# PROFESSIONAL SERVICES AGREEMENT BETWEEN THE CITY OF DORAL

#### AND

# OCCUPATIONAL HEALTH CENTERS OF SOUTHWEST, P.A. FOR

#### PRE-EMPLOYMENT MEDICAL EXAMINATIONS

THIS AGREEMENT is made between OCCUPATIONAL HEALTH CENTERS OF SOUTHWEST, P.A.

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professional corporation, (hereinafter the "Provider"), and the CITY OF DORAL, FLORIDA, a Florida municipal corporation, (hereinafter the "City").

**WHEREAS**, the administration of the City requires pre-employment medical examinations for its candidates, and

**WHEREAS**, the Provider has particular expertise in the subject matter of preemployment medical examinations Services and is ready and able to offer the professional services in the manner desired by the City; and

WHEREAS, the Provider and City, through mutual negotiation, have agreed on the terms and conditions in this Agreement for the provision of the pre-employment medical examinations.

# 1. Scope of Services/Deliverables.

- 1.1 The Provider shall furnish professional services to the City as set forth in the Scope of Services, attached hereto as **Exhibit "A"**, which is incorporated herein and made a part hereof by this reference.
- 1.2 The "Scope of Services" includes a Schedule for the Service which includes a breakdown of tasks, and deliverables to the City.

# 2. Term/Commencement Date.

2.1 This Agreement shall become effective upon execution by both parties and shall remain in effect through September 30, 2022, unless earlier terminated in accordance with Paragraph 8. The parties may extend the term of this Agreement by mutual agreement by amendment executed by both parties.

# 3. Compensation and Payment.

3.1 The Provider shall be compensated in the following manner:

As compensation for the Services contemplated herein and for

performance rendered by Occupational Health Centers of Southwest, P.A., of its duties and obligations hereunder, the City shall pay to Occupational Health Centers of Southwest, P.A an aggregate fee equal to the pricing indicated on Exhibit A (The "Consulting Fee"). In no event shall the fees due under this agreement exceed \$14,900.00 for the term of this Agreement.

- 3.2 The City shall pay Consultant in accordance with the Florida Prompt Payment Act.
- 3.3 If a dispute should occur regarding an invoice submitted, the City Manager may withhold payment of the disputed amount and may pay the Consultant the undisputed portion of the invoice. Upon written request of the Finance Director, the Consultant shall provide written documentation to justify the invoice. Any compensation disputes shall be decided by the City Manager whose decision shall be final.

# 4. <u>Sub-providers</u>.

- The Provider shall be responsible for all payments to any sub-providers and shall maintain responsibility for all work related to the Service.
- 4.2 Any sub-providers used on the Service must have the prior written approval of the City Manager or his designee.

# 5. <u>City's Responsibilities</u>.

- 5.1 Furnish to Provider, at the Provider's written request, all available maps, plans, existing studies, reports and other data pertinent to the Services to be provided by Provider, in possession of the City.
- 5.2 Arrange for access to and make all provisions for Provider to enter upon real property as required for Provider to perform Services as may be requested in writing by the Provider (if applicable).

# 6. Provider's Responsibilities.

6.1 The Provider shall exercise the same degree of care, skill and diligence in the performance of the Service as is ordinarily provided by a medical provider under similar circumstances. If at any time during the term of this Agreement or within 3 weeks from the completion of the Services, it is determined that the Provider's Services are incorrect, or fail to conform to

the Scope of Services listed in Exhibit A, upon written notification from the City Manager, the Provider shall at Provider's sole expense, promptly correct the Services. The City in no way assumes or shares any responsibility or liability of the Provider or Sub Provider under this Agreement.

# 7. <u>Conflict of Interest</u>.

7.1 To avoid any conflict of interest or any appearance thereof, Provider shall use best efforts not, for the term of this Agreement, represent any private sector entities (developers, corporations, real estate investors, etc.), with regard to any City related matter.

#### 8. <u>Termination</u>.

- 8.1 Either party may terminate this Agreement upon thirty (30) days written notice to the other party, or immediately with cause, with cause. Cause for purposes of this Agreement shall be defined as: a material breach of this Agreement which Provider fails to cure within five (5) days of receiving notice from the City of such breach; a failure on the part of Provider to adhere to the City's reasonable requests regarding the objectives of this Agreement; and/or any act or omission of Provider that constitutes a violation of Federal, State, County, or City Law.
- 8.2 Upon receipt of the City's written notice of termination, Provider shall stop work on the project.
- 8.3 In the event of termination by the City, the Provider shall be paid for all work accepted by the City Manager up to the date of termination, provided that the Provider has first complied with the provisions of Paragraph 8.4.
- The Provider shall transfer all books, records, reports, working drafts, documents, and data pertaining to the Project to the City, in a hard copy and electronic format specified by the City within 14 days from the date of the written notice of termination or the date of expiration of this Agreement.
- 8.5 If the Provider wishes to terminate this Agreement without cause, it must provide the City with sixty (60) days written notice. Failure to provide the City with such days written notice may result in the Provider being unable to do business with the City in the future.

#### 9. <u>Insurance</u>.

- 9.1 The Provider shall secure and maintain throughout the duration of this Agreement medical and/or commercial insurance of such type and in such amounts as required for Provider to operate its business.
- 9.2 The City may require proof of the aforementioned insurance prior to the commencement of the Services. The City further reserves the right to solicit additional coverage, or require higher limits of liability as needed, and depending on the nature of scope, or level of exposure.

# 10. Nondiscrimination.

10.1 During the term of this Agreement, Provider shall not discriminate against any of its employees or applicants for employment because of their race, color, religion, sex, or national origin, and to abide by all Federal and State laws regarding nondiscrimination

# 11. Attorneys' Fees and Waiver of Jury Trial.

- 11.1 In the event of any litigation arising out of this Agreement, each party shall be responsible for their attorneys' fees and costs, including the fees and expenses of any paralegals, law clerks and legal assistants, and including fees and expenses charged for representation at both the trial and appellate levels.
- 11.2 In the event of any litigation arising out of this Agreement, each party hereby knowingly, irrevocably, voluntarily and intentionally waives its right to trial by jury.

#### 12. Indemnification.

12.1 Provider shall defend, indemnify, and hold harmless the City, its officers, agents and employees, from and against any and all demands, claims, losses, suits, liabilities, causes of action, judgment or damages, arising out of, related to, or any way connected with Provider's negligent performance or non-performance of any provision of this Agreement including, but not limited to, liabilities arising from contracts between the Provider and third parties made pursuant to this Agreement. Provider shall reimburse the City for all its expenses including reasonable attorneys' fees and costs incurred in and about the defense of any such claim or investigation and for any judgment or damages arising out of, related to, or in any way connected with Provider's performance or non-performance of this Agreement. This section shall be interpreted and construed in a manner to comply with any applicable Florida Statutes,

including without limitation Sections 725.06 and 725.08, Fla. Stat., if applicable.

12.2 The provisions of this section shall survive termination of this Agreement.

# 13. Notices/Authorized Representatives.

Any notices required by this Agreement shall be in writing and shall be deemed to have been properly given if transmitted by hand-delivery, by registered or certified mail with postage prepaid return receipt requested, or by a private postal service, addressed to the parties (or their successors) at the following addresses:

For the City:

Albert P. Childress

City Manager City of Doral, Florida 8401 NW 53rd Terrace Doral, Florida

33166

With a Copy to:

Luis Figueredo, ESQ.

City Attorney

City of Doral, Florida 8401 NW 53<sup>rd</sup> Terrace Doral, FL

33166

For the Provider:

Occupational Health Centers of the Southwest, P.A.

5080 Spectrum Drive, Suite 1200W

Addison, Texas 75098

Attn: Contracting – W. Gibbons Email: Contracts@concentra.com

If to the Rep:

Julie Scheider

Occupational Health Centers of Southwest, P.A.

Concentra Medical Center 7800 NW 25<sup>th</sup> Street Suite 4

Doral, FL 33122

#### 14. Governing Law.

14.1 This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Exclusive venue for any litigation arising out of this Agreement shall be in Miami-Dade County, Florida.

# 15. Entire Agreement/Modification/Amendment.

- 15.1 This writing contains the entire Agreement of the parties and supersedes any prior oral or written representations. No representations were made or relied upon by either party, other than those that are expressly set forth herein.
- 15.2 No agent, employee, or other representative of either party is empowered to modify or amend the terms of this Agreement, unless executed with the same formality as this document.

# 16. Ownership and Access to Records and Audits.

- All records, books, documents, maps, data, deliverables, papers and financial information (the "Records") that result from the Provider providing Services to the City under this Agreement shall be the property of the City. Nothing herein shall apply to medical records or information pertaining to the diagnosis or treatment of any patient which constitute medical records or Protected Health Information ("PHI") as defined by Federal Law under the Health Insurance Portability and Accountability Act of 1996 along with all rules, regulations, and amendments thereto ("HIPAA")
- 16.2 The City Manager or his designee shall, during the term of this Agreement and for a period of three (3) years from the date of termination of this Agreement, have access to and the right to examine and audit any Records of the Provider involving transactions related to this Agreement.
- 16.3 The City may cancel this Agreement for refusal by the Provider to allow access by the City Manager or his designee to any Records pertaining to work performed under this Agreement that are subject to the provisions of Chapter 119, Florida Statutes.

# 17. Non-assignability.

17.1 This Agreement shall not be assignable by Provider unless such assignment is first approved by the City Manager. The City is relying upon the apparent qualifications and personal expertise of the Provider, and such firm's familiarity with the City's area, circumstances and desires.

#### 18. Severability.

18.1 If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each remaining term and provision of this Agreement shall be valid and be enforceable to the fullest extent permitted by law, provided the severance of any term does not result in interest on any Bonds issued to finance the Fields being includable in gross income for federal tax purposes.

# 19. Independent Contractor.

- 19.1 The Provider and its employees, volunteers and agents shall be and remain independent contractors and not agents or employees of the City with respect to all of the acts and Services performed by and under the terms of this Agreement. This Agreement shall not in any way be construed to create a partnership, association or any other kind of joint undertaking, enterprise or venture between the parties.
- 19.2 The Provider agrees that it will not take any Federal tax position inconsistent with it being a service provider.

#### 20. Compliance with Laws.

20.1 The Provider shall comply with all applicable laws, ordinances, rules, regulations, and lawful orders of public authorities relating to the Service.

# 21. Waiver

21.1 The failure of either party to this Agreement to object to or to take affirmative action with respect to any conduct of the other which is in violation of the terms of this Agreement shall not be construed as a waiver of the violation or breach, or of any future violation, breach or wrongful conduct.

# 22. Survival of Provisions

22.1 Any terms or conditions of either this Agreement that require acts beyond the date of the term of the Agreement, shall survive termination of the Agreement, shall remain in full force and effect unless and until the terms or conditions are completed and shall be fully enforceable by either party.

# 23. Prohibition of Contingency Fees.

23.1 The Provider warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the Provider, to solicit or secure this Agreement, and that it has not paid or agreed to pay any person(s), company, corporation, individual or firm, other than a bona fide employee working solely for the Provider, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this Agreement.

# 24. <u>Counterparts</u>

24.1 This Agreement may be executed in several counterparts, each of which shall be deemed an original and such counterpart shall constitute one and the same instrument.

# 25. Removal of Unsatisfactory Personnel

25.1 The City may make written request to Provider for the prompt removal and replacement of any personnel employed or retained by Provider or any sub provider. The Provider shall respond to the City within fourteen calendar days of receipt of such request with either the removal and replacement of such personnel or with written justification as to why removal is not warranted. All decisions involving personnel will be made by Provider. Such request shall solely relate to said employees work under this Agreement. In the event the City Manager disagrees with the justification offered by Provider, the City Manager's decision to replace the employee shall be final.

FREMAINDER OF THIS PAGE NOT INTRONALLY LEFT MAN T

IN WITNESS WHEREOF, the parties execute this Agreement on the respective dates under each signature: The City, signing by and through its City Manager, attested to by its City Clerk, duly authorized to execute same and by Provider by and through its President, Treasurer and Corporate Secretary, whose representative has been duly authorized to execute same.

Attest:

CITY OF DORAL

Albert. R Childress, City Manager

Date:

Approved As To Form and Legal Sufficiency for the Use And Reliance of the City of Doral Only:

Luis Figueredo,

ESQ.

City Attorney

OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A., DBA CONCENTRA **MEDICAL CENTERS** 

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Robert G. Hassett, DO, MPH

Its: President, Treasurer and Corporate Secretary Date: \_\_\_\_\_\_\_

# "EXHIBIT A"

*Services	Fees
Hep B Vaccine (per injection)	\$128.00
Audiogram (test only)	\$42.00
Complete Blood Count (CBC)	\$52.00
Comprehensive Metabolic Panel (CMP)	\$39.00
EKG	\$58.00
Physical Exam	\$69.00
TB Skin Test	\$34.50
U/A Dipstick	No Charge
Vision Titmus/Color Perception	\$50.50
X-Ray Chest (2-View)	\$116.00
Fitness for Duty Physical	\$81.50

<sup>\*</sup> The Service rates in the above table shall annually increase by three percent (3%) upon each 12-month anniversary from the Effective Date of this Agreement.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2020

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).

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PRODUCER		CONTACT Concentra Unit		
The Graham Company The Graham Building 1 Penn Square West Philadelphia PA 19102-		PHONE (A/C, No. Ext): 215-567-6300	FAX (A/C, No): 215-405-2694	
		E-MAIL ADDRESS: Concentra Unit@grahamco.com		
		INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A: Columbia Casualty Company	31127	
Occupational Health Centers of The Southwest PA c/o Select Medical Corporation 4716 Old Gettysburg Rd. Mechanicsburg PA 17055	CONCGRO-01	INSURER B: Liberty Mutual Fire Ins. Co.	23035	
	outhwest PA	INSURER c : Liberty Insurance Corporation	42404	
		INSURER D: Liberty Mutual Insurance Group	23043	
		INSURER E: American Guarantee & Liability Ins. C	Go. 26247	
		INSURER F: Allied World Assurance Company, AC	3	
		DEMOION NU	HOED	

COVERAGES CERTIFICATE NUMBER: 302302883 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.

POLICY EXP (MM/DD/YYYY) 10/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000 \$ 500,000 \$ 10,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000 \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000 \$ 10,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000 \$ 5,000,000
10/1/2021	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000 \$3,000,000 \$3,000,000 \$
10/1/2021	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000 \$ 3,000,000 \$
10/1/2021	PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000 \$
10/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$
10/1/2021	(Ea accident)	-
10/1/2021	(Ea accident)	\$ 2,000,000
	BODILY INJURY (Per person)	\$
		\$
	PROPERTY DAMAGE (Per accident)	\$
		\$
10/1/2021	EACH OCCURRENCE	\$ 9,000,000
	AGGREGATE	\$ 10,000,000
		\$
10/1/2021	X PER OTH-	
10/1/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
10/1/2021 10/1/2021	SEE BELOW \$10M Each Occurrence	\$10M Aggregate
	10/1/2021 10/1/2021	10/1/2021

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
UMBRELLA LIABILITY COVERAGE includes Excess General Liability on an Occurrence Basis and Excess Professional Liability on a Claims Made Basis.
Both Coverages are excess of a \$3,000,000 Self-Insured Retention each Occurrence/Claim subject to a \$16,000,000 Aggregate.

PROFESSIONAL LIABILITY COVERAGE includes Case Management Services including the rendering of case management or utilization review performed by insured for others.

INDIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244595-6; Effective 10/1/2020-10/1/2021 - \$400,000 Each Medical Incident/\$1,200,000 Aggregate Per Insured or Surgeon See Attached...

See Attached	
CERTIFICATE HOLDER	CANCELLATION
City of Doral 8401 NW 53 Terrace	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Rita Garcia Doral FL 33166	Lengeth L Ewell

GENCY	CUSTOMER ID:	CONCGRO-01

LOC #: \_



# ADDITIONAL REMARKS SCHEDULE

Dage	4	οf	4
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AGENCY The Graham Company POLICY NUMBER		NAMED INSURED Occupational Health Centers of The Southwest PA c/o Select Medical Corporation 4716 Old Gettysburg Rd.	
		Mechanicsburg PA 17055	
CARRIER	NAIC CODE		
·		EFFECTIVE DATE:	

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER:

KANSAS PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244600-6; Effective 10/1/2020-10/1/2021 -\$200,000 Each Medical Incident/\$600,000 Aggregate Per Insured or Surgeon

LOUISIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244614-6; Effective 10/1/2020-10/1/2021 \$100,000 Each Medical Incident/\$300,000 Aggregate Per Insured or Surgeon

NEBRASKA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244628-6; Effective 10/1/2020-10/1/2021 - \$500,000 Each Medical Incident/\$1,000,000 Aggregate Per Insured or Surgeon

PENNSYLVANIA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244631-6; 10/1/2020-10/1/2021 -\$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon

WISCONSIN PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244659-6; 10/1/2020-10/1/2021 -\$1,000,000 Each Medical Incident/\$3,000,000 Aggregate Per Insured or Surgeon

PROPERTY COVERAGE: Risk of Physical Loss or Damage to Covered Property subject to policy terms and conditions.

WORKERS COMPENSATION - Occupational Health Centers of California, A Medical Corporation - Liberty Mutual Insurance Corp. - Policy #WA5-63D-510199-310; Effective: 10/1/2020-10/1/2021

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Insurance Corp. - Policy #WA7-63D-510199-400; Effective: 10/1/2020-10/1/2021

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Mutual Insurance Corp. - Policy #WC5-631-510199-250 (WI); Effective: 10/1/2020-10/1/2021

#### ADDITIONAL WORKERS COMPENSATION POLICIES:

OHC of Arkansas – Liberty Insurance Corp. - Policy #WC7-631-510199-280; Effective: 10/1/2020-10/1/2021
OHC of Southwest (AZ/UT) – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-240; Effective: 10/1/2020-10/1/2021
OHC of Delaware – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-330; Effective: 10/1/2020-10/1/2021
OHC of Georgia/Hawaii – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-380; Effective: 10/1/2020-10/1/2021
OHC of Illinois – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-340; Effective: 10/1/2020-10/1/2021
OHC of Louisiana – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-290; Effective: 10/1/2020-10/1/2021
OHC of Michigan – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-270; Effective: 10/1/2020-10/1/2021
OHC of Nebraska – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-370; Effective: 10/1/2020-10/1/2021
OHC of North Carolina – Liberty Insurance Company - Policy #WC2-631-510199-370; Effective: 10/1/2020-10/1/2021
OHC of Southwest (KS) – Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-340; Effective: 10/1/2020-10/1/2021
Therapy Centers of Southwest I, PA (OR) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-30; Effective: 10/1/2020-10/1/2021
Therapy Centers of South Carolina, PA - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-30; Effective: 10/1/2020-10/1/2021
OHC of Minnesota - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-30; Effective: 10/1/2020-10/1/2021
OHC of Alaska - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-30; Effective: 10/1/2020-10/1/2021

CYBER LIABILITY - National Union Fire Insurance Company of Pittsburgh, PA - Policy #01-823-21-33; Effective 9/25/2020-2021 - Limit: \$10,000,000 Security and Privacy

EXCESS CYBER LIABILITY - Endurance American Insurance Company - Policy #PEO 0201 0413; Effective: 9/25/2020-2021 - Limit: \$10,000,000 Each Occurrence/Aggregate

Coverage is provided for all medical professionals currently or previously employed or contracted by the above Named Insured, but only for professional services performed for or on behalf of the above Named Insured.

RE: OHC SWPA/CMC HAS AN AGREEMENT TO PROVIDE MEDICAL SERVICES TO THE NAMED CLIENT.

City of Doral are additional insureds on the above General Liability, Auto Liability and Umbrella Liability Policies if required by written contract.