

## AMENDATORY AGREEMENT

**THIS AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (hereinafter referred to as the “City”) and **MENTAL HEALTH CENTER OF DENVER**, a Colorado non-profit corporation, doing business at 4141 East Dickenson Place, Denver, Colorado 80222 (the “Contractor”), jointly “the parties”.

The City and Contractor entered into an Agreement dated January 4, 2019 to provide services outlined in the Scope of Work (the “Agreement”). The Parties now wish to extend the term of the Agreement for an additional one-year term and make certain other modifications to the Agreement as set forth below.

The Parties agree as follows:

1. Effective upon execution, all references to Exhibit A in the existing Agreement shall be amended to read Exhibits A and A-1, as applicable. Exhibit A-1 is attached.

2. Paragraph 3 of the Agreement, entitled “**TERM**” is amended by deleting and replacing it with the following:

“**3. TERM:** The Agreement will commence on **January 1, 2019** and will expire on **December 31, 2020** (the “Term”).”

3. Paragraph 4 (d) (1) of the Agreement, entitled “Maximum Contract Amount” is amended by deleting and replacing it with the following:

“**d. Maximum Contract Amount:**

(1) Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **ONE MILLION SEVEN HUNDRED THOUSAND DOLLARS AND ZERO CENTS (\$1,700,000.00)** (the “Maximum Contract Amount”). The City is not obligated to execute an Agreement or any amendments for any further services, including any services performed by Contractor beyond that specifically described in **Exhibit A-1**. Any services performed beyond those in **Exhibit A-1** are performed at Contractor’s risk and without authorization under the Agreement.”

4. Except as amended here, the Agreement is affirmed and ratified in each and every particular.

5. This Amendatory Agreement is not effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**End.**

**Signature pages and Exhibits follow this page.**

**Exhibit List**

**Exhibit A-1**

**Contract Control Number:** ENVHL-201952894-01[ENVHL-201845517-01]  
**Contractor Name:** MENTAL HEALTH CENTER OF DENVER

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

**SEAL**

**CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:

\_\_\_\_\_

\_\_\_\_\_

**APPROVED AS TO FORM:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_

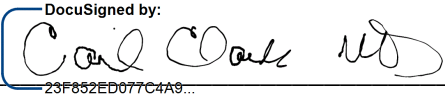
\_\_\_\_\_

By:

\_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

ENVHL-201952894-01[ENVHL-201845517-01]  
MENTAL HEALTH CENTER OF DENVER

By:   
23F852ED077C4A9...

Name: Carl Clark, M.D.  
(please print)

Title: President and CEO  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

I. Purpose of Agreement

The purpose of the Denver Crisis Intervention Response Unit (CIRU) is to facilitate the City of Denver's and Mental Health Center of Denver's (MHCD) efforts to work collaboratively to coordinate their crisis intervention efforts. The program is intended to provide short-term and proactive care to ensure that appropriate interventions are made available for persons with behavioral health issues who have come to the attention of Denver law enforcement, corrections, and/or emergency responders, in order to improve the lives of the citizens of the City and County of Denver and streamline services and create system efficiencies.

II. Services

- A. The Office of Behavioral Health Strategies (OBHS), on behalf of the City, wishes to contract with MHCD to co-manage the Crisis Intervention Response Unit (formerly known as the Denver Co-Responder program or initiative) with Denver Police Department (DPD), in coordination with other criminal justice agencies including, but not limited to, the Denver Sheriff Department, Denver District Court, and Denver County Court.
- B. The Crisis Intervention Response Unit (CIRU) will provide the following services:
  - 1. Reinforce, foster, and create effective, collaborative partnerships between police, other first responders, mental health practitioners, Sheriffs, and other community stakeholders.
  - 2. Direct persons served to appropriate alternative services and resources to reduce hospitalization and/or jail time.
  - 3. Improve crisis system response and create effective crisis intervention and solutions in order to reduce the need for repeated interventions.
  - 4. Provide training and education for officers and emergency responders to improve their understanding of mental health, traumatic brain injury, and addiction issues.
  - 5. Provide clinically appropriate interventions.
  - 6. Improve information sharing, as appropriate, across system and service providers through formalized communication and processes.
  - 7. Expand specialized law enforcement and behavioral health strategies tailored to needs of those persons with behavioral/mental health disorders.
  - 8. Evaluate program implementation and outcomes.
  - 9. Provide descriptive statistics on encounters as specified in this scope of work.
- C. The objective for the MHCD clinician is to assist DPD in determining the best response to persons they encounter who are presenting with possible mental health, brain injury, developmental disability and/or other behaviors that require intervention when a law enforcement-based intervention is not immediately warranted. MHCD clinicians are to follow the lead from the police officer(s) once the scene is deemed safe and a criminal justice-based assessment has been completed. Clinicians will identify the most appropriate response and/or setting for the person served.
- D. Post initial response, clinicians will continue to provide clinically appropriate services. As required, clinicians will provide witness statements to the DPD relating to what they



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

- saw, heard, or did at the scene, to the extent consistent with law as well as their independent professional judgement and responsibilities.
- E. Funds provide for a full-time salaried, exempt status MHCD clinical manager and salaried, full-time equivalent MHCD staff who will work in collaboration and cooperation with DPD to provide a response to persons in crisis or in need of appropriate interventions in the community. The clinical manager and program related clinicians will be housed with the DPD at no cost to this contract or the program.
- F. Clinical Manager Position Summary
1. The clinical manager is responsible for the overall program management and direction of the CIRU. The clinical manager is responsible for program documentation development and completion; data collection and reporting according to licensure, state requirements and program metrics; troubleshooting and continuous process improvement; and coordination and collaboration with DPD, Denver Sheriff Department, mobile crisis, OBHS, MHCD, and all other parties involved to ensure appropriate policy development and service implementation. The clinical manager proactively builds and maintains positive relationships with the business community and other public and private entities.
  2. The clinical manager ensures clinicians have knowledge of consumers' cultural, religious, ethnic, and social systems interactions, care planning and education.
  3. The clinical manager performs 27-65 (M-1) evaluations, has a working knowledge of basic physical health issues and terminology, and, has at least three years of experience working with persons with severe and persistent mental illness, homelessness, and addiction.
  4. The clinical manager is an employee of, and supervised by, MHCD and has a dual reporting function with MHCD and DPD. The clinical manager fulfills and meets the requirement and responsibilities of the Clinical Manager Job Description and can perform all the roles and responsibilities of the MHCD clinicians. The clinical manager is required to be a Colorado licensed clinician, LCSW, LPC with a CAC II or III, or LAC, Spanish speaking is preferred. A criminal background check is required. The clinical manager must be able to work cooperatively with uniform DPD officers and other criminal justice and emergency responders. DPD and Crime Prevention and Control Commission (CPCC) may be consulted as part of the hiring process.
- G. Clinician Position Summary
1. Provides field-based behavioral health evaluations/problem identification, crisis interventions, system navigation and short-term, pro-active case management services to customers as needed or assigned. Develops short-term case plan and provides interventions and connections to appropriate treatment with follow-up at disposition times.
  2. Initiates follow-through for benefit enrollment, as appropriate, as well as MHCD referral for enrollment when appropriate.
  3. Coordinates access to medication/primary physical needs of consumers with psychiatrists, nurses, and other health sources as available. Maintains accurate and



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

- timely clinical records and enters data and completes reports consistent with MHCD standards.
4. Possess knowledge of crisis intervention and trauma. Has the ability to provide brief therapy processes. Experienced in working with people with severe and persistent mental illness and consumers with high levels of substance misuse and homelessness. Possess knowledge of community resources. Has the ability to place consumer on a 27-65 (M-1) hold.
  5. Possess knowledge of consumers' cultural, religious, ethnic, and social systems interactions, care planning and education. Has a working knowledge of basic physical health terminology and resources. Has skill in establishing a treatment alliance and engaging the customer in goal setting and prioritizing. Possess the ability to communicate effectively and work cooperatively with internal and external customers.
  6. Routinely consults, negotiates, and coordinates with internal and external resources to ensure collaborative efforts to maximize consumer outcomes. Demonstrates leadership in facilitating multidisciplinary communications and care meetings (i.e. care conference and rounds) and utilizes information to assess and reassess care needs.
  7. Clinicians are staff of MHCD but will work in conjunction with DPD's CIRU. Clinicians are required to be licensed in Colorado as LCSW, LPC with a CAC II or III, or LAC. Clinicians are required to have at least three years of experience, Spanish speaking preferred. Clinicians must be able to work cooperatively with uniform DPD officers, Sheriff deputies, and other criminal justice and emergency responders. Criminal background check is required. DPD and CPCC may be consulted as part of the hiring process.
- H. The CIRU program staff will be required to be flexible in scheduling as the work requires non-traditional hours. Staff will work in various Denver police districts according to DPD requests. MHCD will develop and present staffing and coverage pattern in coordination with the DPD.
- I. Additional MHCD Contractor Responsibilities
1. Ensure funds are only used to perform the work of the CIRU.
  2. Ensure and provide appropriate documentation, tracking, and billing of program expenses including all staff time cards reflecting actual time spent for purposes of this contract.
  3. Work with OBHS, CPCC, and other service providers to ensure appropriate data is collected and tracked.
  4. Document, track, analyze and report all appropriate data points according to the evaluation section and other measures as agreed upon as the program advances, including, but not limited to, client demographic data, assessment/screening data, benefits data, provider data, housing data, treatment data and hospital data when it is possible to gather this information in the midst of a crisis.



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

5. Provide quarterly and final program report on client and program data collected as described above.
  6. Ensure appropriate documentation of services provided and case history in accordance with OBHS standards.
  7. Ensure supervision of MHCD staff and implementation of the CIRU model as designed.
  8. Track, report and charge all eligible services to applicable benefit plans and third-party payers as the primary payers. Only invoice OBHS for approved budgeted non-covered costs. Report total costs and amounts paid by other third-party payers, including insurance and Medicaid, as well as the amount billed to OBHS.
  9. Reimbursement from other payer sources may not be available if it is impossible for MHCD to collect required information in accordance with the payer's policies.
- III. Process and Outcome Measures
- A. Process Measures
    1. Identify referral source to the CIRU.
    2. Track crisis interventions which include transporting individuals to the hospital and/or jail.
    3. Track the number of people served and services provided during the contract term.
    4. Track the number of outreach contacts.
    5. Track the number of repeat crisis interventions with an individual.
    6. Track the types of referrals/solutions.
    7. Track if consumer followed through with referrals when that information is available.
  - B. Program Goals
    1. Improve system response.
    2. Create effective crisis intervention and solutions to reduce repeat crisis interventions.
- IV. Performance Management and Reporting
- A. Performance Management

Monitoring will be performed by the OBHS/CPCP program area in the Community & Behavioral Health division of the Denver Department of Public Health & Environment (DDPHE). Performance will be reviewed for:

    1. Program and Managerial Monitoring of the quality of services being provided and the effectiveness of those services addressing the needs of the program.
    2. Contract and Financial Monitoring of:
      - a. Current program information to determine the extent to which contractors are achieving established contractual goals.
      - b. Financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement. MHCD is required to provide all invoicing documents in accordance with invoicing requirements





EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

communicated to MHCD prior to the effective date of the contract. The Controller’s Office will review the quality of the submitted invoice monthly.

c. There may be regular performance monitoring by program area and City leaders. Performance issues may be addressed by City leaders including from DPD, the program area, and the CPCC to develop interventions that will resolve concerns.

3. Compliance Monitoring may be conducted to ensure that the terms of the contract document are met, as well as Federal, State, and City legal requirements, standards and policies.

B. Reporting

The following reports shall be developed and delivered to the City as stated in this section.

Report Name	Description	Quarterly	Report to be sent to:
Quarterly Progress Report	Quarterly Progress Reports will be submitted to OBHS/CPCC no later than the last day of the first month following the respective quarter. Note: Include current and historical data from previous quarters in order to provide trend information by reporting area. Report should include: <ol style="list-style-type: none"> <li>1. Client demographic data</li> <li>2. Assessment/screening data</li> <li>3. Benefits data</li> <li>4. Provider data</li> <li>5. Housing data</li> <li>6. Treatment data and</li> <li>7. Hospital data when available</li> <li>8. Process measures listed in Section III.A.1-8</li> </ol>	Quarterly	OBHS@denvergov.org
Contract Summary Report	Report shall demonstrate all functions performed, and how services provided met the overall goals of this agreement. Other data will include total budget per line item, amount spend, and an explanation as to unspent funds, etc.	Contract end, within 45 days after term end	OBHS@denvergov.org



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

V. Budget

A. Revenue Sources

CPCC funds, Medicaid, Medicare, Veterans Administration and other third-party benefit plans and/or programs are revenue sources. Funds provided by OBHS/CPCC are intended to cover non-Medicaid covered costs associated with the program. Other benefit plans and programs should cover all or a portion of the costs. OBHS/CPCC is the payer of last resort.

B. Billing

Many of the clinician staff services are eligible for Medicaid, Medicare or other third-party benefit plans. However, some services are non-covered services and therefore are not billable to any third-party payer. MHCD agrees to bill Medicaid, Medicare, or other third-party payer for all eligible services provided. The contract provides for a portion of staff-related costs for non-covered, non-reimbursable services. All invoices will report total costs, amounts billed and paid by insurance, and amounts billed to OBHS. MHCD will submit receipts and/or appropriate documentation for budget-approved expenses. Payment will be based on monthly invoice and appropriate backup documentation.

C. Invoices and reports shall be completed and submitted on or before the 30<sup>th</sup> of each month following the month services were rendered 100% of the time.

D. Invoices shall be submitted to [OBHSinvoices@denvergov.org](mailto:OBHSinvoices@denvergov.org).



EXHIBIT A-1  
SCOPE OF WORK AND BUDGET  
Mental Health Center of Denver  
Crisis Intervention Response Unit

E. Budget Table

Contractor Name	Mental Health Center of Denver	
Contract Term	January 1, 2020 - December 31, 2020	
Program Name	Crisis Intervention Response Unit	
Budget Item	Amount	Narrative
<b>Staff Costs</b>		
Clinical Manager	\$ 74,256.00	One Full-time Clinical Manager. Salary for bilingual licensed Co- Responder Clinical Manager to be reimbursed with documented timesheets and/or payroll register.
Clinicians	\$ 639,046.00	Salaries for full-time clinical staff who work directly with Denver police, fire, sheriff and other first responders as necessary. Annual salary (at about \$56,403 per clinician) not to exceed this total amount. Reimbursement will be provided by documented timesheet and/or payroll register.
Fringe Benefits	\$ 178,326.00	Fringe Benefits will be based on 25% of Clinical Manager's and Community Clinicians' salaries. Reimbursement provided by documented timesheets or payroll register to include fringe information.
Staffing Costs Subtotal	\$ 891,628.00	
Less Anticipated Revenue from Third Party Payers	\$ (300,000.00)	Estimated only; actuals may exceed this value
Adjusted Staff Costs	\$ 591,628.00	
<b>Supplies and Operating Expenses</b>		
Operating expenses, including office supplies, equipment, attire, mobile phone, mobile wi-fi	\$ 44,736.00	
Subtotal Supplies and Operating Expenses	\$ 44,736.00	
Indirect Costs	\$ 63,636	Indirect Cost Rate at 10%
<b>Total Costs</b>	<b>\$ 700,000</b>	<b>Total costs not to exceed</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2019

**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).**

<b>PRODUCER</b> One, Inc. DBA CONFLUENCE 1600 Emerson St.  Denver CO 80218	<b>CONTACT NAME:</b> Gary Friedman, CPCU, MSIS, RPLU, ARM, AAI <b>PHONE (A/C, No, Ext):</b> (303) 825-7212 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> gfriedman@confluenceinsurance.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> ACE AMERICAN INSURANCE COMPANY</td> <td></td> <td style="text-align: center;">22667</td> </tr> <tr> <td><b>INSURER B:</b> PINNACOL ASSURANCE</td> <td></td> <td style="text-align: center;">41190</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> ACE AMERICAN INSURANCE COMPANY		22667	<b>INSURER B:</b> PINNACOL ASSURANCE		41190	<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
<b>INSURER A:</b> ACE AMERICAN INSURANCE COMPANY		22667																				
<b>INSURER B:</b> PINNACOL ASSURANCE		41190																				
<b>INSURER C:</b>																						
<b>INSURER D:</b>																						
<b>INSURER E:</b>																						
<b>INSURER F:</b>																						
<b>INSURED</b>  Mental Health Center of Denver Sanderson Apartments LLLP, Sabin Group 4141 E Dickenson Place Denver CO 80222																						

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation \$1,000,000 per occurrence/aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			OGLG25503958 010	7/1/19	7/1/20	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CALH08612778 010	7/1/19	7/1/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XOOG25498343 010	7/1/19	7/1/20	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	4045260	7/1/19	7/1/20	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>PROFESSIONAL LIABILITY</b> OCCURRENCE FORM			OGLG25498380010	7/1/19	7/1/20	EACH OCCURRENCE \$5,000,000 AGGREGATE \$7,000,000

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

As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as additional insured under the General Liability and Auto Liability policies.

**CERTIFICATE HOLDER****CANCELLATION**

City and County of Denver  Denver Dept. of Public Health and Environment 101 W. Colfax Ave. Denver, CO 80202	<p style="text-align: center;"><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <b>AUTHORIZED REPRESENTATIVE</b> <i>Gary A. Friedman</i>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.