Date Date B



Finance and Administrative Services Department
RISK MANAGEMENT DIVISION – Workers' Compensation Section
115 S. Andrews Avenue, Room 210 • Fort Lauderdale, Florida 33301 • 954-357-7200

April 16, 2018

EMAIL TRANSMITTAL

USIS, INC. d/b/a AMERISYS Attention: Ron Warble 140 Alexandria Blvd., Suite H Oviedo, FL 32765

RE: Contract No. R0944901R2, Workers' Compensation Medical Cost Containment and Case Management Services

Dear Mr. Warble:

Broward County Contract No. RO944901R2 Medical Cost Containment and Case Management Services, is still under review and additional time is needed before award of this contract. Broward County is requesting consideration by USIS, INC. d/b/a AMERISYS. to enter into an interim contract, based upon the same pricing terms and conditions of R0944901R2, on a month-to-month basis, for a period not-to-exceed one year, or until award of the new contract, whichever is sooner.

If USIS, INC. d/b/a AMERISYS agrees to enter into an interim contract under these conditions, please indicate by affirming below. If approved, an Interim Contract (R0944901X2) will begin on the date of award and submission of required Performance and Payment Guaranty as per did documents.

Please return an executed copy of this letter to my attention by email to <u>jcoconnor@broward.org</u>. Your prompt response on or by 4:00pm on April 18, 2018 is greatly appreciated. If you have any questions or require additional information, please contact me at 954-357-7230.

X Yes, AmeriSys D/B/A USIS, Inc. agrees to enter into an interim contract for Medical Cost Containment, with Broward County, effective upon date of award, on a month-to-month basis, for a period not to-exceed one year based upon the same pricing, terms and condition as set forth in the expiring agreement pursuant to Bid No. <u>ROPHYPOIR2</u>

No, Amerisys D/B/A USIS, Inc. does not agree to enter into an interim contract for Medical Cost Containment with Broward County.

Respectfully,

Jeffrey O'Connor, Claims Manager

Exec. VP.

BROWN-3

Exhibit 2 Page 2 of 2

OP ID: JW

01/22/2018

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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 continuate account conner rights	to the certificate fielder in he						
PRODUCER Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 M. Decker Youngman	386-239-7242	CONTACT LAURIE KOHLER #18025	CONTACT LAURIE KOHLER #18025				
		PHONE (A/C, No, Ext): 386-239-7242	FAX (A/C, No): 386-3	23-9159			
		E-MAIL ADDRESS: Ikohler@bbdaytona.com					
		INSURER(S) AFFORDING COVE	NAIC #				
		INSURER A: Travelers Property & Casu	25674				
INSURED BROWN & BROWN INC ETAL		INSURER B : Continental Ins Co	35289				
P O BOX 2412 DAYTONA BEACH, FL 32115		INSURER C : XL Specialty Insurance Co	INSURER C : XL Specialty Insurance Company				
DAI 1011A DEA011, 1 E 02110		INSURER D: Travelers Indemnity	INSURER D : Travelers Indemnity				
		INSURER E :	INSURER E :				
		INSURER F:		l			

CERTIFICATE NUMBER: 12025 COVERAGES 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.

	XCLUSIONS AND CONDITIONS OF SUCH						
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Υ	TC2JGLSA9527B87418	01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	s 1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s 2,000,000
l	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
1	ANY AUTO		TC2JCAP9527B86218	01/01/2018	01/01/2019	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
1	X HIRED ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s 1,000,000
	EXCESS LIAB CLAIMS-MADE		6011849429	01/01/2018	01/01/2019	AGGREGATE	s 1,000,000
	DED RETENTION\$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	TC2JUB9517B58018	01/01/2018	01/01/2019	E.L. EACH ACCIDENT	s 1,000,000
	(Mandatory in NH)	137.6	TRKUB9518B76118	01/01/2018	01/01/2019	E.L. DISEASE - EA EMPLOYEE	
<u></u>	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
C	INS AGENTS E&O		ELU15345118	01/01/2018	01/01/2019	LIMIT	20,000,000
						AGGREGATE	20,000,000
1							

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

NAMED INSURED: USIS, INC. dba AMERISYS RE RFP: BID #(RLI)R0944901R1. BROWARD COUNTY IS ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY PER FORM CG D2 48 08 05, AS RESPECTS THE NAMED

INSURED'S OPERATIONS.

In Reality

Digitally signed by TIMOTHY CROWLEY DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM, ou=Users, cn=TIMOTHY CROWLEY Date: 2018.04.30 10:03:18 -04'00'

ERTIFICATE HOLDER		CANCELLATION
BROWARD COUNTY BOCC	BROWC01	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 JEFF O'CONNOR 115 S ANDREWS AVE FT LAUDERDALE, FL 33301		AUTHORIZED REPRESENTATIVE