

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/02/2019

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).											
	DUCER				CONTAC		<i>,</i>				
	Marsh USA, Inc.				NAME: PHONE FAX						
	1801 West End Avenue, Suite 1400 Nashville, TN 37203				(A/C, No, Ext): (A/C, No):						
	·				ADDRESS:						
1006	698814AW-19-20				INSURER(S) AFFORDING COVERAGE				NAIC # 40142		
	JRED				INSURER A . American Zanon insurance company						
""	Wellpath Holdings, Inc.				moorten B . Earlen and and a sampling						
	1283 Murfreesboro Road, Suite 500 Nashville, TN 37217				INSURER C:						
	1445111110, 111 07217				INSURER D:						
					INSURER E :						
<u></u>	VEDACES CER	TITIC	`	- NUMBER.	INSURER F:						
				E NUMBER:		004870259-05		REVISION NUMBER: 0	DOLICY DEDICD		
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											
	ERTIFICATE MAY BE ISSUED OR MAY F								LL THE TERMS,		
	XCLUSIONS AND CONDITIONS OF SUCH F	ADDL			REEN K	POLICY EFF	POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:			BAP5252136-05		10/13/2019	10/04/0000	\$ COMBINED SINGLE LIMIT &			
В	AUTOMOBILE LIABILITY			BAP3232130-03		10/13/2019	10/01/2020	(Ea accident)	2,000,000		
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
<u> </u>	DED RETENTION \$			MO5050404 05 (A 00)		40/42/2040	40/04/0000	\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC5252134-05 (AOS)	10/13/2019	10/13/2019	10/01/2020	X PER STATUTE OTH-				
В	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N N / A (Mandatory in NH)		WC5252135-05 (WI)	5252135-05 (WI)		10/01/2020	E.L. EACH ACCIDENT \$	1,000,000			
							E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL nty of Humboldt, its agents, officers, officials, employee								tion is applicable where		
ı	ired by written contract and subject to policy terms and			sers are included as additional insur	ea where	required by writte	in contract with re	spect Auto Liability. Walver of Subroga	tion is applicable where		
CE	RTIFICATE HOLDER				CANCELLATION						
	County of Humboldt										
	Attn: Risk Management				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	825 5th Street, Room 131				ACCORDANCE WITH THE POLICY PROVISIONS.						
	Eureka, CA 95501-0000										
						RIZED REPRESE	NTATIVE				
						of Marsh USA Inc.					

AGENCY CUSTOMER ID: 102698814

LOC #: Nashville



		ARKS 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		1	
THIS ADDITIONAL REMARKS FORM IS A SCHED	UI F TO ACORD FORM		
	tificate of Liability Insur	ance	
	•		
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.			
Southwest Correctional Medical Group, Inc.			
California Forensic Medical Group, Inc. Colorado Correctional Medical Group, PLLC			
Northwest Correctional Medical Group, PLLC			
Southwest Correctional Medical Group, PLLC			
Southeast Correctional Medical Group, PLLC			
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.			
Additional Workers Compensation Policies:			
American Zurich Insurance Company (CMGC PCs) Policy # WC0540754-00			
10/13/19 - 10/01/20			
Workers Compensation - Statutory			

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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

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

Zurich American Insurance Company (CCS PCs)

1/1/19 - 1/1/20

Workers Compensation - Statutory

Employers Liability - 1M/1M/1M

WC0165570-02 - Grand Prairie Health Services, New York Correct Care Solutions Medical Services, CCS Kastre NV Medical Services

WC0165568-02 - Midwest Center, PC

WC0165664-02 - California CCS, PC

WC0165660-02 - Great Peak Healthcare Services, PC

WC0125678-02 - Massachusetts Correction Healthcare Services, PC

WC0165668-02 - New Garden Healthcare PC, Emerald Healthcare Services

WC0165573-02 - Old Empire Dental, Great Peak Dental

WC0165670-02 - Old Empire Psychology, PC

WC0165670-02 - Old Empire Psychology, PC