

ATTACHMENT

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/17/2022

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 Chicago, IL-Hub International Midwest West 55 East Jackson Boulevard Suite 14th Floor Chicago IL 60604 License#: 100290819 WELLPA0001		CONTACT NAME: PHONE (A/C, No, Ext): 312-922-5000 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Wellpath Holdings, Inc. 1283 Murfreesboro Road Suite 500 Nashville TN 37217		INSURER A : Zurich American Insurance Company INSURER B : American Zurich Insurance Company INSURER C : Scottsdale Insurance Company INSURER D : Texas Insurance Company INSURER E : INSURER F :	16535 40142 41297 16543

COVERAGES CERTIFICATE NUMBER: 3301504 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	
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BUQSTRTTN011100_050001_02	3/15/2022	3/15/2023	EACH OCCURRENCE	\$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 3,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			BAP 5252136-07	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HPS0000358	3/15/2022	3/15/2023	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
B A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC5252134-07 (AOS) WC5252135-07 (VI)	10/1/2021 10/1/2021	10/1/2022 10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	<input checked="" type="checkbox"/> MEDICAL PROF LIABILITY (CLAIMS MADE)			BUQSTRTTN011100-050001-02	3/15/2022	3/15/2023	PER LOSS EVENT: AGGREGATE:	\$3,000,000 \$6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella policy applies excess of retained limits.
Santa Barbara County, its officers, officials, employees, agents and volunteers are included as an Additional Insured as respects to General Liability coverage where required by written contract. 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 County of Santa Barbara 105 E. Anapamu Street Santa Barbara CA 93101	CANCELLATION 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 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International Midwest Limited		
POLICY NUMBER		
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

First Excess Policy:

Policy Number: 03127790

Carrier: Allied World Assurance Company (U.S.), Inc.

Effective Dates: 3/15/2022 - 3/15/2023

Per Claim: \$2,000,000

Aggregate Limit: \$2,000,000

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International Midwest Limited		
POLICY NUMBER		
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**

ADDITIONAL NAMED INSURED 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
- 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
- Wellpath Hospital Holdings Company, LLC
- 901 45th Street West Palm Beach Florida Behavioral Health Hospital Company, LLC
- California Community Care Clinics, PC
- Wellpath Community Care Centers of Michigan, P.C.
- Wellpath Community Care Centers of North Carolina, P.C.
- Boynton Beach Florida Behavioral Health Hospital
- Wellpath Community Care Centers of Virginia, LLC
- Wellpath Community Care Centers of Indiana, P.C.