REQUEST FOR PROPOSAL
RFP NO. ED2015

1.) Contract Emergency Physician Staff Services

2.) Hospitalist Physician Services

Request # 1 - The provision is for full time Emergency Physician coverage 24 hours a day 7 days a week 365 days a year.

Request # 2 - A Hospitalist Hybrid Model linked with the Emergency Department staffing in providing coverage for inpatients, swing patients and observation patients.
TABLE OF CONTENTS

Part 1 - General Information
1-1 Purpose of Request for Proposals
1-2 Proposal Submission and Opening
1-3 Inquiries
1-4 Proposal Withdrawal
1-5 Proposal Disclosure
1-6 Proposal Timetable
1-7 Delays
1-8 Addenda
1-9 Oral Presentations and/or Interviews
1-10 Acceptance or Rejection of Proposals
1-11 Communication
1-12 Development Costs
1-13 Conflicts of Interest
1-14 Non-Collusion
1-15 Subcontracting
1-16 Illinois Open Meetings Act
1-17 Licenses and Permitting
1-18 Posting of RFP Award

Part 2 – Project Description and Scope of Required Services
2-1 Mandatory Requirements
2-2 Rules for Proposals
2-3 Response Format

Part 3 – Evaluation and Selection Process
3-1 Evaluation Procedure
3-2 Evaluation Criteria

Part 4 – Statement of Work
4-1 Responsibility/Quality Assurance
4-2 Hospital Mission, Vision and Values
4-3 Hospital Services
4-4 Specific Requirements
4-5 Special Provisions

Exhibits- As Applicable
Exhibit A - Perry Memorial Hospital Bylaws
Exhibit B - Business Associate Agreement
PART 1 - GENERAL INFORMATION

1-1 Purpose of Request for Proposals

Perry Memorial Hospital is seeking proposals to contract Emergency Department Physicians Staffing Services and a separate, additional proposal for a hybrid alternative staffing model for Inpatient Hospitalists, for the patients at Perry Memorial Hospital in a cost effective manner. Perry Memorial Hospital is a 25 bed Critical Access Hospital located in Princeton, Illinois.

A Additional information about the Hospital can be found on its web site: www.perrymemorial.org

B Start of coverage to begin August 1, 2015.

1-2 Proposal Submission and Opening

Proposals must be received before or until 2:00 p.m. central time on May 15, 2015 at which time proposals will be opened.

To be considered, proposals shall include one (1) unbound original and five (5) bound copies of the proposal in a sealed box or envelope, which clearly identifies the RFP number/title as well as the Respondent’s name and return address.

Send completed proposal to the following address:

Rex D. Conger, President/C.E.O.
Perry Memorial Hospital
530 Park Avenue East
Princeton, IL  61356

The Hospital cautions respondents to assure actual delivery and receipt of mailed or hand delivered proposals to the address above, prior to the response deadline. The Hospital will in no way be responsible for delays caused by any occurrence. Telephone or email confirmation of timely receipt of proposals may be made by calling (815) 876-2293 or emailing jwelte@perrymemorial.org, before proposal opening time. PROPOSALS DELIVERED AFTER THE ESTABLISHED DEADLINE WILL BE RETURNED UNOPENED TO THE PROPOSER.

The Hospital will not accept or consider proposals submitted via facsimile or e-mail transmission.

1-3 Inquiries

Respondents will carefully examine all documents included in this Request for Proposal (RFP) and shall make a written request to the Hospital for interpretation or correction of any ambiguity, inconsistency, or error herein. Any interpretation or correction will be issued as an Addendum by the Hospital and posted on the Hospital website at www.perrymemorial.org. Only a written interpretation or correction by Addendum shall be binding. Respondents are cautioned against relying upon any interpretation or correction given by any other method. All requests for interpretation, correction or other Inquiries concerning the Request for Proposal process and/or the subject of this Request for Proposals must be made in writing to:

Rex D. Conger, President/C.E.O.
Perry Memorial Hospital
530 Park Avenue East
Princeton, IL  61356
E-mail: rconger@perrymemorial.org

Contact with Perry Memorial Hospital and their associated Board and Committee Members regarding this RFP shall be grounds for elimination from the selection process.
**1-4 Proposal Withdrawal**

Proposers may withdraw their proposals by notifying the Hospital in writing at any time prior to the proposal response time deadline. Proposers may withdraw their proposals in person or through an authorized representative. Proposers and authorized representatives must disclose their identity and provide receipt for the proposal. Proposals, once opened, become the property of the Hospital and will not be returned to the Proposers.

**1-5 Proposal Disclosure**

Upon opening, proposals become public records and shall be subject to public disclosure consistent with the Illinois Open Meetings Act. Proposers must invoke, in writing, the exemptions to disclosure provided by law in their response to the RFP by providing the specific statutory authority for claimed exemptions, identifying the data or other materials to be protected, and stating the reasons why such exclusion from public disclosure is necessary. Proposals will be kept for sixty (60) days after selection and Board approval.

**1-6 Proposal Timetable**

The Hospital and Proposers shall adhere to the following schedule in all actions concerning this RFP:

- Hospital Issues RFP **April 1, 2015**
- Final Date to Submit Written Inquiries (Respondents) **April 8, 2015**
- Final Date to Issue Addendum Hospital **April 15, 2015**
- Proposals Due before or until 2:00 pm local time **May 15, 2015**
- Selection Committee Meetings Week of **May 18, 2015**
- Presentations/Interviews (Optional) Starting the Week of **May 25, 2015**
- Selection Committee notifies chosen vendor of selection on or before **June 12, 2015**
- Contracted start date for new vendor **August 1, 2015**

**1-7 Delays**

The Hospital may delay or modify scheduled event dates (Section 1-6) if it is to the advantage of the Hospital to do so. The Hospital will notify Proposers of record of all changes in scheduled due dates by posting any changes by addenda on the website.

**1-8 Addenda**

If revisions or clarifications to the RFP become necessary, the Hospital will provide written addenda posted on the Hospital website.

*It is the responsibility of Proposers to closely monitor postings on the Hospital’s website. A listing acknowledging any and all posted addenda must accompany your proposal. In the event this listing is not with your proposal, it will be assumed that the respondent is aware of any and all addenda.*

**1-9 Oral Presentations and/or Interviews**

At its sole discretion, the Hospital may invite short-listed respondents to conduct oral presentations or interviews. Presentations or interviews provide an opportunity for Proposers to clarify their proposals for the Hospital. The Hospital will schedule any such presentations or interviews.

**1-10 Acceptance or Rejection of Proposals**

The Hospital reserves the right to reject any and all proposals when (1) such rejection is in the best interest of the Hospital; or (2) the proposal contains any irregularities; provided, however, that the Hospital reserves the right to waive any minor irregularities and to accept the proposal determined most responsive and responsible and best meeting its needs. The Hospital also reserves the right to cancel this RFP at any time and/or to solicit and re-advertise for other proposals.
1-11 Communication

From the time the Hospital posts this RFP, until it awards a contract to a successful Proposer, any Proposer (or any of its representatives or agents) is prohibited from any communication about this proposal with the Hospital’s Executives, Staff, Board of Directors and Finance Committee. This does not apply to oral presentations before evaluation/selection teams, contract negotiations, or public presentations made to the Hospital during any duly noticed public meeting. Violation of these provisions shall render any RFP proposal or RFP award to the violator void.

1-12 Development Costs

Neither the Hospital nor its representatives shall be liable for any expenses incurred in connection with the preparation, submission or presentation of a response to this RFP.

1-13 Conflicts of Interest

All Proposers must disclose with their proposal the name of any officer, director, or agent who is an elected official, appointed official or an employee of Perry Memorial Hospital. Further, all Proposers must disclose the name of any elected official, appointed official or employee of the Hospital who owns directly or indirectly, any interest in the Proposer’s firm or any of its branches.

1-14 Non-Collusion

By submitting and signing a proposal response, the Proposer certifies that their offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities are permitted, either with, prior to or after any delivery of material or provision of services. Any violation of this provision may result in contract cancellation, return of materials or discontinuation of services and possible removal from the Hospital’s Vendor/Bid List(s).

1-15 Subcontracting

Firms submitting proposals may subcontract portions of the engagement to small firms or firms owned and controlled by socially and economically disadvantaged individuals. If this is to be done, that fact, and the name of the proposed subcontracting firms, must be clearly identified in the proposal. However, following award of a contract, no additional subcontracting or changes in subcontractors will be allowed without express prior written consent of Perry Memorial Hospital. No compromise to Hospital insurance requirements shall be made for under insured vendors.

1-16 Illinois Open Meetings Act / Freedom of Information Act

All material submitted regarding this RFP becomes the property of the Hospital. Proposals may be reviewed by any person after Board approval until such records have been destroyed. Proposers should take special note of this as it relates to any proprietary information that might be included in their offer.

Any resulting contract may be reviewed by any person after the contract has been executed by the Hospital. The Hospital has the right to use any or all information/material submitted in response to this RFP process and/or any resulting contract from same. Disqualification of a proposal does not eliminate this right.

1-17 Licenses and Permitting

Proposers, both corporate and individual, must be fully licensed and certified for the type of work to be performed in the State of Illinois at the time of submittal of their response to this solicitation. Should the Respondent not be fully licensed and certified, its proposal shall be rejected.

Proposers represent and warrant that its owners, employees and physicians are not excluded from participation in any federal health care programs or any form of stat Medicaid program, and to their knowledge, there are no pending or threatened governmental investigations that may lead to such exclusions. Upon request by Hospital, Proposers shall provide evidence that exclusion checks on its
owners, employees, and physicians have been conducted, including providing a copy of the Proposer’s policy regarding exclusions monitoring.

Proposers agree to notify Hospital during the course of this bidding process and thereafter if selected as the vendor for contract, of the commencement of any such exclusion, or investigation with the potential outcome of exclusion, within seven (7) business days of first learning of it. Hospital shall have the right to immediately remove a proposed bid from the selection process upon learning of any such exclusion.

1-18 Posting of RFP Award

The award recommendation will be posted for review by interested parties on the Hospital’s website for a period of no less than five (5) business days. Please note that a written protest must be submitted within five (5) calendar days after posting of the award recommendation on the Hospital’s website. The protest must be in writing and must identify the Protestor and the solicitation and include a factual summary of the basis of the protest. Such protest is considered filed when the Chief Executive Officer receives it. This may be accomplished by e-mail, fax or other means deemed timely by the Proposer. Failure to file a written protest to the Chief Executive Officer within the time prescribed constitutes a waiver of proceedings. It is the Respondent’s sole responsibility to ascertain the time of posting of the award recommendation. Awarded Respondent’s name(s) will be posted on the Hospital’s website following completion of appropriate review and approval of various governing entities. Information regarding award recommendations will not be given over the telephone.
PART 2 - PROJECT DESCRIPTION & SCOPE OF REQUIRED SERVICES

2-1 MANDATORY REQUIREMENTS

Each proposal submitted to the Hospital shall be reviewed for responsiveness in accordance with the following mandatory requirements. Should a respondent fail to satisfy these conditions, the proposal shall be deemed non-responsive by the Hospital and shall not be considered further:

A. Timely submission of the proposal

B. Evidence of ability to obtain appropriate insurance coverage

C. Summary of litigation

D. If a respondent is a corporation or partnership, the respondent must be in good standing at the time of proposal submission and throughout the performance period of any ensuing contract award.

E. No individual providing direct services or in an operational role with the contracting organization may be excluded from any federal or state program including Medicare/Medicaid.

2-2 RULES FOR PROPOSALS

The proposal must name all persons or entities interested in the proposal as principals. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

2-3 RESPONSE FORMAT

To achieve a uniform review process and to obtain a maximum degree of comparability, the Hospital requires that Proposals be submitted with an original and 5 copies and include the information in the following sequence:

A. Title Page

   The title page must show the RFP title and solicitation number, the Proposer’s legal business and date of the proposal.

B. Transmittal Letter

   1 Each Proposer shall submit a letter briefly addressing Proposer’s commitment to perform the work described within this RFP, and a statement explaining why Proposer believes they are best qualified to perform the required work.

   2 Each Proposer shall set forth the anticipated number of employees or persons who will be otherwise retained by Proposer for performance of the work herein.

   3 Each Proposer shall also describe the firm’s service facilities. Names of all persons that are authorized to make representations on behalf of the Proposer, including the title, address, and phone number of each person shall be documented in the transmittal letter.

The Proposer shall certify that its firm is duly qualified, capable, and an otherwise bondable business entity, is not in receivership and does not contemplate it, and has not filed for bankruptcy. Further, Proposer must certify that neither the firm nor any of its shareholders, officers, directors or other principals is currently delinquent with respect to payment of property taxes. An authorized agent for the Proposer must sign the transmittal letter, indicating the agent’s title or authority. The transmittal shall not exceed three (3) pages.
C Technical Proposal

Each proposal must set forth, in detail, the Statement of Work and address the ability to meet each requirement set forth in this solicitation. The following program components should be specifically described:

1. Emergency physician staff services 24/7/365.
2. Medical Director. Describe qualifications and how he/she will be utilized to assure quality and performance indicators are mutually established and consistently met.
3. Hospitalist program proposed for Perry Memorial Hospital. Include staffing needs and outside referral process.
4. Utilization Management. Describe how the program monitors physician utilization and controls cost.
5. Quality Initiatives. Describe how the program will improve quality and patient satisfaction at Perry Memorial Hospital. Describe what quality metrics would be provided to measure the performance of the ED physicians. Describe what quality metrics would be provided to measure the performance of the Hospitalist physicians.
6. Recruitment. Describe how your organization will recruit for the positions.

D Cost Proposal

Each proposal must contain all cost information relative to the cost of services to be provided. We are requesting fee quotes based on the following:

- Coverage based on an hourly rate basis
- Coverage based on a fee-for-service basis

If a Proposer wishes to decline to quote on either the hourly rate or fee-for-service basis please indicate in your response which option you wish to decline proposing on.

All Cost Proposals will be considered based on the evaluation and selection criteria in Part 3 of this request for proposal.

The Cost Proposal is required to be submitted separately from the remainder of the proposal, in a separately sealed envelope.

E References

1. Each Proposer shall furnish the Hospital a list of at least three (3) current or former clients to serve as references for which the Proposer has provided similar goods, commodities and, or services within the last five (5) years. Each reference must include the business name, address, telephone number and name of at least one (1) person who the Hospital may contact. Hospital representatives may contact or visit the locations of any of the references provided herein to evaluate the goods and services furnished by Proposer.

2. Each Proposer shall furnish the Hospital with a list of three (3) current and pertinent financial references, which shall include the business name, address, telephone number and name of at least one (1) person who the Hospital may contact.

F Qualifications and Experience

Each Proposer shall furnish the Hospital with a description of the qualifications and experience of the group and its members, including, but not limited to, physicians and other providers that will be providing the services described herein.
G Supplemental Information

Each Proposer shall furnish the Hospital the following information:

1 List of any and all subcontractors that Proposer intends to utilize in connection with the services performed in response to this RFP.

2 A summary of any litigation filed against the Proposer in the past three (3) years that relates to services that Proposer provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, and the outcomes or projected outcome of the case.

3 Any pending disciplinary action against the proposer, the proposer’s agents or physicians by any hospital, any state agency or licensing board where the proposer and/or the proposer’s agents have provided medical services.

4 Financial statements for the past two (2) years, annual reports or other similar evidence of the Proposer’s financial stability.

5 Identify any contract terms and/or conditions Proposer requires.

6 Provide evidence of current levels of insurance.

7 Any additional information that the Proposer determines is relevant for consideration by the Hospital.

H Attachments

Proposers shall provide an original executed receipt for each addendum issued by the Hospital (if applicable), along with its proposal.

I Proposal Forms

The following forms must be completed and signed by a representative of the Proposer who is vested with authority to legally bind the Proposer:

1 Exhibit A – Business Associate Agreement
PART 3 - EVALUATION AND SELECTION PROCESS

3-1 EVALUATION PROCEDURE
A review and selection committee established by the Hospital, to determine the overall compliance to the RFP specifications and format, will examine each proposal. The review and selection committee will consist of Hospital personnel and others as warranted. The Hospital’s Chief Executive Officer shall make the final recommendation to the Hospital Board of Directors. The Hospital shall be the sole judge of its own needs and requirements relating to the RFP, all proposals submitted, and any resulting negotiated contracts. The Hospital’s decisions shall be final.

3-2 EVALUATION CRITERIA
Each proposal will be weighed and evaluated based on the following categories:

A  Qualifications and Experience of Proposer
B  Quality Improvement Program to include but not limited to:
   1  Core Measures
   2  Evidence based best practices / protocols
   3  Patient satisfaction
   4  Hand off Communications
   5  Timeliness of service provisions
   6  Accuracy & thoroughness of documentations
C  Utilization Management
   1  Medically necessary cost
D  Cost Proposal
E  Financial Stability of the Proposer

3-4 Right to Reject Proposals
The Hospital reserves the right without prejudice to reject any or all proposals.
PART 4 - STATEMENT OF WORK

4-1 RESPONSIBILITY/QUALITY ASSURANCE

It is the sole responsibility of the Proposer to read and understand the requirements and specifications herein. The Proposer must have a written Performance Improvement program with established monitoring, peer review and corrective action plans.

4.2 HOSPITAL MISSION, VISION AND VALUES

MISSION STATEMENT:

It is the Mission of Perry Memorial Hospital to provide compassionate, quality health services to the people and communities we serve.

VISION STATEMENT:

Perry Memorial Hospital will be the active leader to consistently meet the healthcare needs of the communities we serve through development of external and internal partnerships and processes which support the care continuum that delivers excellent quality care and customer service.

VALUES:

- **Service Excellence** – A demonstrated commitment to exceeding service expectations while providing quality healthcare.
- **Integrity** – We advocate and emulate high ethical conduct in all we do.
- **Leadership** – While taking the initiative, we will lead through example and promote teamwork.
- **Respect** – We serve others as we would have them serve us.
- **Accountability** – We are responsible for our actions.

4.3 HOSPITAL SERVICES

The hospital is a full service acute care hospital located in Princeton, Illinois. Perry Memorial Hospital is located in Bureau County and serves a rural population of approximately 35,000 residents. The primary admitting diagnoses include congestive heart failure, pneumonia, diabetes, renal failure and hypertension. About 54% of the inpatient admissions are Medicare.

Statistical Data – based February 2015 Statistical Reports

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>1,173 per year (790-IP, 66-Swing Bed, and 317-Observation)</td>
</tr>
<tr>
<td>Inpatient Census</td>
<td>6.3 per day</td>
</tr>
<tr>
<td>Swing Bed Census</td>
<td>1.1 per day</td>
</tr>
<tr>
<td>Observation Census</td>
<td>0.9 per day</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>2.9</td>
</tr>
<tr>
<td>Swing Bed</td>
<td>6.1</td>
</tr>
<tr>
<td>54% of inpatient admissions are Medicare</td>
<td>(04-30-2014 Medicare Cost Report)</td>
</tr>
<tr>
<td>Emergency Department visits</td>
<td>9,500</td>
</tr>
<tr>
<td>ER Level %:</td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>3%</td>
</tr>
<tr>
<td>Level 2</td>
<td>26%</td>
</tr>
<tr>
<td>Level 3</td>
<td>27%</td>
</tr>
<tr>
<td>Level 4</td>
<td>38%</td>
</tr>
<tr>
<td>Level 5 &amp; critical care</td>
<td>6%</td>
</tr>
<tr>
<td>Trauma Designation</td>
<td>Level 3</td>
</tr>
</tbody>
</table>
4.4 SPECIFIC REQUIREMENTS

The successful Proposer will exclusively provide all Emergency Department Services and/or Inpatient Hospitalist Services required to care for the patients treated at the Hospital and to operate the Departments determined by the Hospital and its Medical Staff in accordance with recognized professional standards. The Proposer will provide the following services:

A There will be no relationship of employer or employee created by any subsequent agreement. Any physician providing services for the service provider will not have a claim against the hospital for benefits such as, but not limited to: vacation pay, sick leave, retirement benefits, unemployment, workers compensation.

B The service provider shall supply a physician who shall act as a Medical Director for the service.

C Service provider contracts with or employs physicians duly licensed to practice medicine in the State of Illinois and qualified as doctors of medicine to furnish all Emergency Department Services and/or hospitalist services, which will include adult and pediatric medical and critical care services. All unassigned medical patients requiring admission to the hospital will be the responsibility of the hospitalist physicians as well as consultations requested by other staff physicians. Many patients who are treated in the emergency department do not have a personal physician on the medical staff. The hospital retains the right to approve all physicians employed by the Service Provider that will provide services at the Hospital.
D The hospital will not exercise any control or direction over the methods by which Physicians shall perform their work functions.

E The Hospitalist will provide twenty-four hour coverage seven days per week and will be provided 365 days per year.

F The Emergency Physician will provide twenty-four hour coverage seven days per week and will be provided 365 days per year.

G All Emergency Physicians not Board Certified in Emergency Medicine will be certified and shall remain certified in ACLS, PALS and ATLS.

H ED and / or Hospitalist physician must be able to obtain appointment to the Hospital Medical Staff for the appropriate department and maintain those privileges.

I ED and / or Hospitalist physician group will function as a group practice, effectively communicating within the group to effect continuity of care, patient, safety, and efficient utilization of resources.

J The Hospital will bill and collect for professional services. The Hospital will retain the proceeds from the professional billing.

K The hospital shall be responsible for and entitled to the billing and collection of all charges for non-physician services rendered to the patients to whom the services are provided to in ED and / or as inpatients.

L Participation with the Hospital’s Performance Improvement and Peer Review activities consistent with hospital licensing and accreditation standards.

M Participation in the development of and adherence to protocols, which support evidenced based care, best practices, and patient satisfaction.

N Regular consultation between the Chief of Staff, the Medical Director, the Administrator, Medical Executive Committee, on matters related to the Department including productivity, quality, service, and patient satisfaction.

O Documentation in the medical record will be timely, legible, and in keeping with the Medical Staff By-Laws, Rules and Regulations, Policies and Procedures.

P ED and/or Hospitalist will consistently and appropriately utilize the Electronic Medical Record for all documentation and order entry.

Q Hospitalist will provide care to both adult and pediatric patients in an inpatient setting attending to all patients at least once a day.

R The Hospitalist, if not required to be on premises, will be available and respond to calls and/or pages as agreed upon and specified in contract.

S The Hospitalist Physician will respond to calls from the ED in a timely manner promoting efficient patient flow systems and evaluate whether the patient should be admitted based on accepted medical criteria.

T Provide inpatient consultations or co-management services at the request of members of the Medical Staff.

U Covered patients will include all unassigned and community physician-referral patients consisting of traditional Medicare, Medicaid, commercially insured, indigent and self-pay patients.

V ED and / or Hospitalist physicians are expected to be in compliance with the appropriate CMS core measures including HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) > 95%.

W Participate in emergency response requirements to include Code 10-10’s and the Rapid Response Team.

X Disaster coverage to be provided by ED and /or Hospitalist physician.
Y Must complete daily information for billing purposes.

Z ED and / or Hospitalist Physicians will adhere to productivity standards agreed upon in advance by the ED Group, Hospitalist Group, and Hospital Administration.

4-5 SPECIAL PROVISIONS

A Compliance with Laws/Permits/Licenses

Successful Proposer shall give all notices and comply with all federal, state, and municipal laws, ordinances, rules, statutes, regulations, codes and orders of any public authority bearing on the performance of the contract including, but not limited to, the laws referred to in this RFP. Upon request, Proposer shall furnish to the Hospital copies of any licenses or permits required to comply with these laws, orders, ordinances, rules, statutes, regulations, and codes. The successful Proposer shall be responsible for obtaining all necessary permits and licenses required for performance under any contract resulting from this RFP.

B Insurance and Liability

1 Each and every physician and the corporation shall maintain continuous liability insurance coverage of no less than $1M/$3M that applies to each and every physician and the corporation. Defense costs are provided in addition to the limit of liability and do not erode the limit of liability.

2 ED physician and/or Hospitalist physician or Proposer is responsible for tail coverage if liability insurance coverage is on a claims-made basis.

3 The successful Proposer shall maintain Workers Compensation Insurance with limits meeting or exceeding statutory requirements.

4 Within ten (10) days following the Hospital Board’s decision to award a contract to Proposer, such successful Proposer shall provide the Hospital Certificates of Insurance evidencing the required coverage. Throughout the term of the contract, the successful Proposer shall submit original Certificates of Insurance reflecting the coverage herein to the Hospital.

5 The Hospital shall be named as an additional named insured party and a waiver of subrogation in favor of the Hospital shall be issued on all policies of insurance, as its interest may appear as stated previously. The Hospital shall be provided with 30 days advance written notice prior to any termination, cancellation or material change to said insurance policies.