STATE OF HAWAII

SUPPLEMENTAL CONTRACT NO. 5

TO CONTRACT 55331

(Insert contract number or other identifying information)

This Supplemental Contract No. 5, executed on the respective dates indicated below, is effective as of October 7, 2008, between the Department of Public Safety, State of Hawaii
(Insert name of state department, agency, board or commission)
("STATE"), by its Director,
(Insert title of state officer executing contract)
(hereafter also referred to as the HEAD OF THE PURCHASING AGENCY or designee ("HOPA")), whose address is 919 Ala Moana Boulevard, Room 400, Honolulu, Hawaii 96814, and the City of Eloy (Provider) and Corrections Corporation of America (Provider's Administrator, "PA") ("CONTRACTOR"), a government entity and its administrator, a corporation
(Insert corporation, partnership, joint venture, sole proprietorship, or other legal form of the CONTRACTOR)
under the laws of the State of Arizona (Provider) & Maryland (PA), whose business address and federal and state taxpayer identification numbers are as 628 North Main Street, Eloy, AZ 85231; 10 Burton Hills Boulevard, Nashville, TN 37215; FEIN: [redacted] and FEIN [redacted] respectively

RECITALS

A. WHEREAS, the STATE and the CONTRACTOR entered into Contract 55331 (PSD ref: PSD 06-ID/MB-54)
(Insert contract number or other identifying information)
dated June 30, 2006, which was amended by Supplemental Contract No(s) 1, 2, 3 and 4
February 05 2007
June 28 2007
November 8 2007
dated June 12, 2008 (hereafter collectively referred to as "Contract ") whereby the CONTRACTOR agreed to provide the goods or services, or both, described in the Contract; and

B. WHEREAS, the parties now desire to amend the Contract.

NOW, THEREFORE, the STATE and the CONTRACTOR mutually agree to amend the Contract as follows: (Check Applicable box(es))

☐ Amend the SCOPE OF SERVICES according to the terms set forth in Attachment- which is made a part of the Contract.

☒ Amend the COMPENSATION AND PAYMENT SCHEDULE according to the terms set forth in Attachment-S2, which is made a part of the Contract.

☐ Amend the TIME OF PERFORMANCE according to the terms set forth in Attachment-S3, which is made a part of the Contract.

☒ Amend the SPECIAL CONDITIONS according to the terms set forth in Attachment-S6 SUPPLEMENTAL SPECIAL CONDITIONS, which is made a part of the Contract.

A tax clearance certificate from the State of Hawaii ☐ is ☒ is not required to be submitted to the STATE prior to commencing any performance under this Supplemental Contract.

A tax clearance certificate from the Internal Revenue Service ☐ is ☒ is not

to be submitted to the STATE prior to commencing any performance under this Supplemental

The entire Contract, as amended herein, shall remain in full force and effect.

IN VIEW OF THE ABOVE, the parties execute this Contract by their signatures, on the below, to be effective as of the date first above written.

STATE

(Signature)

Clayton A. Frank
(Print Name)

Director
(Print Title)

12/16/08
(Date)

PROVIDER

CITY OF ELOY
(Name of Contractor)

(Signature)

FRANK C. ACUNA III
(Print Name)

VICE-MAYOR
(Print Title)

October 27, 2008
(Date)

PROVIDER'S ADMINISTRATOR

CORPORATE SEAL
(If available)

CORRECTIONS CORPORATION OF AMERICA
(Name of Contractor)

(Signature)

Anthony L. Grande
(Print Name)

EVP, Chief Development Officer*
(Print Title)

October 22, 2008
(Date)

APPROVED AS TO FORM:

Deputy Attorney General

* Evidence of authority of the CONTRACTOR'S representative to sign this Contract for the CONTRACTOR must be attached.

STATE OF HAWAII

PROVIDER'S ADMINISTRATOR ACKNOWLEDGMENT

STATE OF Tennessee)
) SS.
Nashville - COUNTY OF Davidson)

On this 22 day of October, 2008 before me appeared Anthony L. Grande and —, to me known, to be the person(s) described in and, who, being by me duly sworn, did say that he/~~she/they~~ is/~~are~~ EVP/Chief Development Officer and — of CORRECTIONS CORPORATION OF AMERICA, the PROVIDER'S ADMINISTRATOR named in the foregoing instrument, and that he/~~she/they~~ is/~~are~~ authorized to sign said instrument on behalf of the PROVIDER'S ADMINISTRATOR, and acknowledges that he/she/they executed said instrument as the free act and deed of the PROVIDER'S ADMINISTRATOR.

DARLA J. MCALLISTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(Notary Seal)

Darla J McAllister
(Signature)
DARLA J McALLISTER
(Print Name)

Notary Public, State of TENNESSEE

My commission expires: 9/03/2012

CERTIFICATE OF THE SECRETARY
OF
CORRECTIONS CORPORATION OF AMERICA

The undersigned, G. A. Puryear IV, the Secretary of Corrections Corporation of America, hereby certifies that he has been duly elected, is qualified and is acting in such capacity and that, as such, he is familiar with the matters herein certified and is duly authorized to certify the same, and further certifies that:

Anthony L. Grande, is a duly appointed, qualified and acting Senior Vice President of the Company, and, in such capacity, is authorized to respond to and enter into, in the name and on behalf of the Company, any and all contracts for the operation and management of correctional and detention facilities by the Company.

IN WITNESS WHEREOF, the undersigned has signed this Certificate as of the 16th day of April, 2008.

G. A. Puryear, IV

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was acknowledged before me on this the 16th day of April, 2008, by G. A. Puryear, IV, who is personally known to me.

NOTARY PUBLIC
My commission expires:

ALICE ROGAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 3, 2011

CERTIFICATE OF THE SECRETARY
OF
CORRECTIONS CORPORATION OF AMERICA

The undersigned, G. A. Puryear IV, the Secretary of Corrections Corporation of America, hereby certifies that he has been duly elected, is qualified and is acting in such capacity and that, as such, he is familiar with the matters herein certified and is duly authorized to certify the same, and further certifies that:

Lucibeth Mayberry, is a duly appointed, qualified and acting Vice President of the Company, and, in such capacity, is authorized to respond to and enter into, in the name and on behalf of the Company, any and all contracts for the operation and management of correctional and detention facilities by the Company.

IN WITNESS WHEREOF, the undersigned has signed this Certificate as of the 16th day of April, 2008.

G. A. Puryear, IV

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was acknowledged before me on this the 16th day of April, 2008, by G.A. Puryear IV, who is personally known to me.

NOTARY PUBLIC
My commission expires

ALICE ROGAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 3, 2011

STATE OF HAWAII

PROVIDER'S ADMINISTRATOR'S STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of CORRECTIONS CORPORATION OF AMERICA, PROVIDER'S ADMINISTRATOR, the undersigned does declare as follows:

1. PROVIDER'S ADMINISTRATOR ☐ is* ☒ is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. PROVIDER'S ADMINISTRATOR has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. PROVIDER'S ADMINISTRATOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. PROVIDER'S ADMINISTRATOR has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

PROVIDER'S ADMINISTRATOR understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

PROVIDER'S ADMINISTRATOR

By _____ (Signature)

Print Name Anthony L. Grande

Print Title EVP/Chief Development Officer

Name of PROVIDER'S ADMINISTRATOR CORRECTIONS CORPORATION OF AMERCA

Date October 22, 2008

* Reminder to Agency: If the "is" block is checked and if the Contract involves goods or services of a value in excess of $10,000, the Contract must be awarded by competitive sealed bidding under section 103D-302, HRS, or a competitive sealed proposal under section 103D-303, HRS. Otherwise, the Agency may not award the Contract unless it posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

STATE OF HAWAII

PROVIDER'S STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of CITY OF ELOY, PROVIDER, the undersigned does declare as follows:

1. PROVIDER ☐ is* ☒ is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. PROVIDER has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. PROVIDER has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. PROVIDER has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

PROVIDER understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

PROVIDER

By _____
(Signature)

Print Name FRANK C. ACUNA III

Print Title VICE-MAYOR

Name of PROVIDER City of Eloy

Date October 27, 2008

* Reminder to Agency: If the "is" block is checked and if the Contract involves goods or services of a value in excess of $10,000, the Contract must be awarded by competitive sealed bidding under section 103D-302, HRS, or a competitive sealed proposal under section 103D-303, HRS. Otherwise, the Agency may not award the Contract unless it posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

STATE OF HAWAII

PROVIDER'S ACKNOWLEDGMENT

STATE OF ARIZONA)
) SS.
COUNTY OF PINAL)

On this 27th day of October, 2008 before me appeared FRANK C. ACUNA III and _____, to me known, to be the person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are Vice-Mayor and _____ of CITY OF ELOY, the PROVIDER named in the foregoing instrument, and that he/she/they is/are authorized to sign said instrument on behalf of the PROVIDER, and acknowledges that he/she/they executed said instrument as the free act and deed of the PROVIDER.

(Notary Seal)
MARY RIDGELL
NOTARY PUBLIC - ARIZONA
PINAL COUNTY
My Comm. Exp.. October 10, 2009

Mary Myers, Mary Ridgell
(Signature)
Mary Myers, Mary Ridgell
(Print Name)
Notary Public, State of Arizona
My commission expires: 10/10/09

Attachment – S2
STATE OF HAWAII

COMPENSATION AND PAYMENT SCHEDULE

COMPENSATION

The contract amount is increased for the following periods: November 27, 2008 up to May 19, 2009 (Red Rock) and May 23, 2009 (Saguaro) by the following amounts:

Housing Per Diem funding is based on the following estimated calculations:

Estimated Time of Performance	Facility	Estimated No of inmates	Per diem	Estimated No of days	Estimated Total Cost
FY 09 11/27/08 to 5/19/09	Redrock	75	$ 60.18	174	$ 785,349.00
FY 09 11/27/08 to 05/23/09	Saguaro	1896	$ 60.18	178	$20,310,027.84
			Total Cost		$21,095,376.84

All other terms and conditions remain unchanged.

Attachment – S4

STATE OF HAWAII

CERTIFICATE OF EXEMPTION FROM CIVIL SERVICE

1. By Heads of Departments Delegated by the Director of the Department of Human Resources Development ("DHRD").*

Pursuant to a delegation of the authority by the Director of DHRD, I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to § 76-16, Hawaii Revised Statutes (HRS).

(Signature) (Date) 12/12/08

Clayton A. Frank
(Print Name)

Director
(Print Title)

* This part of the form may be used by all department heads and the heads of attached agencies to whom the Director of DHRD expressly has delegated authority to certify § 76-16, HRS, civil service exemptions. The specific paragraph(s) of § 76-16, HRS, upon which an exemption is based should be noted in the contract file. If an exemption is based on § 76-16(b)(15), the contract must meet the following conditions:

(1) It involves the delivery of completed work or product by or during a specific time;
(2) There is no employee-employer relationship; and
(3) The authorized funding for the service is from other than the "A" or personal services cost element.

NOTE: Not all attached agencies have received a delegation under § 76-16(b)(15). If in doubt, attached agencies should check with the Director of DHRD prior to certifying an exemption under § 76-16(b)(15). Authority to certify exemptions under §§76-16(b)(2), and 76-16(b)(12), HRS, has not been delegated; only the Director of DHRD may certify §§ 76-16(b)(2), and 76-16(b)(12) exemptions.

2. By the Director of DHRD, State of Hawaii.

I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, HRS.

(Signature) (Date)

(Print Name)

(Print Title, if designee of the Director of DHRD)

STATE OF HAWAII

SUPPLEMENTAL SPECIAL CONDITIONS

The following amendment is made to Exhibit A, page 18, Section 17:

FROM: 17. The PA shall exercise conservative care before recommending outside treatment or hospitalization. Except in bona fide emergencies, the PA shall obtain prior written approval from the PSD's Health Care Division before an Inmate is scheduled for hospitalization or other treatment outside of the facility. The PA shall inform the PSD's Health Care Division the nature of the illness or condition, a recommended course of treatment, and the estimated cost of the treatment. The State may authorize the treatment as recommended, or return the Inmate to the State, at its own expense, for the treatment. In the absence of a bona fide emergency, the State shall not be responsible for the costs of outside treatment undertaken without the State's prior written approval. An Inmate's stay in a hospital shall not exceed the usual and customary length of stay for the condition, unless there are documented complications requiring continued treatment in a hospital setting.

TO: 17. The PA shall exercise conservative care before recommending outside treatment or hospitalization. Except in bona fide emergencies, the PA shall obtain prior written approval from the PSD's Health Care Division before an Inmate is scheduled for hospitalization or other treatment outside of the facility. The PA shall inform the PSD's Health Care Division the nature of the illness or condition, a recommended course of treatment, and the estimated cost of the treatment. The State may authorize the treatment as recommended, or return the Inmate to the State, at its own expense for treatment. In the absence of a bona fide emergency, the State shall not be responsible for the costs of outside treatment undertaken without the State's prior written approval. An Inmate's stay in a hospital shall not exceed the usual and customary length of stay for the condition, unless there are documented complications requiring continued treatment in a hospital setting. *In the event that an inmate is hospitalized for cancer treatment and such hospitalization exceeds five (5) consecutive calendar days then beginning on the sixth (6) calendar day, PSD shall be responsible for the costs of the security during such hospital confinement and shall reimburse the PA for security at the rate of $36.66 per hour per officer.*

Facsimile or Electronic Copy:

This Contract may be executed and transmitted by facsimile or other electronic means. Facsimile or electronic signatures shall be acceptable and effective to the same extent as original signatures, and shall be deemed the original of the Contract.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE 04/01/2008

PRODUCER 877-945-7378

Willis North America, Inc.
26 Century Blvd.
P. O. Box 305191
Nashville, TN 372305191

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

Corrections Corporation of America
10 Burton Hills Blvd.
Nashville, TN 37215

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Steadfast Insurance Company	26387-000
INSURER B: National Union Fire Insurance Company	19445-002
INSURER C: American International Specialty Lines In	26883-005
INSURER D: New Hampshire Insurance Company	23841-001
INSURER E: Affiliated FM Insurance Company	10014-001

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC	[redacted]ZZ	4/1/2008	4/1/2009	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 1,000,000 $ $ 5,000,000 $ 15,000,000 $ 5,000,000
B		AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	[redacted]X	4/1/2008	4/1/2009	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
C		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION $ 25,000	[redacted]X	4/1/2008	4/1/2009	EACH OCCURRENCE AGGREGATE	$ 25,000,000 $ 25,000,000 $ $ $
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	[redacted]	4/1/2008	4/1/2009	X WC STATU-TORY LIMITS 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
E		OTHER Commercial Property Per Loss/Location	[redacted]	4/1/2008	4/1/2009	$250,000,000. Blanket Limit $ 100,000. Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

See Attached

CERTIFICATE HOLDER

State of Hawaii
Dept. of Public Safety
919 Ala Moana Blvd.
4th Floor
Honolulu, HI 96814

CANCELLATION Except 10 Days For Non-Payment

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

© ACORD CORPORATION 1988

Willis

CERTIFICATE OF LIABILITY INSURANCE

DATE 04/01/2008

PRODUCER 877-945-7378

Willis North America, Inc.
26 Century Blvd.
P. O. Box 305191
Nashville, TN 372305191

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

Corrections Corporation of America
10 Burton Hills Blvd.
Nashville, TN 37215

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Steadfast Insurance Company	26387-000
INSURER B: National Union Fire Insurance Company	19445-002
INSURER C: American International Specialty Lines In	26883-005
INSURER D: New Hampshire Insurance Company	23841-001
INSURER E: Affiliated FM Insurance Company	10014-001

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Workers Compensation - California
Carrier: American Home Assurance
Policy Number: [redacted]
Effective Dates: 04/01/2008 - 04/01/2009
Limits: $1,000,000 Each Accident, Disease-Each Employee, Disease-Policy Limit

Workers Compensation - Florida
Carrier: Illinois National Insurance Company
Policy Number: [redacted]
Effective Dates: 04/01/2008 - 04/01/2009
Limits: $1,000,000 Each Accident, Disease-Each Employee, Disease-Policy Limit

Workers Compensation - New Jersey
Carrier: New Hampshire Insurance Company
Policy Number: [redacted]
Effective Dates: 04/01/2008 - 04/01/2009
Limits: $1,000,000 Each Accident, Disease-Each Employee, Disease-Policy Limit

Workers Compensation - Texas
Carrier: New Hampshire Insurance Company
Policy Number: [redacted]
Effective Dates: 04/01/2008 - 04/01/2009
Limits: $1,000,000 Each Accident, Disease-Each Employee, Disease-Policy Limit

The Certificate Holder shall be named as an Additional Insured as required by written contract.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.