BID RESPONSE PACKET
710-20-2029

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:	ARKANSAS HEALTHCARE PERSONNEL INC					
Address:	425 N UNIVERSITY					
City:	LITTLE ROCK	State:	AR	Zip Code:	72205	
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☑ Corporation		☐ Public Service Corp ☐ Nonprofit		
Minority and Women-Owned Designation*:	☐ Not Applicable ☐ African American	☐ American Indian ☐ Hispanic American	☐ Asian American ☐ Pacific Islander American	☐ Service Disabled Veteran ☑ Women-Owned		
	AR Certification #: _____	* See *Minority and Women-Owned Business Policy*				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	KATHY EDWARDS	Title:	PRESIDENT/CEO
Phone:	501-666-1825	Alternate Phone:	
Email:	KEDWARDS@AHPNURSES.COM		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☑ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

☑ Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

Authorized Signature: Kathy Edwards *Use Ink Only.* **Title:** PRESIDENT/CEO

Printed/Typed Name: KATHY EDWARDS **Date:** 04/27/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARKANSAS HEALTHCARE PERSONNEL INC	**Date:**	04/27/2020
Signature:	Kathy Edwards	**Title:**	PRESIDENT/CEO
Printed Name:	KATHY EDWARDS		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARKANSAS HEALTHCARE PERSONNEL INC	**Date:**	04/27/2020
Signature:	Kathy Edwards	**Title:**	PRESIDENT/CEO
Printed Name:	KATHY EDWARDS		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

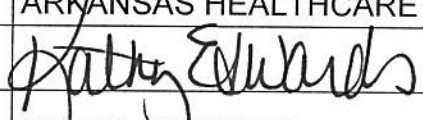
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARKANSAS HEALTHCARE PERSONNEL INC	**Date:**	04/27/2020
Signature:	Kathy Edwards	**Title:**	PRESIDENT/CEO
Printed Name:	KATHY EDWARDS		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARKANSAS HEALTHCARE PERSONNEL INC	**Date:**	04/27/2020
Signature:		**Title:**	PRESIDENT/CEO
Printed Name:	KATHY EDWARDS		

PROPOSED SUBCONTRACTORS FORM

- ***Do not*** *include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☑ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	ARKANSAS HEALTHCARE PERSONNEL INC	**Date:**	04/27/2020
Signature:	Kathy Edwards	**Title:**	PRESIDENT/CEO
Printed Name:	KATHY EDWARDS		

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ YES ☒ NO

SUBCONTRACTOR NAME:

Contractor for which this is a subcontractor:

Estimated dollar amount of subcontract:

TAXPAYER ID NAME: ARKANSAS HEALTHCARE PERSONNEL INC

IS THIS FOR: ☐ **Goods?** ☒ **Services** ☐ **Both?**

YOUR LAST NAME: EDWARDS **FIRST NAME:** KATHY **MI:**

ADDRESS: 425 N UNIVERSITY

CITY: LITTLE ROCK **STATE:** AR **ZIP CODE:** 72205 **COUNTRY:** UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	☐	☐					
Constitutional Officer	☐	☐					
State Board or Commission Member	☐	☐					
State Employee	☐	☐					

☒ **None of the above applies**

FOR A VENDOR (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	☐	☐						
Constitutional Officer	☐	☐						
State Board or Commission Member	☐	☐						
State Employee	☐	☐						

☒ **None of the above applies**

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Kathy Edwards **Title** PRESIDENT/CEO **Date** 04/27/2020

Vendor Contact Person KATHY EDWARDS **Title** PRESIDENT/CEO **Phone No.** 501-666-1825

AGENCY USE ONLY

Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0710	Department of Human Services			

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

ARKANSAS HEALTHCARE PERSONNEL INC

EQUAL OPPORTUNITY POLICY

Arkansas Healthcare Personnel Inc., has established and adopted an Equal Employment Opportunity Employment policy ("EEO"), which is part of the Company's Human Resources Policy. The purpose of this EEO policy is to ensure that all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law

Arkansas Healthcare Personnel Inc., will recruit, hire and promote without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law. The Company will make all decisions of employment with consideration to appropriate principles of Equal Employment and Affirmative Action. Promotional opportunities will be filled based on merit, experience and other job-related criteria. Personnel actions, such as compensation, benefits, transfers, layoffs, company-sponsored training programs, and social and recreational programs, will be administered on a non-discriminatory basis.

Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name	ARKANSAS HEALTHCARE PERSONNEL, INC.
Fictitious Names	
Filing #	100098319
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	425 NORTH UNIVERSITY AVE UNIT A LITTLE ROCK, AR 72201
Reg. Agent	KATHY EDWARDS CPA.PA
Agent Address	425 N UNIVERSITY AVE LITTLE ROCK, AR 72201
Date Filed	08/06/1992
Officers	SEE FILE, Incorporator/Organizer L. TRAY OTT, CPA, Tax Preparer KATHY EDWARDS , President ANGIE MILLER , Vice-President
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation

City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2020 Business License 2020

License is Granted To: KATHEY EDWARDS & ANGELINE MILLER
ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

License Address: ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

Account Number: BL147817 Payment Number: **B23428/84767**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	520.00

Auto Assessment Charge

TOTAL PAID $655.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2020**. Given under my hand this the **11th** day of **December, 2019**.

Scott Massanelli **Treasury Manager** By: **Amanda McKinney**

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas.
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.

City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2019 Business License 2019

License is Granted To: EDWARDS, KATHEY & MILLER, ANGELINE
ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

License Address: ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

Account Number: BL147817

Payment Number: **B21872/83158**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	800.00

Auto Assessment Charge

TOTAL PAID $935.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2019**. Given under my hand this the **7th** day of **January, 2019**.

Scott Massanelli **Treasury Manager** By: **Amanda McKinney**

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

This License:
1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas.
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.

City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2018 Business License 2018

License is Granted To: EDWARDS, KATHEY & MILLER, ANGELINE
ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVENUE
LITTLE ROCK, AR 72205

License Address: ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVENUE
LITTLE ROCK, AR 72205

Account Number: BL147817 Payment Number: **B20264/80890**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	740.00

Auto Assessment Charge

TOTAL PAID $875.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2018**. Given under my hand this the **28th** day of **December, 2017**.

Scott Massanelli **Treasury Manager** By: **Amanda McKinney**

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas.
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.

City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2017 **Business License** 2017

License is Granted To: EDWARDS, KATHEY & MILLER, ANGELINE
ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVENUE
LITTLE ROCK, AR 72205

License Address: ARKANSAS HEALTHCARE PERSONNEL
425 N UNIVERSITY AVENUE
LITTLE ROCK, AR 72205

Account Number: BL147817 Payment Number: **B18675/77892**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP	800.00

Auto Assessment Charge

TOTAL PAID $935.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of January, 2017.
Given under my hand this the 11th day of January, 2017.

Scott Massanelli Treasury Manager By: Amanda McKinney

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations) or the State of Arkansas.

2. Must be posted in a conspicuous place at the business location being licensed.

3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.

ARKANSAS HEALTHCARE PERSONNEL

ARKANSAS HEALTH CENTER

LPN LIST

JASMIN BOOKER	
CYNTHIA BURNS-LEE	
JONATHAN CAMPBELL	
YAZMIN CASTREJON	
AMY CLARK	
FRANCES CLARK	
SHEILA CROW	
TRACY FISHER	
BONNIE FOSTER	
CHRISTI GUILLIAMS	
BETTY GRAVES	
TIFFANY GULLET	
KIMBERLY HASTINGS	
MECHELLE HUNTER	
AMBER JACOBS	
JACKIE JONES	
CHRISTA LARSON	
PATRICIA MARTIN	
ERICA NANCE	
LORI NEAL	
ASHLEY RUTLEDGE	
BRANDY SHELTON	
KENISHA SIMPSON	
LORN STEVENS	
LESLEY STROM	

ARKANSAS HEALTHCARE PERSONNEL

ARKANSAS HEALTH CENTER

CNA LIST

JESSICA ADAIR	
TARA ALLEN	
STACY ARMOSTER	
MARGARET APPLING	
DELORIS AUSTIN	
ANGELA DANIELS	
SHONTAY DEVLIN	
DAVIYON GREEN	
NANCY GREENO	
ANDREA GUENTHER	
CRYSTAL JACKSON	
SAMANTHA LEE	
SHUNATEIA LOWE	
NAKESHA MICKLES	
LESA MITCHELL	
FERNANDO QUINTERO	
KERSTON RATCLIFF	
DENISE SANFORD	
BAILEY SMITH	
ERNESHIA SMITH	
SHERRY SURVEYOR	
CHANDRA WATKINS	
AMBER WEST	
LAKISHA WILLIAMS	
REGINALD WILLIAMS	

ARKANSAS HEALTHCARE PERSONNEL
REFERENCE LIST

Conway Human Development Center
150 E. Siebenmorgen Rd
Conway, Arkansas 72032
Mona Irwin, RN
RN Nurse Manager
Mona.Irwin@dhs.arkansas.gov
501-329-6851 - Main Number
501-336-0508 - Fax Number

Parkway Health Center
14324 Chenal Parkway
Little Rock, Arkansas 72211
Karmel Ancel, RN
RN Nurse Manager
Karmel.Ancel@baptist-health.org
501-202-1645 - Main Number
501-202-1693 - Fax Number

Arkansas State Veterans Home
2401 John Ashley Drive
North Little Rock, Arkansas 72114
Shantel Mitchell, RN
RN Nurse Manager
Shantel.Mitchell@arkansas.gov
501-683-1406 – Main Number
501-682-0357 - Fax Number

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2019

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).

PRODUCER	CONTACT NAME: Kay Freeman	
Insurance Center Inc 2200 Hidden Valley Drive, Suite 300 Little Rock AR 72212-4163	PHONE (A/C, No, Ext): (501) 223-2400	FAX (A/C, No): (501) 223-0611
	E-MAIL ADDRESS: kfreeman@inscntr.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Arkansas HealthCare Personnel, Inc. 425 N. University Little Rock AR 72205	INSURER A: United Fire & Casualty Company	13021
	INSURER B: National Liability & Fire Ins. Co.	
	INSURER C: Admiral Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19-20 all **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	
C	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CO000003465-03	09/16/2019	09/16/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			60406814	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		V9WC039788	12/06/2019	12/06/2020	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional Liability Retro 9/1/2003			CO000003465-02	09/16/2019	09/16/2020	Each Claim Gen Aggregate	$1,000,000 $3,000,000

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

Sexual misconduct liability $1,000,000 each claim/ $1,000,000 aggregate.

CERTIFICATE HOLDER

To Whom It May Concern

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