATE ISSUED : 2014-01-01 EXPIRES ON : 2014-12-31

BUSINESS NAME AND ADDRESS:

CORIZON INC
JILL MOLDREM
105 WESTPARK DR STE 200
BRENTWOOD TN 37027-5010



J. Anthony "Jim" Beard, CTP
Chief Financial Officer

2014

DISPLAY THIS CERTIFICATE IN A CONSPICUOUS PLACE AT BUSINESS LOCATION
NOT VALID IF BUSINESS LOCATION DOES NOT COMPLY TO CITY ZONING REQUIREMENTS
NOT VALID UNLESS ACCOMPANIED BY STATE OF GEORGIA LICENSE(S) IF REQUIRED

CERTIFICATE NOT TRANSFERABLE

IF BUSINESS TERMINATES OR CHANGES OWNERSHIP DURING CERTIFICATE PERIOD,
CALL THE BUSINESS LICENSE OFFICE AT 404-330-6270
THIS CERTIFICATE IS SUBJECT TO ALL APPLICABLE ORDINANCES AND LAWS