

**AMENDMENT # 4 TO CONTRACT BETWEEN  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND  
UNITED NEIGHBORHOOD HEALTH SERVICES**

This contract amendment is entered into by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH**, a municipal corporation of the State of Tennessee (hereinafter referred to as "MPHD") and **UNITED NEIGHBORHOOD HEALTH SERVICES** (hereinafter referred to as "Contractor").

**WHEREAS**, the parties desire to modify the term of their original agreement, which was filed with the Metropolitan Clerk on November 19, 2014, in accordance with Section 2 of that agreement.

**THEREFORE**, the parties hereby amend their agreement by extending the term of the agreement to June 30, 2019. Upon the signatures of all parties, including the authorized representatives of MPHD, and the filing of this contract amendment in the office of the Metropolitan Clerk, the effective date of this amendment shall be July 1, 2018. All other terms and conditions in the original agreement remain in effect.

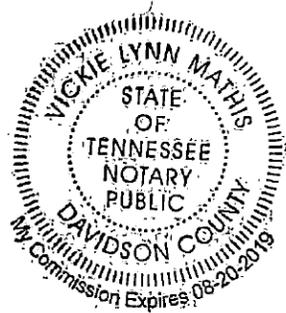
*Signature page follows.*

IN WITNESS WHEREOF, the parties hereto have executed this Contract:

Contractor:

{Neighborhood Health}

By: Brian Heide  
[Brian Heide, CEO]



Sworn to and subscribed to before me, a Notary Public, this 11<sup>TH</sup>

day of JUNE, [Year],

by Vicki Lynn Mathis, the CEO of

Contractor and duly authorized to execute this instrument on Contractor's behalf.

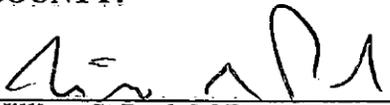
Vicki Lynn Mathis  
Notary Public

My Commission Expires 08/20/19.

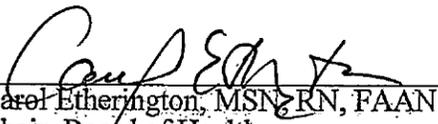
**SIGNATURE PAGE  
FOR  
UNITED NEIGHBORHOOD HEALTH SERVICES**

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

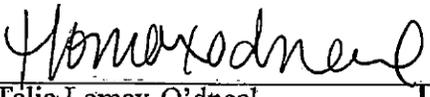
  
\_\_\_\_\_  
William S. Paul, M.D.  
Director, Metro Public Health Department

6-22-18  
Date

  
\_\_\_\_\_  
Carol Etherington, MSN, RN, FAAN  
Chair, Board of Health

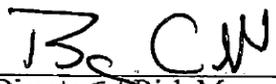
6-13-18  
Date

**APPROVED AS TO AVAILABILITY OF FUNDS:**

  
\_\_\_\_\_  
Talia Lomax-O'dneal  
Director, Department of Finance *JK*

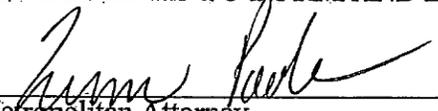
6-2-18  
Date

**APPROVED AS TO INSURANCE:**

  
\_\_\_\_\_  
Director of Risk Management Services

7/3/18  
Date

**APPROVED AS TO FORM AND LEGALITY:**

  
\_\_\_\_\_  
Metropolitan Attorney

7-3-2018  
Date

\_\_\_\_\_  
David Briley  
Metropolitan Mayor

\_\_\_\_\_  
Date

**ATTEST:**

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



UNITNEI-01

LPARKER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2018

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 Insight Risk Management, LLC 1107 8th Avenue South Nashville, TN 37203	CONTACT NAME: <b>Julia Simpson</b>
	PHONE (A/C, No, Ext): <b>(615) 269-7887</b> FAX (A/C, No): <b>(615) 469-3161</b>
	E-MAIL ADDRESS: <b>jsimpson@irmllc.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Hanover American Insurance Co</b> NAIC # <b>36064</b>
	INSURER B: <b>Allmerica Financial Alliance</b> NAIC # <b>41840</b>
	INSURER C: <b>The Hanover Insurance Company</b>
	INSURER D: <b>CFC Underwriting Limited</b>
	INSURER E:
	INSURER F:

INSURED  
**United Neighborhood Health Services, Inc.**  
**711 Main St.**  
**Nashville, TN 37206**

COVERAGES CERTIFICATE NUMBER: 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZZ5D316629	07/15/2017	07/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AW5A981898	07/15/2017	07/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UH5D325069	07/15/2017	07/15/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WZ5A981893	07/15/2017	07/15/2018	PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber Liability			ESG01284954	07/15/2017	07/15/2018	Occ/Agg 1,000,000

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

CERTIFICATE HOLDER CANCELLATION

Metro Nashville Attn: Procurement PO Box 196300 Nashville, TN 37219	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 <i>Matt Folger</i>