Legistar File ID No. A 21-219 Agenda Item No. 55



Monterey County Board of Supervisors

Board Order

168 West Alisal Street, 1st Floor Salinas, CA 93901 831.755.5066 www.co.monterey.ca.us

A motion was made by Supervisor Chris Lopez, seconded by Supervisor Mary L. Adams to:

Agreement No.: A-14944; Amendment No.: 2

a. Approve and authorize the Contracts/Purchasing Officer or Contracts/ Purchasing Supervisor to sign Amendment No. 2 to Agreement A-14944 with GEO Reentry Services, LLC, in the amount of \$367,152, for a total not to exceed amount of \$3,381,141, to consolidate services of the Day Reporting Center and post incarceration reentry services to adult offenders under Probation supervision under one contract for the term July 1, 2021 through August 31, 2023.

PASSED AND ADOPTED on this 8th day of June 2021, by roll call vote:

AYES: Supervisors Alejo, Phillips, Lopez, Askew and Adams NOES: None ABSENT: None (Government Code 54953)

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting June 8, 2021.

Dated: May 14, 2021 File ID: A 21-219 Agenda Item No.: 55 Valerie Ralph, Clerk of the Board of Supervisors County of Monterey, State of California

Julian Lorenzana, Deputy

AMENDMENT #2 TO AGREEMENT # A-14944 BY AND BETWEEN COUNTY OF MONTEREY & GEO REENTRY SERVICES, LLC

THIS AMENDMENT is made to the Agreement for the provision of services to adult offenders participating in the Day Reporting Center by and between **GEO REENTRY SERVICES**, **LLC**, hereinafter "CONTRACTOR", and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "County" (collectively, "the Parties").

WHEREAS, the County and CONTRACTOR first entered into the Agreement on September 1, 2020 by board action for the term September 1, 2020 through August 31, 2023, not to exceed \$1,004,663 annually, for a total of \$3,013,989; and

WHEREAS, Agreement was amended by the Parties on December 15, 2020 (hereinafter, "Amendment No. 1") to update Exhibit A with the new business location for the Day Reporting Center Services, effective January 1, 2021; and

WHEREAS, effective July 1, 2021, the County and CONTRACTOR desire to amend the Agreement, to consolidate services of the Day Reporting Center and post incarceration reentry services for adult offenders under Probation supervision under one contract and one location; and

WHEREAS, the Parties wish to add Exhibit A-1, Scope of Services/Payment Provisions, and increase the Agreement's amount by \$367,152, for a total not to exceed amount of \$3,381,141, for the term July 1, 2021 through August 31, 2023, to allow CONTRACTOR to provide services identified and as amended in the Agreement.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the Agreement, effective July 1, 2021, as follows:

1. Section, 1.0, "General Description" shall be amended to read:

The County hereby engages CONTRACTOR to perform and CONTRACTOR hereby agrees to perform the services described in Exhibit A and Exhibit A-1, inconformity with the terms of this Agreement. The goods and/or services are generally described as follows:

Provide services to adult offenders under Probation and Parole supervision in a Day Reporting Center (DRC) model, pursuant to RFP#10760; and effective July 1, 2021, provide post incarceration reentry services to adult offenders under Probation supervision.

2. Section 2.0, "Payment Provisions" shall be amended to read:

County shall pay the CONTRACTOR in accordance with the payment provisions set for the in Exhibits A, and A-1, subject to the limitations set forth in this Agreement. The total amount

Amendment No. 2 to Agreement GEO Reentry Services, LLC Adult Day Reporting Center September 1, 2020 – August 30, 2023 Not to Exceed: \$3,381,141 payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$3,381,141.

3. Section 4.0, "Scope of Services and Additional Provisions" shall be amended to read:

The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

Exhibit A – Scope of Services/Payment Provisions Exhibit A-1 – Scope of Services/Payment Provisions – Reentry Services

- 4. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 2 and shall continue in full force and effect as set forth in the Agreement.
- 5. This Amendment No. 2 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
- 6. The recitals to this Amendment No. 2 are incorporated into the Agreement and this Amendment No.2.

Page 2 of 3

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 2 to the Agreement which shall be effective as of the last date written below.

MONTEREY COUNTY	CONTRACTOR_DocuSigned by:			
Debra Wilson, Contracts/Purcha	ising, Supervisor Derrick D. Schofield			
Department Head	Signature of Chair, President, or Vice-President			
Dated: 6/14/2021 12:27 PM PDT	Derrick D. Schofield, PHD, Vice President-Reentry Services			
Approved as to Fiscal Provisions: Gary Gibowy	Printed Name and Title 5/14/2021 6:05 AM PDT Dated:			
Deputy Auditor/Controller	By:			
Dated: 5/17/2021 4:18 PM PDT	(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer) *			
Approved as to Liability Provisions:	Beth Crews, Vice President & Asst. Secretary			
	Printed Name and Title			
Risk Management	Dated: 5/17/2021 3:20 PM PDT			
Dated:				
Approved as to Form: DocuSigned by:				
Anne K. Brereton				
Deputy County Counsel				
5/17/2021 4:15 PM PDT Dated:				

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

EXHIBIT A-1 – SCOPE OF SERVICES/PAYMENT PROVISIONS-REENTRY SERVICES

A. SCOPE OF WORK

Al. CONTRACTOR MINIMUM WORK PERFORMANCE PERCENTAGE:

A.1.1 CONTRACTOR shall perform with his own organization contract work amounting to not less than fifty (50) percent of the original total contract price, except that any designated 'Specialty Items' may be performed by subcontract and the amount of any such 'Specialty Items' so performed may be deducted from the original total AGREEMENT price before computing the amount of work required to be performed by CONTRACTOR with its organization.

A2. COUNTY RESPONSIBILITIES

- A.2.1 COUNTY shall refer all program participants to CONTRACTOR.
- A.2.2 COUNTY shall reserve sole right to set target population parameters.
- A.2.3 COUNTY shall complete Risk assessments on all participants referred to the program by Probation utilizing the Ohio Risk Assessment (ORAS).
 A.2.3.1 COUNTY shall refer participants assessed as moderate/high or high risk and deemed appropriate for the program.
- A.2.4 CONTRACTOR shall provide the location to provide services.
 - A.2.4.1 COUNTY shall provide a login to CONTRACTOR to access the client management system as determined by Probation.
 - A.2.4.2 COUNTY shall provide training to CONTRACTOR on use of data entry system on client management system as determined by Probation.

A3. PROGRAMMING REQUIREMENTS

- A.3.1 CONTRACTOR shall provide short term, multi-disciplinary services as part of the reentry program.
 - A.3.1.1 Program participants may include both men and women. Classes are not separated by gender.
 - A.3.1.2 The services shall include Orientation, Assessment and Individualized Service Plan, Substance Abuse Education, Anger Management, Cognitive and Life Skills Development, Parenting and Family

Reintegration, Budgeting, Money Management, Job Readiness and Parenting Skills.

- A.3.2 Orientation, Assessment, and Individualized ServicePlan:
 - A.3.1.3 CONTRACTOR shall conduct individual assessments to determine the participant's temperament, learning style, and motivation.
 - A.3.1.4 CONTRACTOR shall develop a service plan with the participant to address attainable goals.
- A.3.3 Substance Abuse Education/Programming:
 - A.3.3.1 Programming shall include education, self-awareness training and relapse prevention.
- A.3.4 Anger Management:
 - A.3.4.1 CONTRACTOR shall provide evidence-based programming to assist in reducing and redirecting stress and tension which result in aggressive behaviors.
- A.3.5 Cognitive and Life Skills Development:
 - A.3.5.1 CONTRACTOR shall provide curriculum designed to encourage offenders to adopt apositive, law-abiding lifestyle.
 - A.3.5.2 Curriculum shall be based on cognitive-behavioral techniques.
- A.3.6 Parenting Skills and Family Reintegration:
 - A.3.6.1 CONTRACTOR shall provide curriculum related to reintegration with family, positive social support, and parenting.
 - A.3.6.2 The training shall be based on cognitive-behavioral techniques.
 - A.3.6.3 Service shall offer a parenting component with techniques and strategies for successful parenting.
- A.3.7 CONTRACTOR shall provide programming that uses evidencebased cognitive behavior interventions, address criminogenic needs, and be designed to reduce recidivism.
 - A.3.7.1 Programming shall have a daily classroom capacity of up to thirty-five (35) participants.
 - A.3.7.2 Program shall be provided during normal business hours (9am through 3:30pm).
 - A.3.7.3 Program curriculum shall be designed to run for one (1) month, approximately twenty (20) business days.
 - A.3.7.4 CONTRACTOR shall provide a minimum of two (2) staff to conduct all program activities.

- A.3.8 CONTRACTOR shall provide monitoring and treatment services in a classroom structure five (5) days a week, Monday through Friday. All County holidays will be observed.
- A.3.9 CONTRACTOR shall provide annual training to Staff on cognitive curriculum techniques by cognitive behavioral trainers recognized by the Probation department to be experts in the field.
 - A.3.9.1 CONTRACTOR shall provide a minimum of ten (10) hours annually of ongoing training on cognitive behavioral curriculum and maintain records of such trainings.
- A.3.10 CONTRACTOR shall, consistent with applicable law, inform the Office of the Chief of Probation within two (2) business days of any personnel issues which would reasonably be expected to impact the level of services or undermine the integrity of the goals of the program.
- A.3.11 CONTRACTOR shall provide on-site lunch daily to participants. Meals shall be provided in the classroom. Meals shall not be prepared on-site.
- A.3.12 CONTRACTOR shall cooperate with any evaluation and allow access to program or activities for the purpose of fulfilling grant or Countymandates.
- A.3.13 CONTRACTOR shall provide bus passes as needed to assist participants who have transportation barriers in order to facilitate their program attendance and participation.

A4. **REFERRAL SERVICES**

- A.4.1 CONTRACTOR shall maintain a listing of community resources where program participants can be referred.
- A.4.2 CONTRACTOR shall develop collaborative contacts with community providers involved in working with this population.

A5. IMMEDIATE NOTIFICATION

- A.5.1 Program staff shall immediately notify COUNTY of any problems that would jeopardize public safety or the offender's continuation in the program including:
 - A.5.1.1 Failure to report and follow daily schedules.
 - A.5.1.2 Failure to participate in required activities.
 - A.5.1.3 New arrests.
 - A.5.1.4 Being under the influence of drugs or alcohol.
 - A.5.1.5 Any other behaviors that are unmanageable, disruptive or might pose a public risk.

A6. **PERFORMANCE OUTCOMES AND EVALUATION**

- A.6.1 CONTRACTOR shall collect data for the following reports, which include, but are not limited to:
 - A.6.1.1 <u>Daily statistical report</u>: A daily attendance log that includes the time of arrival for all participants and their signature.
 - A.6.1.2 Daily attendance logs must be submitted to the COUNTY daily.
 - A.6.1.3 <u>Discharge Report:</u> When a participant is discharged from the program, a discharge report shall be completed and sent to the assigned Deputy Probation Officer and Probation Services Manager. This report shall include, but not be limited to: Name and Date of Birth; History in the Program, including attendance and compliance and non-compliance; Date of termination, reason, and recommendations for additional services or programs.
 - A.6.1.4 Engage and participate with the Department in client satisfaction surveys for program participants or additional opportunities for program evaluation.
- A.6.2 CONTRACTOR shall enter all program data into client management system as determined by Probation and as provided through the Probation Department.
 - A.6.2.1 CONTRACTOR shall track the number of clients served annually, demographic information and outcomes related to program completion or lack thereof.

B. Pricing

- Bl. County shall pay an amount not to exceed \$169,454 for each year of the agreement for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Work. CONTRACTOR's compensation for services rendered shall be based on the following rates or in accordance with the following terms:
- B2. Flat monthly rate of \$13,223.25 plus actual monthly expenditures for client bus passes and client lunches.
 CONTRACTOR reimbursable expenses in aggregate for client bus passes and client lunches shall not exceed \$10,775 per each year of the agreement.

- B3. Contractor shall charge eligible expenses as allocated by line item for bus passes and meals. However, funding could be reallocated between these line items upon request and justification by the Contractor and written approval by the Office of the Chief (or designee), providing that the total contract amount remain unchanged, and Overhead/ Indirect/Administrative costs are excluded from any reallocation.
- B4. Contractor shall invoice County for monthly costs as listed below:

COSTS	Monthly	Yearly
	Amount	Amount
A. PERSONNEL SALARIES	\$5,772	\$69,264
B. FRINGE BENEFITS	\$1,701	\$20,412
C. OPERATING DIRECT COSTS	\$4,100.75	\$49,209
a. Bus Passes	Cost of Passes	\$4,175
D. SUBCONTRACTORS	\$1.75/meal	\$6,600
E. OVERHEAD/INDIRECT/ADMINISTRATIVE	\$549.50	\$6,594
COSTS		
F. ANNUAL RENT	\$1,100	\$13,200
Total Yearly Amount		\$169,454
		e
Fiscal Year 2021-22		\$169,454
Fiscal Year 2022-23		\$169,454
Fiscal Year 2023: July 1, 2023 – August 31, 2023		Not to
		exceed
		\$28,244
Total		\$367,152

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
12/15/2020

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE					E		MM/DD/YYYY) 15/2020				
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).											
	DUCE	·	5 10 11						on Certificate Cente	r	
Willis Towers Watson Southeast, Inc.					PHONE (A/C, No.	(A/C, No, Ext): 1-077-945-7378 (A/C, No): 1-000-407-2378				467-2378	
P.O. Box 305191 P.O. Box 305191 Sashville, TN 372305191 USA E-MAL ADDRESS: certificates@willis.com INSURFR(c) AFFORDING COVER											
nab		INSURER(S) AFFORDING COVERAGE INSURERA: National Union Fire Insurance Comp					vofP	NAIC # 19445			
INSURED				INSURER A: National onion file insurance company INSURER B: Steadfast Insurance Company				26387			
The GEO Group Inc and All Subsidiaries						surance Company		23841			
		entry Services, LLC; Cornell (Achnology Way	ompanı	es; B	I, Inc				ty Insurance Compan	у	25445
Вос	a Ra	ton, FL 33431				INSURE			Insurance Company		23817
						INSURE	RF: America	an Home Ass	surance Company		19380
СО	VER	RAGES C	ERTIFI	CATE	E NUMBER: W19202850				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.								/HICH THIS			
INSR LTR		TYPE OF INSURANCE	ADDI INSC	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
	×	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	5,000,000
A	×	Medical Professional							MED EXP (Any one person)	\$	0
	×	Civil Rights	Y	Y	1729003		10/01/2020	10/01/2021	PERSONAL & ADV INJURY	\$	5,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	5,000,000
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	×	ANY AUTO							BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS ONLY	Y	Y	4594443		10/01/2020	10/01/2021	BODILY INJURY (Per accident)\$	
	×	HIRED AUTOS ONLY X NÓN-ÓWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$	
в	×	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	25,000,000
_		EXCESS LIAB CLAIMS-M	DE		IPR 3792274-06		10/01/2020	10/01/2022	AGGREGATE	\$	25,000,000
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		RKERS COMPENSATION							× PER OTH- STATUTE ER		
C		PROPRIETOR/PARTNER/EXECUTIVE	0 N/A	Y	045886831 (AOS)		10/01/2020 10/0	020 10/01/2021	E.L. EACH ACCIDENT	\$	2,000,000
	(Mar	ndatory in NH)			,				E.L. DISEASE - EA EMPLOYER	\$	2,000,000
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		2,000,000
в	Pro	ofessional Liability			IPR 3792303-08		10/01/2020	10/01/2021		\$3,000	
									Annual Aggregate	\$3,000	,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Monterey County Day Reporting Center, 128 Sun Street, 2nd Floor, Salina, CA 93901 General Liability: Contractual Liability is provided per form CG0001 - Commercial General Liability. Coverage includes Severability of interest and Cross Suits. Sexual Molestation - Physical Abuse is not excluded under the General Liability policy. Blanket Additional Insured is included to Certificate Holder as respects General Liability SEE ATTACHED											
CF	RTIE	FICATE HOLDER				CANC	ELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
No	w i ~	Dartners IIC & Ericd-i-h	Fator	nria	A T D	AUTHOR	IZED REPRESE	NTATIVE			
Nexis Partners, LLC & Friedrich Enterprises, L.P. P.O. Box 33256											
Los Gatos, CA 95032				Duttike							

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AGENCY CUSTOMER ID:

LOC #:

ACORD [®] AD	DITIONAL REMA	RKS SCHEDULE	Page 2 of 3
AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED The GEO Group Inc and All Subsidiari	les
		GEO Reentry Services, LLC; Cornell C	Companies; BI, Inc
		4955 Technology Way Boca Raton, FL 33431	
See Page 1		BOCA RALON, FL 33431	
CARRIER	NAIC CODE		
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCH			
	ertificate of Liability :	Insurance	
if required by written contract. In provided as respects General Liabilit			er of Subrogation is
Blanket Additional Insured is include contract.	ed to Certificate Holde	r as respect Automobile Liabili	ty if required by written
Blanket Waiver of Subrogation is prov	vided as respects Autom	obile Liability as required by	written contract.
Blanket Waiver of Subrogation is pro- permitted by law.	vided as respects Worke	rs Compensation as required by	written contract, as
Residential, Non-Residential, Report:	ing Centers and Re-Entr	y Programs	
INSURER AFFORDING COVERAGE: National POLICY NUMBER: 4594445 EFF DATE:		ompany of Pittsburgh E: 10/01/2021	NAIC#: 19445
ADDITIONAL INSURED: Y SUBROGATION WAIVED: Y			
TYPE OF INSURANCE: LIM Automobile Liability - VA Only Any Any Auto including Hired & Non-Owned	IT DESCRIPTION: Auto - CSL Limit:	LIMIT AMOUNT: \$5,000,000	
INSURER AFFORDING COVERAGE: National POLICY NUMBER: 4594444 EFF DATE:		ompany of Pittsburgh E: 10/01/2021	NAIC#: 19445
ADDITIONAL INSURED: Y SUBROGATION WAIVED: Y			
	IT DESCRIPTION: pined Single Limit	LIMIT AMOUNT: \$5,000,000	

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ACORD	ADDITIONAL	LREMA	RKS SCHEDULE	Page <u>3</u> of <u>3</u>	
AGENCY			NAMED INSURED		
Willis Towers Watson Southeast, I	nc.	The GEO Group Inc and All Subsidiaries GEO Reentry Services, LLC; Cornell Companies; BI, Inc			
POLICY NUMBER		4955 Technology Way			
See Page 1		Boca Raton, FL 33431			
CARRIER		NAIC CODE			
See Page 1		See Page 1	EFFECTIVE DATE: See Page 1		
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS FORM NUMBER:25 FORM TI	TLE: <u>Certificate of</u>		Insurance		
INSURER AFFORDING COVERAGE: Irc				NAIC#: 25445	
POLICY NUMBER: 004443800 EF	F DATE: 10/01/2020) EXP D	ATE: 10/01/2023		
		_			
TYPE OF INSURANCE:	LIMIT DESCRIPTION	1:	LIMIT AMOUNT:		
Pollution Liability	Each Incident		\$10,000,000		
	Policy Aggregate		\$10,000,000		
	Retention		\$100,000		
INSURER AFFORDING COVERAGE: New POLICY NUMBER: 045886832 (MA OF	-	nce Company ATE: 10/01/		NAIC#: 23841	
SUBROGATION WAIVED: Y					
TYPE OF INSURANCE:	LIMIT DESCRIPTION	۸:	LIMIT AMOUNT:		
Workers Compensation and	Each Accident		\$2,000,000		
Employers Liability -	Disease-Policy L	imit	\$2,000,000		
Per Statute - MA	Disease-Each Empl	Loyee	\$2,000,000		
ADDITIONAL REMARKS: Stop Gap - OH, WA, WY included.					
INSURER AFFORDING COVERAGE: 111	inois National Ing	surance Com	pany	NAIC#: 23817	
POLICY NUMBER: 045886829 (FL)	EFF DATE: 10/01	L/2020	EXP DATE: 10/01/2021		
SUBROGATION WAIVED: Y					
TYPE OF INSURANCE:	LIMIT DESCRIPTION	۷:	LIMIT AMOUNT:		
Workers Compensation and	Each Accident		\$2,000,000		
Employers Liability -	Disease -Policy I	Limit	\$2,000,000		
Per Statute - FL	Disease-Each Empl	Loyee	\$2,000,000		
INSURER AFFORDING COVERAGE: Ame POLICY NUMBER: 045886830 (CA)	erican Home Assuran EFF DATE: 10/01		EXP DATE: 10/01/2021	NAIC#: 19380	
SUBROGATION WAIVED: Y					
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