## CONTRACT

#### FOR SERVICES OVER \$50,000

#### \*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\*

This Contract for media and advertising services is entered into by and between Knupp,Watson,& Wallman, Inc. (KW2) (herein referred to as "Contractor"), and the City of Columbus, Department of Health (herein referred to as "City").

#### WITNESSETH

WHEREAS, the City has a need for virtual outreach to build awareness and provide education regarding the importance of screening for persons at risk of HIV, as well as viral suppression and overall health promotion for persons living with HIV; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

WHEREAS, this Contract is authorized by Ordinance No. 1508-2024; passed by Columbus City Council on June 5, 2024 \_\_\_\_; and

# NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

### 1. <u>Contract Term</u>

The term of this Contract shall be from June 1, 2024 to February 28, 2025. This Contract shall not automatically renew.

### 2. <u>Maximum Obligation</u>

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$119,599.00 unless additional funds are appropriated and authorized.

### 3. <u>Pricing and Scope of Services</u>

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A\*** and as contained in the bid specifications, which are expressly incorporated herein. \*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor's invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

### 4. <u>Equal Opportunity Clause</u>

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

### 5. <u>Taxes</u>

09/07/2021

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

### 6. <u>City's Contract Administrator/Contract Administration</u>

Audrey South will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses:

City: Audrey Regan: 240 Parsons Avenue, Columbus, OH 43215

Contractor: Andy Wallman, 2010 Eastwood Drive, Madison, WI 53704

### 7. <u>Contractor as an Independent Contractor</u>

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

### 8. <u>Applicable Law, Remedies</u>

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the wage theft prevention code included suspension for three years, up to permanent disbarment.

### 9. <u>Payment/Invoice Submittal</u>

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

**Invoices:** All invoices shall be submitted to the address listed on the Purchase Order.

#### 10. <u>Modifications</u>

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

### 11. <u>Contract Termination</u>

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the "responsible party") written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

### 12. <u>Nonexclusive Remedies</u>

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

#### 13. <u>Survivorship</u>

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

#### 14. <u>Save Harmless/Indemnification</u>

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys' fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

### 15. <u>Severability</u>

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

### 16. <u>Assignment</u>

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

#### 17. Authority to Bind

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

#### 18. **Worker's Compensation**

The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. Proof of coverage shall be attached to this Contract AS EXHIBIT B.

#### 19. Insurance

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:

| Bodily Injury Liability: |             | <b>Property Damage Liability:</b> |             |
|--------------------------|-------------|-----------------------------------|-------------|
| Each Person              | \$500,000   | Each Accident                     | \$500,000   |
| Each Accident            | \$1,000,000 | All Accidents                     | \$1,000,000 |

#### 20. **Campaign Contributions**

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code ("O.R.C.") Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

#### 21. **City Income Taxes**

Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

**IN WITNESS WHEREOF**, the parties have executed this Contract as of the day and year written below.

#### EXHIBITS A, B AND C MUST BE ATTACHED HERETO.

\*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\*

#### **CITX: OF: COLUMBUS**

MWK by Anita Clark

Dr. Mysheika W. Roberts, MD, MPH Health Commissioner, Columbus Public Health Federal Tax ID Number: 316400223

**CONTRACTOR** 

ennifer Savino

5/23/2024 Date

BOARD OF HEALTH

Shappe Downton 50FE86AF35564F6... Board of Health 6/20/2024

Date

Please list remit address below:

09/07/2021

Signature

Printed Name and Title Jennifer Savino, CEO Federal ID Number: V8YFLJLNZKV5 937 Burning Wood Way, Madison, WI 53704

### CONTRACT SIGNATURE AFFIDAVIT

(Must be completed when the individual signing the Contract is NOT an officer or Member of the Company.)

| STATE OF:  |  |                                     |
|--|--|-------------------------------------|
| COUNTY OF:   |  |                                     |
|  | , being duly sworn, deposes a                      |                                     |
| of<br>(Title) (Company Name)   | , a Corporation, LLC, or LLF                       | organized and existing under and by |
| virtue of the laws of the State of   | , and having its prin                              | cipal office at                     |
|  | City, State, Zip Code                              |                                     |
| Affiant further says that he/she is familiar with                              | the records, minute books and by-laws of           |                                     |
| ()   | Company Name)                                      |                                     |
| Affiant further says that(Name of Person Signi                                 | isis(Title)  |                                     |
| Of the Company and is duly authorized to sign                                  | the Contract for :                                 |                                     |
| For said Company by virtue of(State whether the provision of by-laws or a reso | lution of the Board of Directors. If resolution, g | ive date of adoption.)              |
| Signature of Affiant**   |  |                                     |
| <b>**</b> AFFIANT MUST BE SOM  | MEONE OTHER THAN THE INDIVIDUAL SIGNIN             | IG THE CONTRACT.**                  |
| Sworn to before me and subscribed in my pres                                   | ence thisday of                                    | 20                                  |
| Notary Public  |  |                                     |

My Commission Expires:

EXHIBIT A - SCOPE OF SERVICES

Ending the HIV Epidemic, HRSA

| I. GENERAL DATA<br>Grant Amount<br>Grant Dates<br>Grantee/SERVICE PROVIDER<br>CFDA No. | \$119,599.00<br>6/1/24 to 2/28/25<br>KW2<br>93.686 |
|--|--|
| Grantee FTI Number   | 00.000   |
| Administrative Agency  | KW2  |
| Administrative Contact   | Jennifer Savino                                    |
| Title  | CEO  |
| Phone No.  |  |
| Email  | JSavino@kw2marketing.com                           |
| Address  | 2010 Eastwood Drive Madison WI 53704               |
| Columbus Public Health Dept. Grant Mgr.  | Audrey South, PhD                                  |
|  | Sexual Health Promotion                            |
|  | 614.645.6790                                       |

#### **PROJECT DESCRIPTION**

The City of Columbus's Sexual Health Promotion Division provides sexual transmitted infections prevention services, including HIV and other STI screening, PrEP education and referral, linkage to care for persons with HIV and/or an STI, and retention in HIV care. Services are focused upon men who have sex with men (MSM), transgender and gender non-conforming communities, focusing on racial disparities that exist within these communities. Columbus Public Health desires to conduct outreach to build awareness and provide education regarding the importance of screening for persons at risk of HIV, as well as viral suppression and overall health promotion for persons living with HIV.

AESouth@columbus.gov

#### I. Media Contract Needs and Requirements

Messaging via Influencers as resources are available. The target population is gay and bi-sexual men and transgender women between 18 and 39 years of age. Messaging should be more focused for young African American and Latino gay/bisexual men and transgender women. Messaging should include a focus on HIV screening, HIV prevention, HIV care, and addressing stigma associated with HIV and other infections associated with HIV.

Messaging on dating websites, or similar venues, via AI chats, road blocks, banner ads etc, as resources are available. Example websites include Adam4Adam, Black Gay Chat, Jack'D, and Grindr. The target population is gay and bi-sexual men and transgender women between 18 and 39 years of age. Messaging should be more focused for young African American and Latino gay/bisexual men and transgender women. Messaging should include a focus on HIV screening, HIV prevention, HIV care, and addressing stigma associated with HIV and other infections associated with HIV.

Messaging on TikTok, Snap Chat, Facebook, and Instagram, or similar venues, via advertisements within the newsfeed, as resources are available. The target population is gay and bi-sexual men and transgender women between 18 and 39 years of age. Messaging should be more focused for young African American and Latino gay/bisexual men and transgender women. Messaging should include a focus on HIV screening, HIV prevention, HIV care, and addressing stigma associated with HIV and other infections associated with HIV.

Messaging on streaming radio, Pod Casts, or similar venues, via advertisements within the newsfeed, as resources are available. The target population is gay and bi-sexual men and transgender women between 18 and 39 years of age. Messaging should be more

focused for young African American and Latino gay/bisexual men and transgender women. Messaging should include a focus on HIV screening, HIV prevention, HIV care, and addressing stigma associated with HIV and other infections associated with HIV.

Messaging at specific eventsv or out of home establishments occurring within Columbus, Ohio. Out of home establishments may include bars, restaurants, hotels, gyms, and other community businesses or establishments. The target population is gay and bi-sexual men and transgender women between 18 and 39 years of age. Messaging should be more focused for young African American and Latino gay/bisexual men and transgender women. Messaging should include a focus on HIV screening, HIV prevention, HIV care, and addressing stigma associated with HIV and other infections associated with HIV.

#### II. Columbus Public Health to Provide

Columbus Public Health will provide the design of the Know HIV No Fear Campaign in English and/or Spanish. CPH will provide all creative (campaign artwork), Influencers posts, and speaking points as needed throughout the campaign.

#### **CONTRACTOR** agrees to:

- 1. Meet the contract obligations as outlined in this scope of services and understands that failure or refusal to comply with the provisions outlined in the scope of services may result in cancellation of this contract or a decrease in funding. Columbus Public Health reserves the right to withhold payment for contracted services not provided.
- 2. Allow the BOARD or its representative to make periodic site visits during normal working hours for the purpose of observing the program, reviewing the information submitted in reports, documenting client outcomes and program impacts, and discussing any unforeseen problems or issues.
- 3. Provide the BOARD a hard copy of its most recently completed agency audit.
- 4. Provide BOARD per the City Contract timely notices if it can no longer perform or execute the obligation of the Federal Ending the HIV Epidemic program or City Contract.
- 5. Maintain accurate and complete records and other evidence pertaining to all expenditures incurred for the contracted services. Copies of such records shall be furnished if requested.
- 6. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e); 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Health Department Privacy Agreement.

### Additional Requirements

The Contractor understands that this contract with Columbus Public Health utilizes Federal grant monies from the Health Services and Resources Administration, Ending the HIV Epidemic. As such, the Contractor agrees to comply with all Federal laws and regulations along with the appropriate requirements of the Federal Uniform Grant Guidance. The Contractor agrees to provide Columbus Public Health with the Contractor's Dun and Bradstreet Data Universal Numbering System (DUNS) Number. The DUNS number must be obtained before any payments are made to the Contractor.

During the term of this contract the Contractor agrees to allow Columbus Public Health to monitor effectively the Contractor's use of these Federal grant monies and to ensure that the Contractor's performance goals are being achieved. This monitoring may include special reporting, site visits, regular contact, or other means to provide reasonable assurance that the Contractor's administers the Federal award in compliance with laws, regulations, and provisions of the grant agreement and this contract.

Columbus Public Health is required to ensure that Contractors comply with the audit requirements of the Federal Uniform Grant Guidance. The Contractor agrees to assist Columbus Public Health in this effort by providing any needed information as requested and by complying with the audit requirements of the Federal Uniform Grant Guidance.

Attached to the Scope of Services is the Notice of Award. Attachment A.

#### VENDOR DETERMINATION FORM

| Knupp,Watson,& Wallman Inc. (KW2) (#0292 | 262) |  |
|--|------|--|
| Vendor Name:                             |      |  |
| FY24 HRSA EHE (Carryover                 |      |  |
| Grant Name and number: Funds);G502412    |      |  |
| Media/advertsing campaigns               |      |  |
| Contract Description:                    |      |  |
|  |      |  |

PO number: \_\_\_\_\_

#### Section 1 – SUBRECIPIENT (FEDERAL FUNDS ONLY)

**Description:** A subaward is for the purpose of carrying out a portion of the city's Federal award and creates a Federal assistance relationship between the city and the outside entity. Outside entities that include one or more of these characteristics <u>are</u> responsible for adherence to applicable Federal program requirements specified in the Federal award.

Characteristics which support the classifications of the outside entity as a subrecipient include when the outside entity:

Determines who is eligible to receive what Federal assistance;

Has its performance measured in relation to whether objectives of a Federal program were met; (example, CPH will rely on subrecipient's data to submit it's own data)

Has responsibility for programmatic decision making;

In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statue, as opposed to providing goods or services for the benefit of the pass-through entity.

For profit agency- Use standard contract, under/over 50K (over 50K must be legislated) Not for profit agency-Use Subrecipient Agreement- Not For Profit Service Contract. Object class: 03/63920. Do not complete page 2.

#### Section 2 – BENEFICIARY (CARES/ARPA FUNDS) FISCAL MANAGER USE ONLY

**Description:** A benefit is granted for purpose of maintaining standard operations and may be used for operating costs including personnel, supplies, equipment, rent, etc. Characteristics indicative of a beneficiary relationship between the city and an outside entity are when the outside entity:

Is facing reduced revenues and difficulty maintaining standard operations;

Requires assistance for operating costs including payroll, rent, supplies, etc;

Provides goods or services that are ancillary to the operation of the Federal program.

Is receiving funding from the American Recovery Plan Act

#### Section 3 – CONTRACTOR

**Description:** A contract is for purpose of obtaining goods and services for the city's own use and creates a procurement relationship with the outside entity. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

× Provides the goods and services within normal business operations; providing a service NOT provided by the city agency

Provides similar goods or services to many different purchasers;

Normally operates in a competitive environment;

Provides goods or services that are ancillary to the operation of the Federal program.

For profit- Use standard service contract, under/over 50K (over 50K must be legislated) Not for profit agency- Go to page 2 to determine template to use

| FINAL DETERMIN | ATION: |
|----------------|--------|
|----------------|--------|

SUBRECIPIENT

Х

Х



CONTRACTOR

#### NOT FOR PROFIT AGENCIES

#### Section 1 – GRANT AGREEMENT

**Description:** When financial assistance to a non-for-profit that provides general operating support to accomplish a particular **public purpose**. Characteristics which support the classifications of the outside entity as a grant agreement include when the outside entity:

The recipient is planning on doing the work anyway; The amount of funding is determined by the City, typically in a response to a request; Agreements that include advance payments Providing funds for the purpose of distributing all or a portion of funds to residents in the forms of stipends, incentives, vouchers or other direct payments.

All Not-For-Profit agreements over \$5,000 must be legislated and must use the Grant Agreement Template. \*insurance/workers comp not required\*. Use Object Class 05 / 65026 (funds must be appropriated there)

#### Section 2 – NOT FOR PROFIT SERVICE CONTRACT

**Description:** Agreement for the delivery of services to the public, which are NOT currently preformed or provided by an existing city agency. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

|  | ĺ |
|--|---|

Obligation from the not for profit to provide a service or product to the public; Work that is being done is provided solely on the result of being paid;

Funding is calculated off of fair market;

Organization will submit detailed invoices for services/products rendered.

Not for profit service contracts use the not-for-profit standard services contract. Over \$50K has to be legislated. Under \$50K does not have to be legislated. Insurance and Workers Comp are required. Use Object class 03/63920

#### FINAL DETERMINATION:

Grant Agreement under \$5k Not-for-profit Service contract Grant Agreement over \$5k

Explanation of Determination if not clearly made by the criteria above:

| Jamie | Hatkow |  |
|-------|--------|--|
|       |        |  |

**Print Employee Name** Katie Pettiford

<u>Jamie Hatkow</u> Employee Signature *Katie Pettiford* 

5/20/24 Date

**Print Supervisor Name** 

Date

5/21/2024

#### **Keith Faber Ohio Auditor Certified Search for Unresolved Findings for Recovery**

OHIO AUDITOR OF STATE

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

#### Contractor's Information:

Name: ,

#### Organization: Knupp & Watson & Wallman, Inc. Date: 5/20/2024 2:08:12 PM

This search produced the following list of **0** possible matches:

Name/Organization

Address

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Office of Auditor of State 88 East Broad Street Post Office Box 1140 Columbus, OH 43216-1140

> (614) 466-4514 (800) 282-0370



## **LSAM**,GOV<sup>®</sup> KNUPP & WATSON & WALLMAN, INC.

| Unique Entity ID<br>V8YFLJLNZKV5   | CAGE / NCAGE<br>1USA2  | Purpose of Registration All Awards     |
|--|--|--|
| Registration Status Active Registration  | Expiration Date<br>Jan 8, 2025   |  |
| Physical Address<br>937 Burning Wood WAY<br>Madison, Wisconsin 53704-1050<br>United States | Mailing Address<br>937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |
| Business Information   |  |  |
| Doing Business as<br>(blank)   | Division Name<br>(blank)   | Division Number<br><b>(blank)</b>      |
| Congressional District Wisconsin 02  | State / Country of Incorporation Wisconsin / United States                           | URL<br>www.kw2marketing.com            |
| Registration Dates   |  |  |
| Activation Date Jan 22, 2024   | Submission Date<br>Jan 9, 2024   | Initial Registration Date Dec 27, 2021 |
| Entity Dates   |  |  |
| Entity Start Date<br>Dec 31, 1986  | Fiscal Year End Close Date<br><b>Dec 31</b>  |  |
| Immediate Owner  |  |  |
| CAGE<br>(blank)  | Legal Business Name<br>(blank)   |  |
| Highest Level Owner  |  |  |
| CAGE<br>(blank)  | Legal Business Name<br>(blank)   |  |

#### **Executive Compensation**

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

#### **Proceedings Questions**

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

#### **Exclusion Summary**

Active Exclusions Records?

No

#### **SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

#### **Entity Types**

#### **Business Types**

Entity Structure Corporate Entity (Not Tax Exempt)

Profit Structure For Profit Organization

Entity Type Business or Organization Organization Factors (blank)

#### Last updated by ANDREW WALLMAN on Jan 09, 2024 at 03:20 PM DocuSign Envelope ID: B6F7574E-B633-4F73-B502-64E763971539

Socio-Economic Types

#### Women-Owned Business

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

| Financial Information                      |   |  |
|--|---|--|
| Accepts Credit Card Payments<br><b>Yes</b> | Debt Subject To Offset<br><b>No</b>                               |  |
| EFT Indicator<br>0000                      | CAGE Code<br>1USA2  |  |
| Points of Contact                          |   |  |
| Electronic Business                        |   |  |
| ୨₊<br>Jennifer Savino, CEO                 | 937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |
| Tim Christian, COO                         | 937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |
| Government Business                        |   |  |
| ୨₊<br>Jennifer Savino, CEO                 | 937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |
| Past Performance                           |   |  |
| ર્∧<br>Tim Christian, COO                  | 937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |
| Tim Christian, COO                         | 937 Burning Wood WAY<br>Madison, Wisconsin 53704<br>United States |  |

#### Service Classifications

| es |
|----|
|    |

| Primary<br><b>Yes</b> | NAICS Codes<br><b>541810</b> | NAICS Title<br>Advertising Agencies    |
|-----------------------|------------------------------|--|
|                       | 541613                       | Marketing Consulting Services          |
|                       | 541820                       | Public Relations Agencies              |
|                       | 541830                       | Media Buying Agencies                  |
|                       | 541850                       | Indoor And Outdoor Display Advertising |
|                       |                              |  |

| Product and Service Codes |   |
|---------------------------|---|
| PSC                       | PSC Name  |
| R422                      | Support- Professional: Market Research/Public Opinion |
| R701                      | Support- Management: Advertising                      |
| R708                      | Support- Management: Public Relations                 |

#### **Disaster Response**

This entity does not appear in the disaster response registry.

0

|   | ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE                      |  |   |  |                        |  |                  | MM/DD/YYYY)           |
|---|--|--|---|--|------------------------|--|------------------|-----------------------|
| If SUBCGATION IS WAIKED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement or this certificate does not conferringhts to the certificate holder in like of such endorsements).  PRODUCER PR | CERTIFICATE DOES NOT AFFI<br>BELOW. THIS CERTIFICATE C                     | RMATIVELY                                  | OR NEGATIVELY AMEND,<br>NCE DOES NOT CONSTITU         | EXTEND OR ALT                              | ER THE CO              | VERAGE AFFORDED B                            | TE HOL<br>BY THE | DER. THIS<br>POLICIES |
| The McClone Agency, Inc. PO Box 389 Menasha WI 54952 Menasha WI 5495 | If SUBROGATION IS WAIVED, s  | ubject to th                               | e terms and conditions of th                          | ne policy, certain p                       | olicies may            |  |                  |                       |
| The McClane Agency, Inc. PO Box 339 Metasha WI 54902  Loenset 1011726 Metasha WI 54902  Metasha WI 53704  Metasha WI 5370  Metasha WI 5370  Metasha WI 53 |  |  |   |  |                        |  |                  |                       |
| Menasha Wi 54952     Element in unitselementation communication insurance in unitselementation insurance insura                          |  |  | 6-1034  | FAX<br>(A/C, No):                          | 920-725                | 5-3233                                       |                  |                       |
| Liessest: 10137970     Mayses a. Allmenta Financial Benefit In 41840     Mayses a. Hanover American Insurance Co 36064     Mayses a. Hanover American Insurance Group PolicyEDB 10620     Mayses a. Hanover American Insurance Insurance Group PolicyEDB 10742024     Mayses a. Hanover American Insurance Group PolicyEDB 10742     Mayses a. Hanover American Insurance Group PolicyEDB 10742     Mayses a. Hanover American Insurance Insurance Group PolicyEDB 10742     Mayses a. Hanover American Ins     |  | E-MAIL<br>ADDRESS: certificate@mcclone.com |   |  |                        |  |                  |                       |
| NEWRED         KNUPS         KNUPS <t< td=""><td colspan="3"></td><td colspan="4">INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></t<>  |  |  |   | INSURER(S) AFFORDING COVERAGE              |                        |  |                  | NAIC #                |
| Nump & Watson & Wallman Inc.         Bisdet B: End/over Milerken III.signate U         Joidea           Bardiers D:         Insulers D:   | INSURED KNUP&WA-01<br>Knupp & Watson & Wallman Inc<br>937 Burning Wood Way |  |   | INSURER A : Allmerica Financial Benefit In |                        |  |                  | 41840                 |
| S37 Burning Wood Way Madison WI 53704   |  |  |   | INSURER B : Hanover                        | American In            | surance Co                                   |                  | 36064                 |
| Madison WI 53704  |  |  |   | INSURER C :                                |                        |  |                  |                       |
| INSURE F:           COVERAGES         CERTIFICATE NUMBER: 1985010877           REVISION NUMBER: 19850108777           REVISION NUMER: 19850108777           REVISION NUMER: 1985000000           R  |  |  |   | INSURER D :                                |                        |  |                  |                       |
| COVERAGES         CERTIFICATE NUMBER:         Educition         Revision Number:           This is to certify That The Policits of insurance:         Execution Not the Insure Number N   |  |  |   | INSURER E :                                |                        |  |                  |                       |
| This IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE AND SAMPLE ADDRESS TO ALL THE TERMS       TODICATES. NORTHITSTADURO ANY REQUISIENENT, TERM NO CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH REPERT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS       EXCLUSIONS AND CONDITIONS AND REQUISIES LIMITS STUDIES. L   |  |  |   | INSURER F :                                |                        |  |                  |                       |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VHICH THE         CERTIFICATE MAY BE ISSUED OR MAY PERTIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT O ALL THE TERMS         EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY TAD OLUXINS.         INST       TYTEPEO HISUBANCE         A       COMMERCIAL GENERAL LABILITY         INST       CALMING SOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED PERENCE         INST       CALMING SOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED PERENCE         INST       CALMING SOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED PERENCE         INST       CALMING SOF SUCH POLICIES. LIMIT         INST OFFICE       INST OFFICE         INST OFF   |  |  |   |  |                        |  |                  |                       |
| NERE<br>TYPE OF NSURANCE         ADDLSURANCE<br>(ADDLSURANCE)         ADDLSURANCE<br>(ADDLSURANCE)         ADDLSURANCE<br>(ADDLSURANCE)         ILINTS           A         COMMERCIAL GENERAL LIABILITY         ADDLSURANCE         221J069257         7/14/2023         7/14/2024         EACH OCCURENCE<br>(ADDLSURANCE)         5.000<br>(ADDLSURANCE)         5.000<br>(ADDLSURANCE)         EACH OCCURENCE<br>(ADDLSURANCE)         EACH OCCURENCE<br>(ADDLSURANCE)         EACH OCCURENC   | INDICATED. NOTWITHSTANDING A<br>CERTIFICATE MAY BE ISSUED OR               | NY REQUIR<br>MAY PERT                      | EMENT, TERM OR CONDITION<br>AIN, THE INSURANCE AFFORD | OF ANY CONTRACT<br>ED BY THE POLICIE       | OR OTHER I             | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T | ст то и          | VHICH THIS            |
| A     X     COMMERCIAL CARRENAL LABELITY<br>CLAIMS-MADE     Z 21/069257     7/14/2023     7/14/2024     ACH OCCURRENCE     \$ 2.000,000       B     CENT ADGREGATE LIMIT APPLIES PER:<br>CONTROL     CENT ADGREGATE LIMIT APPLIES PER:<br>CONTROL     AVVID0000     \$ 0.000,000       A     AVVID0000LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID000LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID000LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID000LE LIABLITY<br>AVVID00LE LIABLITY<br>AVVID       |  |  |   | POLICY EFF                                 |                        | LIMI   | тѕ               |                       |
| CLAMS-MADE       X       OCCUR       \$ 1.000,000         WEDE EXP (ANy one percent)       \$ 5.000       PREMOSES (Exponence)       \$ 5.000         GENL AGGREGATE LIMIT APPLIES PER:   |  |  |   |  |                        | EACH OCCURRENCE                              | \$ 2,000,        | ,000                  |
| Image: Certificate Holder     I   | CLAIMS-MADE X OCCU   | ર  |   |  |                        | DAMAGE TO RENTED                             | \$ 1,000,        | ,000                  |
| GENL AGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$4,000,000         OTTER:       OTTER:       GENERAL AGGREGATE       \$4,000,000         A       AUTOMOBILE LABILITY       AW1J0699521       7/14/2023       7/14/2024       CMBINED SINCLE LIMIT       \$1,000,000         A       AUTOMOBILE LABILITY       AW1J0699521       7/14/2023       7/14/2024       Edwardset       BOOL'NUMEY /Per accident)       \$         A       AUTOSONLY       AUTOSONLY       AUTOSONLY       AUTOSONLY       \$       BOOL'NUMEY /Per accident)       \$         A       MUTOSONLY       AUTOSONLY       AUTOSONLY       \$       \$       \$         BOOL'NUMEY /Per accident)       \$       \$       \$       \$       \$       \$         A       UMBRELALIAB       CALMASANDE       Z21J069257       7/14/2023       7/14/2024       \$       \$       \$       \$         B       WOOLENS LIABUITY       CALMASANDE       Z2.000.000       \$       <  |  |  |   |  |                        | ,      | \$ 5,000         |                       |
| A       Poulcy       FEG       Loc       PRODUCTS - COMPIOP AGG       \$         A       AUTOMOBILE LIABILITY       AW1J069521       7/14/2023       7/14/2024       ComBINED SINCLE LIMIT       \$1.000.000         A       AUTOMOBILE LIABILITY       AW1J069521       7/14/2023       7/14/2024       ComBINED SINCLE LIMIT       \$1.000.000         A       AUTOMOBILE LIABILITY       AW1J069521       7/14/2023       7/14/2024       EACH OCCURRENCE       \$2.000.000         A       X       MITOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$         A       X       MITOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$         A       X       MITOS ONLY       X       AUTOS ONLY       AUTOS ONLY       \$       \$         A       X       UBED CLININAURY (Per parson)       \$   |  |  |   |  |                        | PERSONAL & ADV INJURY                        | \$               |                       |
| A     ATTOMOBILE LIABILITY     A     AV10069521     7/14/2023     7/14/2023     7/14/2024     COMBINED SINGLE LIAIT     \$ 1.000,000       A     A     ATTOMOBILE LIABILITY     A     A     A     A     A     A     A     B     CLAIMS-MADE     B     B     B     B     B     B     CA     CA <td< td=""><td>GEN'L AGGREGATE LIMIT APPLIES PER</td><td>t:</td><td></td><td></td><td></td><td>GENERAL AGGREGATE</td><td>\$4,000,</td><td>,000</td></td<>  | GEN'L AGGREGATE LIMIT APPLIES PER  | t:   |   |  |                        | GENERAL AGGREGATE                            | \$4,000,         | ,000                  |
| A     ATTOMOBILE LIABILITY     A     AV10069521     7/14/2023     7/14/2023     7/14/2024     COMBINED SINGLE LIAIT     \$ 1.000,000       A     A     ATTOMOBILE LIABILITY     A     A     A     A     A     A     A     B     CLAIMS-MADE     B     B     B     B     B     B     CA     CA <td< td=""><td>X POLICY PRO-<br/>JECT LOC</td><td></td><td></td><td></td><td></td><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td></td></td<>  | X POLICY PRO-<br>JECT LOC  |  |   |  |                        | PRODUCTS - COMP/OP AGG                       | \$               |                       |
| A       Xi Nave Auto       Xi Nave Auto       Xi Nave Auto         Market Auto       Autos       Autos       Xi Nave Autos       Xi Nave Autos         Market Autos       Autos       Autos       Xi Nave Autos       Xi Nave Autos       Xi Nave Autos         Market Autos       Autos       Autos       Autos       Xi Nave Autos       Xi   |  |  |   |  |                        |  | \$               |                       |
| X       ANY AUTO       BODILY INURY (Per person) \$         A       X       MVRED AUTOS ONLY       NON-OWNED AUTOS ONLY       BODILY INURY (Per person) \$         A       X       MVRED AUTOS ONLY       XONO-WILD AUTOS ONLY       S         A       X       UMBRELLA LUB       X       OCCUR       S         A       X       UMBRELLA LUB       X       OCCUR       S         B       WORKERS COMPENSATION       S       S       S         B       MORKERS COMPENSATION S       VIII J069502       7/14/2023       7/14/2024       X       SERITOR       S         B       MORKERS COMPERSATION S       VIII J069502       7/14/2023       7/14/2024       X       SERITOR       S       S         B       MORKERS COMPERSATION S below       LH1 A837840 07       2/13/2023       7/14/2024       EL DISEASE - EA EMPLOYEE S \$500,000       EL DISEASE - FOLICY LIMIT S \$500,000         EL DISEASE - TONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2/000,000       15,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2/000,000       15,000         City of Columbus Department of Health 240 Parsons Avenue Columbus Department of Health 240 Parsons Avenue Columbus Depart  |  |  | AW1J069521  | 7/14/2023                                  | 7/14/2024              | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ 1,000,        | ,000                  |
| AUTOS ONLY       B         A       X       UMBRELLALIAB       X       OCCUR       Z21J069257       7/14/2023       7/14/2024       EACH OCCURRENCE       \$2,000.000         A       X       UMBRELLALIAB       X       OCCUR       S       AUTOS ONLY       X       S         B       MORKERS COMENSATION       B       VERTION 1       W21J069502       7/14/2023       7/14/2024       X       STATUTE       QTH         B       MORKERS COMENSATION       MORKENS COMENSATIONS       VZ1J069502       7/14/2023       7/14/2024       X       STATUTE       QTH       EL. EACH ACCIDENT       \$500.000         B       MORKENS COMENSATIONS / VEHICLES       N / A       VZ1J069502       7/14/2023       7/14/2024       X       STATUTE       QTH       EL. EACH ACCIDENT       \$500.000         B       PORESCRIPTION OF OPERATIONS / VEHICLES       N / A       VZ1J069502       7/14/2023       7/14/2024       Each Claim       2.000.000       2.000.000       2.000.000       2.000.000       2.000.000       2.000.000       2.000.000       2.000.000       2.0000.000       2.000.000       2.000.000  | X ANY AUTO   |  |   |  |                        |  | \$               |                       |
| X       HIRED onLY       X       NON-OWNED AUTOS ONLY       PROPERTY DAMAGE       s         A       A       MUBBRELLA LIAB       X       OCCUR       \$       \$         A       EXCESS LIAB       X       OCCUR       CLAIMS-MADE       \$       A         B       WORKERS COMPENSATION<br>AND EMPCYRES LIABILITY<br>IN AN EMPCOPRETOR/PARTINER/EXECUTIVE       VIN<br>AND EMPCYRES COMPENSATION<br>AND EMPCYRES LIABILITY<br>IN AN EMPCOPRETOR/PARTINER/EXECUTIVE       VIN<br>IN / A       WZ1J069502       7/14/2023       7/14/2024       X       B       S         B       WORKERS COMPENSATION<br>AND EMPCYRES LIABILITY<br>IN AN EMPCOPRETOR/PARTINER/EXECUTIVE       VIN<br>IN / A       WZ1J069502       7/14/2023       7/14/2024       X       B       B       S  | OWNED SCHEDUL<br>AUTOS ONLY AUTOS  | D  |   |  |                        | BODILY INJURY (Per accident)                 | \$               |                       |
| A       X       UMBRELLA LIAB       X       OCCUR       Z21J069257       7/14/2023       7/14/2024       EACH OCCURRENCE       \$ 2,000,000         B       RETENTION \$       CLAIMS-MADE       \$       \$       \$       \$         B       WORKERS COMPENSATION<br>AND EMPLOYERS' LUBBILITY<br>ANYEROPRETOR/PARTNER/REVECUTIVE       Y/N       N/A       W21J069502       7/14/2023       7/14/2024       X       STATUTE       QTH         B       WORKERS COMPENSATION<br>AND EMPLOYERS' LUBBILITY<br>ANYEROPRETOR/PARTNER/REVECUTIVE       Y/N       N/A       W21J069502       7/14/2023       7/14/2024       X       STATUTE       QTH         B       Professional Liability and<br>Personal & Advertising Injury       N/A       W21J069502       7/14/2023       7/14/2024       EL EACH ACCIDENT       \$   | X HIRED X NON-OWN  |  |   |  |                        | PROPERTY DAMAGE<br>(Per accident)            | \$               |                       |
| Excess LIAB       Occonstruction       DECONSTRUCTION       DECONSTRUCTION       AGGREGATE       \$2,000,000         B       WORKERS COMPENSATION<br>AND EMPLOYERS'LLABILITY<br>ANVERPRETERVEXECUTIVE       Y/N<br>ANVERPRETERVEXECUTIVE       Y/N<br>AVERCERS LIDEDDD       N/A       VEX.000,000       EL       DECONSTRUCTION OF<br>EL       DISEASE - FALMPLOYERS'LLABILITY<br>AVERCERS bundle       S00,000         B       Professional Lability and<br>Personal & Advertising Injury       N/A       VEX.000,000       EL       DISEASE - POLICY LIMIT       \$500,000         B       Professional Lability and<br>Personal & Advertising Injury       LH1 A837840 07       2/13/2023       7/14/2024       Each Claim<br>Aggregate<br>2,000,000       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2,000,000       2,000,000         Cky of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus DH 43215       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   |  |  |   |  |                        |  | \$               |                       |
| DED       RETENTION S       S         B       WORKERS COMPENSATION<br>AND EMPCORESISTION<br>AND EMPCORESULTY       Y/N         N/A       WZ1J069502       7/14/2023         7/14/2023       7/14/2024       X         PERFORMEMERE SCULUEDD?<br>(Mandatory in NH)<br>If yes, Gescribe under<br>DESCRIPTION OF OPERATIONS below       WZ1J069502         B       Professional Liability and<br>Personal & Advertising Injury       LH1 A837840 07         2/13/2023       7/14/2024       Each Claim<br>Aggregate<br>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A    Certificate Holder          City of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus DH 43215       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.  | A X UMBRELLA LIAB X OCCU   | ર  | Z21J069257  | 7/14/2023                                  | 7/14/2024              | EACH OCCURRENCE                              | \$ 2,000,        | ,000                  |
| B       MORKERS COMPENSATION<br>AND EMPLOYERS' LABILITY<br>ANPROPRIETOR/PARTNER/EXECUTIVE<br>OFFICIAL DESTRIPTION OF OPERATIONS Delow       Y/N       N/A         B       Professional Liability and<br>Personal & Advertising injury       N/A       LH1 A837840 07       2/13/2023       7/14/2024       X       XER_UTE       E.L. DISEASE - POLICY LIMIT       \$500.000         B       Professional Liability and<br>Personal & Advertising injury       LH1 A837840 07       2/13/2023       7/14/2024       X       Zeach Claim<br>Aggregate<br>Deductible Per Claim       2.000,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2.000,000       15,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2.000,000       15,000         Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A       Stould Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         Department of Health<br>240 Parsons Avenue<br>Columbus DH 43215       Authorized REPRESENTATIVE   | EXCESS LIAB CLAIM  | S-MADE                                     |   |  |                        | AGGREGATE                                    | \$ 2,000,        | ,000                  |
| ANYPROPRIE TO PARTINE       Y/N       N/A         ANYPROPRIE TO PARTINE REXECUTIVE       N/A       E.L. EACH ACCIDENT       \$ 500,000         B       Professional Liability and<br>DESCRIPTION OF OPERATIONS below       N/A       E.L. DISEASE - POLICY LIMIT       \$ 500,000         B       Professional Liability and<br>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2/13/2023       7/14/2024       Each Claim<br>Aggregate<br>Deductible Per Claim       2.000,000<br>15,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A         CERTIFICATE HOLDER       CANCELLATION       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         City of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus OH 43215       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   | DED RETENTION \$   |  |   |  |                        |  | \$               |                       |
| ANYPROPRIETOR/PARTNER/PERCUTIVE       I/I/A         OFFICE/RMEMEREREXCUDDED?       I/I/A         OFFICE/RMEMEREREXCUDDED?       I/I/A         If yes, describe under       E.L. DISEASE - EA EMPLOYEE         DESCRIPTION OF OPERATIONS below       I/I A 837840 07         B       Porsonal & Advertising Injury       I/I A 837840 07         2/13/2023       7/14/2024       Each Accident         2/000,000       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2,000,000         Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A       Should any of THE ABOVE DESCRIBED Policies BE CANCELLED BEFORE         City of Columbus       Department of Health       240 Parsons Avenue       Should any of THE ABOVE DESCRIBED Policies BE CANCELLED BEFORE         Department of Health       240 Parsons Avenue       Authorized Representative       Authorized Representative  |  | V / N                                      | WZ1J069502  | 7/14/2023                                  | 7/14/2024              | X PER OTH-<br>STATUTE ER                     |                  |                       |
| Certificate Holder       CANCELLATION         Certificate Holder       Concertificate Holder         City of Columbus       Columbus         Department of Health       2415  | ANYPROPRIETOR/PARTNER/EXECUTIVE  |  |   |  |                        | E.L. EACH ACCIDENT                           | \$ 500,000       |                       |
| DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT       \$ 500,000         B       Perfessional Liability and<br>Personal & Advertising Injury       LH1 A837840 07       2/13/2023       7/14/2024       Each Claim       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Deductible Per Claim       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Deductible Per Claim       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A         CERTIFICATE HOLDER       CANCELLATION         City of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus OH 43215       Should Any of THE ABOVE DESCRIBED Policies BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   | (Mandatory in NH)  |  |   |  |                        | E.L. DISEASE - EA EMPLOYEE                   | E \$500,000      |                       |
| Personal & Advertising Injury       Difference of other and the second of   | DÉSCRIPTION OF OPERATIONS below  |  |   |  |                        |  | . ,              |                       |
| Cyber Liability: Aggregate Limit \$1,000,000 - Chubb Insurance Group Policy#D9819762A  CERTIFICATE HOLDER  City of Columbus Department of Health 240 Parsons Avenue Columbus OH 43215  City of Columbus OH 43215  |  |  | LH1 A837840 07  | 2/13/2023                                  | 7/14/2024              | Aggregate                                    | 2,000,           | ,000                  |
| City of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus OH 43215   |  |  |   |  | i<br>e space is requir | i<br>ed)                                     |                  |                       |
| City of Columbus<br>Department of Health<br>240 Parsons Avenue<br>Columbus OH 43215   | CERTIFICATE HOLDER   |  | CANCELLATION  |  |                        |  |                  |                       |
|   | Department of Health<br>240 Parsons Avenue                                 |  |   |  |                        |  |                  |                       |

ACORD 25 (2016/03)

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Bureau of Workers' Compensation 30 W. Spring St.

Columbus OH 43215-2256

Governor Mike DeWine Administrator/CEO John Logue

www.bwc.ohio.gov 1-800-644-6292

06/16/2023 Date Mailed #BWNFVSQ #XX10024921161#

Jennifer Savino Knupp & Watson & Wallman, Inc. 937 Burning Wood Way Madison WI 53704-1050

### IMPORTANT DOCUMENT: REMOVE AND POST



