INSURANCE TRANSMITTAL SHEET

	E: May 26, 2020 BOARD OF SUPERVISORS
ÇON	TRACT: SR 20-2943 CFMG 3 month extension
*	The attached insurance documents have been reviewed and meet all of the contract insurance requirements. Nick Poole, Risk Manager
	attached contract and insurance documents have been reviewed and are being ned to the originating department because:
	General Liability Insurance
	Insurance certificate not provided
	☐ Coverage does not meet contract requirements
	Additional insured endorsement required
	Other:
	Auto Insurance
	☐ Insurance certificate not provided
	☐ Additional insured endorsement required
	☐ Insurance is not business rated
	Other:
	Workers' Compensation Insurance
	☐ Insurance certificate not provided
	Errors & Omissions/Professional Liability Insurance
	Insurance certificate not provided
	Other:

Please call me at 265-7196 if you have questions regarding insurance requirements.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/22/2020

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		CONTACT NAME:			
Marsh USA, Inc. 1801 West End Avenue, Suite 1400		PHONE (A/C, No, Ext): E-MAIL	(A/C, No):		
Nashville, TN 37203		ADDRESS:			
		INSURER(S) AFFORDING			
CN121537149-MAIN-GAWUP-20-21		INSURER A : ProAssurance Specialty Insurance	Company 10179		
INSURED Wellpath Holdings, Inc.		INSURER B : Zurich American Insurance Compa	ny 16535		
1283 Murfreesboro Road, Suite 500		INSURER C : American Zurich Insurance Compa	ny 40142		
Nashville, TN 37217		INSURER D :			
		INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE NUMBER:	ATL-004930813-08 REV	ISION NUMBER: 7		

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.

NSR TR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	Χ	COMMERCIAL GENERAL LIABILITY	Х	X	ES1866 (Master)	03/15/2020	03/15/2021	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR				All and a second a		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X	SEX ABUSE: \$1M						MED EXP (Any one person)	\$	5,000
	Χ	SIR: \$3M						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	INCLUDED
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY	X	X	BAP5252136-05	10/13/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$	
		DED RETENTION \$							\$	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		Χ	WC5252134-05 (AOS)	10/13/2019	10/01/2020	X PER OTH-		
В	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC5252135-05 (WI)	10/13/2019	10/01/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	MED	DICAL PROF LIABILITY			ES1866 (Master)	03/15/2020	03/15/2021	PER MEDICAL INCIDENT		1,000,000
	(CLAIMS MADE)				"SIR: \$3M"			AGGREGATE		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Nevada is/are included as additional insured (except workers compensation) where required by written contract. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Nevada County Sheriff's Office 950 Maidu Avenue Nevada City, CA 95959-0000	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 Manashi Mukherjee

AGENCY CUSTOMER ID: CN121537149

LOC #: Nashville



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY Marsh USA, Inc.		NAMED INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road, Suite 500
POLICY NUMBER		Nashville,TN 37217
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

WORKERS COMPENSATION

CMGC PCs

American Zurich Insurance Company

Policy # WC0540754-00

10/13/19 - 10/01/20

Workers Compensation - Statutory

Employers Liability - 1M/1M/1M

Named Insureds Include:

California Forensic Medical Group Inc.

Colorado Correctional Medical Group PLLC

Southeast Correctional Medical Group PLLC

Southwest Correctional Medical Group PLLC

CCS PCs

Zurich American Insurance Company

01/01/20 - 01/01/21

Workers Compensation - Statutory

Employers Liability - 1M/1M/1M

GRWC117119 - Grand Prairie Health Services, New York Correct Care Solutions Medical Services, CCS Kastre NV Medical Services

MIWC128637 - Midwest Center, PC

CAWC138666 - California Health and Recovery Solutions, PC (fka California CCS, PC)

GRWC117120 - Great Peak Healthcare Services, PC

MAWC128636 - Massachusetts Correction Healthcare Services, PC

NEWC110771 - New Garden Healthcare PC, Emerald Healthcare Services

OLWC107257 - Old Empire Dental, Great Peak Dental

OLWC107258 - Old Empire Psychology, PC

STWC139180 - Stringfellow Correctional Dental, PA

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

AGENCY CUSTOMER ID: CN121537149

LOC #: Nashville



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

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

Wellpath Recovery Solutions of Alaska, Inc.

Northwest Correctional Medical Group, PLLC

California Health and Recovery Solutions, PC (fka California CCS, PC)

Massachusetts Correction Healthcare Services, PC

Old Empire Dental, PC

Great Peak Dental, PC

Grand Prairie Health Services, PC

CCS Kastre Nevada Medical, PC

New York Correct Care Solutions Medical Services, PC

Midwest Center, PC

Old Empire Psychology, PC

Great Peak Healthcare Services, PC

New Garden Healthcare, PC

Stringfellow Correctional Dental, PA

California Forensic Medical Group, Inc.
Colorado Correctional Medical Group. PLLC

Southeast Correctional Medical Group, LLC

Southwest Correctional Medical Group, PLLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured: WellPath Holdings, Inc.

Endorsement Effective Date: 10/13/2019

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

ONLY THOSE PERSONS OF ORGANIZATIONS FOR WHOM YOU ARE REQUIRED TO WAIVE YOUR RIGHTS OF RECOVERY UNDER THE TERMS OF A WRITTEN CONTRACT.

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

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

HEALTH CARE FACILITY LIABILITY POLICY REIMBURSEMENT FORM BLANKET ADDITIONAL INSURED ENDORSEMENT

POLICYHOLDER: CCS-CMGC Parent Holdings, LP

ENDORSEMENT

EFFECTIVE DATE:

03/15/20

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.

AMENDMENT #3 TO CONTRACT WITH

California Forensic Medical Group, Inc.

THIS AMENDMENT is executed this 23rd day of June, 2020 by and between California Forensic Medical Group, Inc. and COUNTY OF NEVADA. Said Amendment will amend the prior agreement between the parties entitled Medical, mental health and dental serviceds to the adult and juvenile correctional facilities in Nevada County executed on the 26th day of January 2016 by Resolution No. 16-046.

WHEREAS, the parties desire to amend their agreement to allow or provide for the extension of the existing contract; and

WHEREAS, the agreed-upon cost for the three-month extension shall not exceed \$688,731.09; and

WHEREAS, the amendment will refelect cost changes for the upcoming fiscal year; and

NOW, THEREFORE, the parties hereto agree as follows:

- 1. This amendment shall be effective as of July 1st, 2020
- That §3, contract termination date shall be changed from June 30, 2020 to September 30, 2020.
- That the Schedule of Charges and Payments, Exhibit "B" shall be amended by replacing with attached Exhibit "B".
- 4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY COUNSEL	COUNTY OF NEVADA
By: Katharine L. Elliott County Counsel	By: Honorable Heidi Hall Chair of the Board of Supervisors
ATTEST:	CONTRACTOR:
By: Julie Patterson Hunter Clerk of the Board of Supervisors	By: andy P. Watson

EXHIBIT "8"

SCHEDULE OF CHARGES AND PAYMENTS

(Paid by County)

In consideration for the services as set forth in Exhibit "A", above, County shall pay Contractor an amount not to exceed \$688,731.09 divided into 3 equal monthly payments \$229,577.93 for the period July 1, 2020 to September 30, 2020 based on the following:

- 1. Average daily population of 234 adults and 10 juveniles.
- 2. Hospitalization, Emergency Room and Specialty Services limitation of \$15,000.00 per medical episode.
- 3. \$15,000.00 annual aggregate cap for AIDS, HIV, Hep C, organ Transplant, cancer and neuromuscular disease medications.
- 4. Provision of the staffing pattern as outlined under Staffing Plan.
- 5. Per diem of \$4.17 per day for each inmate exceeding the quarterly average inmate population of 244 for adults and juveniles combined.
- 6. No coverage for psychiatric hospitalizations.