

ADAMS COUNTY, COLORADO  
SERVICE AGREEMENT  
COMPREHENSIVE INMATE MEDICAL SERVICES

THIS AGREEMENT ("Agreement") is made this 9<sup>th</sup> day of April, 2012, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and Corizon Health Inc., located at 105 Westpark Drive, Suite 200, Brentwood, Tennessee 37027, a Tennessee corporation hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

The County and the Contractor, for the consideration herein set forth, agree as follows:

**SECTION I - SERVICES OF THE CONTRACTOR**

The Contractor shall be the sole supplier and coordinator of the health care delivery system at the Adams County Detention Facility. Contractor shall be responsible for all medical care for all inmates (except Work Release inmates who shall, when in the Facility, receive only emergency care from the Contractor) at the Adams County Detention Facility. The term "Medical Care" includes Psychiatric and Psychological Care as well as Dental Care. The Contractor's responsibility for the medical care of inmate commences with the commitment of the inmate to the custody of the Adams County Detention Facility and ends with the release of the inmate.

All services shall be performed in accordance with the Request for Proposal, attached hereto as Exhibit "A", and the Contractor's Response, attached hereto as Exhibit "B" and incorporated herein by reference.

Emergency Services In the event the Adams County Board of County Commissioners declares an emergency, the County may request additional services (of the type described in this Agreement or otherwise within the expertise of Contractor) to be performed by Contractor. If County requests such additional services, Contractor shall provide such services in a timely fashion given the nature of the emergency, pursuant to the terms of this Agreement. Unless otherwise agreed to in writing by the parties, Contractor shall bill for such services at the rates provided for in this Agreement.

**SECTION II - COMPLIANCE WITH C.R.S. § 8-17.5-101, ET. SEQ. AS AMENDED 5/13/08**

Pursuant to Colorado Revised Statute (C.R.S.), § 8-17.5-101, *et. seq.*, as amended 5/13/08, the Contractor shall meet the following requirements prior to signing this Agreement (public contract for service) and for the duration thereof:

- A. The Contractor shall certify participation in the E-Verify Program (the electronic employment verification program that is authorized in 8 U.S.C. § 1324a and jointly administered by the United States Department of Homeland Security and the Social Security Administration, or its successor program) or the Department Program (the employment verification program established by the Colorado Department of Labor and Employment pursuant to C.R.S. § 8-17.5-102(5)) on the attached certification.

- B. The Contractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
- C. The Contractor shall not enter into a contract with a subcontractor that fails to certify to the Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
- D. At the time of signing this public contract for services, the Contractor has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this public contract for services through participation in either the E-Verify Program or the Department Program.
- E. The Contractor shall not use either the E-Verify Program or the Department Program procedures to undertake pre-employment screening of job applicants while this public contract for services is being performed.
- F. If Contractor obtains actual knowledge that a subcontractor performing work under this public contract for services knowingly employs or contracts with an illegal alien, the Contractor shall: notify the subcontractor and the County within three days that the Contractor has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and terminate the subcontract with the subcontractor if within three days of receiving the notice required pursuant to the previous paragraph, the subcontractor does not stop employing or contracting with the illegal alien; except that the contractor shall not terminate the contract with the subcontractor if during such three days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.
- G. Contractor shall comply with any reasonable requests by the Department of Labor and Employment (the Department) made in the course of an investigation that the Department is undertaking pursuant to the authority established in C.R.S. § 8-17.5-102(5).
- H. If Contractor violates this Section II of this Agreement, the County may terminate this Agreement for breach of contract. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the County.

### **SECTION III - RESPONSIBILITIES OF THE COUNTY**

- A. Provide information as necessary or requested by the Contractor to enable the Contractor's performance under this agreement.
- B. Give prompt notice to the Contractor whenever the County observes or otherwise becomes aware of any problems affecting the performance of this Agreement.

- C. Provide reasonable assistance to the Contractor in obtaining approval of all Government authorities having jurisdiction over the inmate medical services and such approvals and consents from such other individuals or bodies as may be necessary for completion of the Agreement.

#### **SECTION IV - TERM**

The term of this Agreement shall be from January 1, 2012 through and including the evening of December 31, 2012.

#### **SECTION V - PAYMENT AND FEE SCHEDULE**

The Contractor shall submit invoices monthly to the County based on the labor, materials, equipment and services provided pursuant to Section I of this Agreement and the County shall pay the Contractor based on the invoices for such services furnished, but in no event shall the total base payment for those services exceed the following sums during the time periods indicated, except in accordance with the terms of this Agreement:

(January 1, 2012 – December 31, 2012  
\$5,276,179.00)

Additional Cost: The parties agree that the annual base price is calculated based upon an average daily inmate population of up to 1200 inmates. If the daily inmate population exceeds 1300, then the compensation payable to the Contractor by the County shall be increased by a per diem rate of \$1.68 for each inmate over 1300. In the event the monthly average population decreases below 1100 inmates, the Contractor will rebate the County \$1.68 per diem for each inmate. Should the population exceed 1500 residents for a period of 90 days or more, additional staffing would be necessary and the Contractor and the County will negotiate the level of additional staffing and associated incremental cost.

This per diem is intended to cover additional costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies and services.

#### **A. Invoices**

Invoices will be submitted to the County by the Contractor on a monthly basis for services performed under this Agreement. Payment of the invoices by the County will be made within twenty-five (25) days of the receipt thereof.

#### **C. Fund Availability**

The County has appropriated sufficient funds for this Agreement for the current fiscal year. Payment pursuant to this Agreement, whether in full or in part, is subject to and contingent upon the continuing availability of County funds for the purposes hereof. In the event funds become unavailable, as determined by the County, the County may immediately terminate this Agreement or amend it accordingly.

## SECTION VI - INDEPENDENT CONTRACTOR

In providing services under this Agreement, the Contractor acts as an independent contractor and not as an employee of the County. The Contractor shall be solely and entirely responsible for his /her acts and the acts of his /her employees, agents, servants, and subcontractors during the term and performance of this Agreement. No employee, agent, servant, or subcontractor of the Contractor shall be deemed to be an employee, agent, or servant of the County because of the performance of any services or work under this Agreement. The Contractor, at its expense, shall procure and maintain workers' compensation insurance as required by law. Pursuant to the Workers' Compensation Act § 8-40-202(2)(b)(IV), C.R.S., as amended, the Contractor understands that it and its employees and servants are not entitled to workers' compensation benefits from the County. The Contractor further understands that it is solely obligated for the payment of federal and state income tax on any moneys earned pursuant to this Agreement.

## SECTION VII - NONDISCRIMINATION

The Contractor shall not discriminate against any employee or qualified applicant for employment because of age, race, color, religion, marital status, disability, sex, or national origin. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices provided by the local public agency setting forth the provisions of this nondiscrimination clause.

## SECTION VIII - INDEMNIFICATION

Contractor agrees to indemnify and hold harmless the County, its agents, servants and employees from any and all claims actions, lawsuits, damages, judgments or liabilities of any kind whatsoever arising out of the operation and maintenance of the aforesaid program of health care services conducted by the Contractor, it being the express understanding of the parties hereto that the Contractor shall provide the actual health care services, and have complete responsibility for such health care services provided by Contractor. The County shall immediately notify Contractor of any incidents, claims or lawsuits of which the County becomes aware and shall fully cooperate in the defense of such claim, but Contractor shall retain sole control of the defense while the action is pending.

## SECTION IX – INSURANCE

The Contractor agrees to maintain insurance of the following types and amounts:

Commercial General Liability Insurance: to include products liability, completed operations, contractual, broad form property damage and personal injury.

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000

Comprehensive Automobile Liability Insurance: to include all motor vehicles owned, hired, leased, or borrowed.

Bodily Injury/Property Damage \$1,000,000 (each accident)  
Personal Injury Protection Per Colorado Statutes

Workers' Compensation Insurance: Per Colorado Statutes

\* Professional Liability Insurance: to include coverage for damages or claims for damages arising out of the rendering, or failure to render, any professional services.

Each Occurrence \$1,000,000

\* This insurance requirement applies only to Contractors who are performing services under this Agreement as professionals licensed under the laws of the State of Colorado, such as physicians, lawyers, engineers, nurses, mental health providers, and any other licensed professionals.

The Contractor's commercial general liability, comprehensive automobile liability, and professional liability insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured," and shall include the following provisions:

1. Underwriters shall have no right of recovery or subrogation against the County, it being the intent of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses resulting from the actions or negligence of the Contractor.
2. The insurance companies issuing the policy or policies shall have no response against the County for payment of any premiums due or for any assessments under any form of any policy.
3. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.

All insurers of the Contractor must be licensed or approved to do business in the State of Colorado. Upon failure of the Contractor to furnish, deliver and/or maintain such insurance as provided herein, this Agreement, at the election of the County, may be immediately declared suspended, discontinued, or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.

Each insurance policy herein required shall be endorsed to state that coverage shall not be suspended, voided, or canceled without thirty (30) days prior written notice by certified mail, return receipt requested, to the County.

At any time during the term of this Agreement, the County may require the Contractor to provide proof of the insurance coverages or policies required under this Agreement.

## **SECTION X - TERMINATION**

### **A. For Cause**

If, through any cause, the Contractor fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, conditions, or stipulations of this Agreement, the County shall thereupon have the right to immediate termination and specifying the effective date thereof.

### **B. For Convenience**

The County may terminate the Agreement at any time by giving written notice as specified herein to the other party, which notice shall be given at least thirty (30) days prior to the effective date of the termination. If the Agreement is terminated by the County, the Contractor will be paid an amount that bears the same ratio to the total compensation as the services actually performed bear to the total services the Contractor was to perform under the Agreement, less payments previously made to the Contractor under the Agreement.

## **SECTION XI - MUTUAL UNDERSTANDINGS**

### **A. Jurisdiction and Venue**

The laws of the State of Colorado shall govern as to the interpretation, validity, and effect of this Agreement. The parties agree that jurisdiction and venue for any disputes arising under this Agreement shall be with the 17<sup>th</sup> Judicial District Court of Adams County, Colorado.

### **B. Compliance with Laws**

During the performance of this Agreement, the Contractor agrees to strictly adhere to all applicable federal, state, and local laws, rules and regulations, including all licensing and permit requirements. The parties hereto aver that they are familiar with § 18-8-301, et seq., C.R.S. (Bribery and Corrupt Influences), as amended, and § 18-8-401, et seq., C.R.S. (Abuse of Public Office), as amended, and that no violation of such provisions are present. Without limiting the generality of the foregoing, the Contractor expressly agrees to the extent applicable to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when exposed to or provided with any data or records under this contract that are considered to be "Protected Health Information."

### **C. Record Retention**

The Contractor shall maintain records and documentation of the services provided under this Agreement, including fiscal records, and shall retain the records for a period of three (3) years from the date this Agreement is terminated. Said records and documents shall be subject at all reasonable times to inspection, review, or audit by authorized federal, state, or county personnel.

### **D. Assignability**

Neither this Agreement, nor any rights hereunder, in whole or in part, shall be assignable or otherwise transferable by the Contractor without the prior written consent of the County.

E. Waiver

Waiver of strict performance or the breach of any provision of this Agreement shall not be deemed a waiver, nor shall it prejudice the waiving party's right to require strict performance of the same provision, or any other provision in the future, unless such waiver has rendered future performance commercially impossible.

F. Force Majeure

Neither party shall be liable for any delay or failure to perform its obligations hereunder to the extent that such delay or failure is caused by a force or event beyond the control of such party including, without limitation, war, embargoes, strikes, governmental restrictions, riots, fires, floods, earthquakes, or other acts of God.

G. Notice

Any notices given under this Agreement are deemed to have been received and to be effective: (1) three (3) days after the same shall have been mailed by certified mail, return receipt requested; (2) immediately upon hand delivery; or (3) immediately upon receipt of confirmation that a facsimile was received. For the purposes of this Agreement, any and all notices shall be addressed to the contacts listed below:

For the County:

Adams County Purchasing                      and  
4430 South Adams County Parkway  
Contact Person: Liz Estrada  
Brighton, CO 80601  
Phone: 720 523-6052  
Fax: 720.523.6058  
For the Contractor:

Adams County Attorney's Office  
4430 South Adams County Parkway Avenue  
Brighton, Colorado 80601  
Phone: 720. 523-6116  
Fax: 720.523-6114

Corizon Health, Inc.  
105 Westpark Drive, Suite 200  
Brentwood, TN 37027  
Attn: Rodney Holliman, President  
Phone: 615-373-3100  
Fax: 615-376-9662

Corizon Health, Inc.  
105 Westpark Drive, Suite 200  
Brentwood, TN 37027  
Attn: General Counsel  
Phone: 615-376-1317  
Fax: 615-376-1332

H. Integration of Understanding

This Agreement contains the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by the parties hereto.

I. Severability

If any provision of this Agreement is determined to be unenforceable or invalid for any reason, the remainder of this Agreement shall remain in effect, unless otherwise terminated in accordance with the terms contained herein.

J. Authorization

Each party represents and warrants that it has the power and ability to enter into this Agreement, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the Parties have caused their names to be affixed hereto.

BOARD OF COUNTY COMMISSIONERS  
ADAMS COUNTY, COLORADO

[Signature]  
Chair

4-9-12  
Date

ATTEST:  
KAREN LONG  
CLERK AND RECORDER

[Signature]  
Deputy Clerk



APPROVED AS TO FORM:

[Signature]  
Adams County Attorney's Office

CORIZON HEATHLH, INC.

[Signature]  
Name J.B.

3/30/2012  
Date

PRESIDENT, COMMUNITY CORRECTIONS  
Title

Signed and sworn to before me on this 30 day of March, 2012 by

[Signature]  
[Signature]  
Notary Public

My commission expires on: 11/17/14

APPROVED AS TO FORM  
by LEGAL DEPT.

[Signature]



CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, *et. seq.*, effective August 7, 2006, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien and that the Contractor has participated or attempted to participate in the Basic Pilot Program, (created in Pub.L. 104-208, as amended, and expanded in Pub.L. 108-156, as amended, that is administered by the United States Department of Homeland Security), in order to verify that it does not employ any illegal aliens.

CONTRACTOR:

Corizon Health, Inc.  
Company Name

3/30/2012  
Date

Rodney Holtzman  
Name (Print or Type)

Rodney Holtzman  
Signature

PRESIDENT, COMMUNITY CORRECTIONS

Title

Note: Registration for the Basic Pilot Program can be completed at: <https://www.vis-dhs.com/employerregistration> . It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering.

EXHIBIT "B"

Attachment A

PRICE PROPOSAL FORM  
OPTION ONE

Based on \$600,000 Annual Aggregate Cap for Offsite Services,

\$20,000 for HIV/AIDS meds and labs & \$20,000 for Hep-C meds and treatment

	April 1, 2010 through December 31, 2010 (9 months)	Year Two (12 months)	Year Three (12 months)
Staffing *	\$ 2,362,126	\$ 3,248,224	\$ 3,365,570
Consulting / Specialty Care (Offsite)	\$ 126,575	\$ 168,000	\$ 168,000
Inpatient Hospitalization	\$ 253,151	\$ 336,000	\$ 336,000
Hospital Emergency Care Costs	\$ 72,329	\$ 96,000	\$ 96,000
Pharmaceuticals	\$ 293,727	\$ 407,655	\$ 430,074
On-Site Diagnostic	\$ 66,057	\$ 91,182	\$ 94,830
Supplies	\$ 45,782	\$ 63,196	\$ 65,724
Misc. Expenses **	\$ 258,361	\$ 366,048	\$ 399,156
General Administrative & Operating Costs	\$ 233,697	\$ 320,578	\$ 332,089
Profit	\$ 131,037	\$ 179,296	\$ 185,998
Total Contract Cost	\$ 3,842,842	\$ 5,276,179	\$ <del>5,473,441</del> \$ 5,276,179

\* Staffing includes mental health subcontractor costs of \$303,604, \$416,949 and \$429,458 for the 9-month, Year Two and Year Three contract periods, respectively.

\*\* Misc. Expenses includes malpractice insurance, bond expense, equipment escrow, state, local, and federal tax allocation.



November 29, 2011

Lt. Chris Laws  
Adams County Sheriff's Office  
Jail Division  
150 North 19<sup>th</sup> Avenue  
Brighton, CO 80601

Re: 2012 Contract Renewal

Dear Lt. Laws,

First, let me say that Corizon holds this partnership in high esteem and wants to continue to work through issues like the budget as they occur. As we provided this fall, Corizon will forego the increase in the contract and hold our revenue as it was in 2011.

Per our call, it is with great honor to know that you will be renewing our contract for 2012. The Corizon team is committed to work together to meet your needs. We continue to look for other areas to improve and welcome suggestions.

I look forward to working with you and Adams County in 2012.

Respectfully,

A handwritten signature in black ink that reads "Joanna B. Garcia". The signature is fluid and cursive.

Joanna B. Garcia  
Vice President, Operations

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/7/2012

**PRODUCER**  
DENISE D. BARNES  
HEALTHCARE LIABILITY SOLUTIONS, INC.  
840 GESSNER, SUITE 500  
HOUSTON, TX 77024  
PH: 800-732-8619 FAX: 713-343-5025

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
VALITAS HEALTH SERVICES, INC.  
CORIZON HEALTH, INC.  
105 WESTPARK DRIVE, SUITE 200  
BRENTWOOD, TN 37027

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	LEXINGTON INSURANCE COMPANY	19437
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR #NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	6797142	01/01/12	01/01/13	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								
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$6,000,000								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$ N/A OTHER THAN AUTO ONLY: EA ACC \$ N/A AGG \$ N/A								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A \$ N/A \$ N/A \$ N/A								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ N/A	E.L. DISEASE - EA EMPLOYEE	\$ N/A	E.L. DISEASE - POLICY LIMIT	\$ N/A
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$ N/A												
E.L. DISEASE - EA EMPLOYEE	\$ N/A												
E.L. DISEASE - POLICY LIMIT	\$ N/A												
A	<b>OTHER PRIMARY MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE</b>	6797138	01/01/12	01/01/13	SEE BELOW								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 \$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  
 \$35,000,000 POLICY AGGREGATE

LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY  
 THE CERTIFICATE HOLDER IS AN ADDITIONAL 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. THIS CERTIFICATE OF INSURANCE REPLACES AND SUPERCEDES THE CERTIFICATE PREVIOUSLY ISSUED ON 12/29/2011 FOR THE POLICY PERIOD ABOVE.

## CERTIFICATE HOLDER

ADAMS COUNTY DETENTION CENTER  
150 N 19TH AVENUE  
BRIGHTON, CO 80601

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE







# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/29/2011

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. St. Louis MO Office 8182 Maryland Avenue St Louis MO 63105 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext.): (866) 283-7122		FAX (A/C. No.): (847) 953-5390
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> Corizon Health, Inc. 105 Westpark Drive, Suite 200 Brentwood TN 37027 USA	<b>INSURER A:</b> Hartford Fire Insurance Co.		19682
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 570044879977**      **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.      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Collision Ded.\$1000 <input checked="" type="checkbox"/> Comp. Ded.\$500			84 DEN RY4947 K3	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

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

### CERTIFICATE HOLDER

### CANCELLATION

Adams County Detention Center, CO 150 N. 19th Ave. Brighton CO 80601 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  <i>Aon Risk Services Central, Inc.</i>
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