

REQUEST FOR COUNCIL ACTION

SUBJECT: Award and Execute a Contract for Required Fire Department Physical Examinations

SUMMARY: Award a contract to University of Utah Occupational Health to perform annual OSHA required firefighter physical examinations and authorize the Mayor to execute the awarded contract.

FISCAL AND/OR

ASSET IMPACT: The annual cost of the contract will not exceed \$27,000 per year. Funding for Firefighter physicals is available from the Fire Administration/Professional and Technical budget (2201-431000).

STAFF RECOMMENDATION:

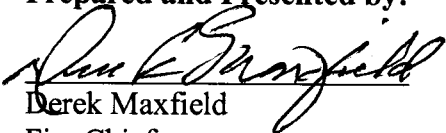
Staff recommends awarding the bid to University of Utah Occupational Health and that Council authorize the Mayor to execute the contract between the City and University of Utah Occupational Health for the required Firefighter physical examinations.

MOTION RECOMMENDED:

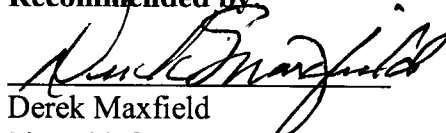
"I move to adopt Resolution No. 19-177 awarding a contract to University of Utah Occupational Health to perform required firefighter physical examinations and authorizing the Mayor to execute the contract"

Roll Call vote required.

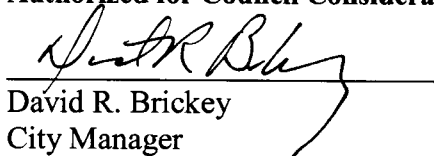
Prepared and Presented by:


Derek Maxfield
Fire Chief

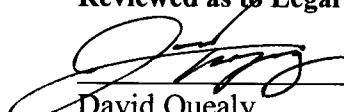
Recommended by:


Derek Maxfield
Fire Chief

Authorized for Council Consideration:


David R. Brickey
City Manager

Reviewed as to Legal Sufficiency:

 on behalf of
David Quealy
City Attorney's Office

BACKGROUND DISCUSSION:

The Fire Department is required by OSHA guidelines to perform annual physicals on all firefighters. To find a provider for the required physicals, the City issued an Invitation for Bids “seeking bids from licensed health providers to provide physicals and related tests for new fire department hires and annual checkups for existing fire department employees.” Four providers submitted bids. University of Utah Occupational Health was the lowest bidder of the four providers. In addition, the Fire Department currently has a relationship with University of Utah Occupational Health and they already hold all the medical files for past annual physicals for the Fire Department’s employees.

Staff recommends that the City Council award the contract to University of Utah Occupational Health as the lowest responsive and responsible bidder.

Attachments:

- Resolution
- Contract
- Invitation for Bids
- University of Utah Occupational Health Bid

THE CITY OF WEST JORDAN, UTAH

A Municipal Corporation

RESOLUTION NO. 19-177

**A RESOLUTION AWARDDING A CONTRACT TO UNIVERSITY OF UTAH OCCIPATIONAL
HEALTH TO PERFORM REQUIRED FIREFIGHTER PHYSIICAL EXAMINATIONS AND
AUTHORIZING THE MAYOR TO SIGN THE SAME**

WHEREAS, West Jordan Fire Department requires all new hires to undergo a physical examination and is required by OSHA to provide annual physical examinations to all fire fighters;

WHEREAS, the City issued an invitation for bids to provide such services;

WHEREAS, University of Utah Occupational Health submitted a bid to perform new hire and annual OSHA required physicals for employees for the West Jordan Fire Department for an annual cost not to exceed \$27,000;

WHEREAS, the City Council of the City of West Jordan has determined that the Contract between the City of West Jordan and University of Utah Occupational Health (a copy of which is attached as **Exhibit A**) to perform new hire and annual OSHA required physicals for employees for the West Jordan Fire Department in an amount not to exceed \$27,000 is acceptable; and

NOW, THEREFORE, IT IS RESOLVED BY THE CITY COUNCIL OF WEST JORDAN, UTAH; THAT:

- Section 1. The Contract to perform new hire and annual OSHA required physicals for employees for the West Jordan Fire Department is hereby awarded to from University of Utah Occupational Health, which award shall not be binding upon the City of West Jordan until the Contract amendment is fully executed by the parties.
- Section 2. The Mayor is hereby authorized to execute the attached Contract amendment between the City of West Jordan and from University of Utah Occupational Health for an annual cost not to exceed \$27,000; and
- Section 3. This Resolution shall take effect immediately.

Adopted by the City Council of West Jordan, Utah, this 25th day of September 2019.

Jim Riding
Mayor

ATTEST:

Jamie Brooks, CMC
Interim City Recorder

RESOLUTION NO. 19-177

**A RESOLUTION AWARDDING A CONTRACT WITH UNIVERSITY OF UTAH
OCCIPATIONAL HEALTH AND AUTHORIZING THE MAYOR TO EXECUTE A CONTRACT
BETWEEN THE CITY AND UNIVERSITY OF UTAH OCCIPATIONAL HEALTH**

Voting by the City Council

"YES"

"NO"

Council Member Alan Anderson

Council Member Dirk Burton

Council Member Zach Jacob

Council Member Chad R. Lamb

Council Member Chris McConnehey

Council Member Kayleen Whitelock

Mayor Jim Riding



CITY OF WEST JORDAN CONTRACT

1. **CONTRACTING PARTIES:** This contract is between the City of West Jordan, a municipality and political subdivision of the State of Utah and the following CONTRACTOR:

University of Utah Hospital and Clinics

2. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is to provide Fire Department Employee Physicals.
3. **PROCUREMENT:** This contract is entered into as a result of the Invitation for Bid form which was submitted to the City on August 22, 2019, by the contractor.
4. **CONTRACT PERIOD:** **Effective date:** October 1, 2019, **Termination date:** September 30, 2020 unless terminated early or extended in accordance with the terms and conditions of this contract. This agreement may be renewed annually for four (4) additional one (1) year terms upon mutual agreement.
5. **CONTRACT COSTS:** CONTRACTOR will be paid a maximum of **\$27,000** for costs authorized by this contract during the first term of this contract unless otherwise amended.
6. **INSURANCE:** The contractor shall maintain not less than (a) ~~DELETED~~, (b) \$2,000,000 general liability insurance with \$3,000,000 general aggregate, and (c) worker's compensation as required by state statute, during the duration of this contract.
7. **ATTACHMENT A:** Standard Terms and Conditions
ATTACHMENT B: Scope of Work
ATTACHMENT C: Insurance Certificate
ATTACHMENT D: Payment Bond – N/A
ATTACHMENT E: Performance Bond –N/A
ATTACHMENT F: University of Utah Governmental Entity Addendum
Any conflicts between Attachment A and other Attachments will be resolved in favor of Attachment A.
8. **DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:**
a. All other governmental laws, regulations, or actions applicable to the goods and/or services authorized by this contract.
b. City of West Jordan's Procurement Policies, and the Invitation for Bids (IFB) which was submitted to the City on August 22, 2019, by the contractor.

IN WITNESS WHEREOF, the parties sign and cause this contract to be executed.

CITY OF WEST JORDAN

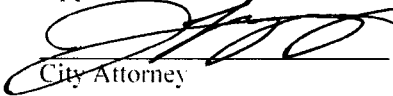
Mayor's signature

Attest:

City Recorder

Date: _____

Approved As To Form:



City Attorney

Date: 9/30/2019

On behalf of David
Quealy

CONTRACTOR:

Signature

Print Name and Title

Date: 9/18/2019

STATE OF Utah
COUNTY OF Salt Lake : SS

On this 18th day of September, 2019, personally appeared before me, Dan Lundergan, who being by me duly sworn did say that he/she/they is/are the COO of University of Utah Hospitals & Clinics, by authority of its members or its articles of organization, and he/she acknowledged to me that said limited liability company executed the same.

NOTARY PUBLIC

My Commission Expires: 09/23/2020

Residing in Salt Lake County, Utah



ATTACHMENT A: STANDARD TERMS AND CONDITIONS

1. **AUTHORITY:** Provisions of this Contract are pursuant to the authority set forth in the West Jordan Municipal Code Section 3-1-2 et seq. Mandatory applicable state and federal law and regulations also apply.
- 2.
3. **CONTRACT JURISDICTION, CHOICE OF LAW, AND VENUE:** The provisions of this Contract shall be governed by the laws of the State of Utah. The parties will submit to the jurisdiction of the courts of the State of Utah for any dispute arising out of this Contract or the breach thereof. Venue shall be in Salt Lake County.
4. **RECORDS ADMINISTRATION:** The CONTRACTOR shall maintain, or supervise the maintenance of all records necessary to properly account for the payments made to the CONTRACTOR for costs authorized by this contract. These records shall be retained by the CONTRACTOR for at least four years after the contract terminates, or until all audits initiated within the four years, have been completed, whichever is later.
5. **AUDIT OF RECORDS:** The CONTRACTOR agrees to allow City, State, and Federal auditors, access to all the records to this contract, for audit and inspection, and monitoring of services. Such access will be during normal business hours, or by appointment.
6. **CONFLICT OF INTEREST:** Contractor represents that none of its officers or employees are officers or employees of the City of West Jordan unless disclosure has been made in accordance with City ordinances and policies. Further, contractor certifies that it has not offered or given any gift or compensation prohibited by local, state, or federal law, to any officer or employee of the City of West Jordan to secure favorable treatment with respect to being awarded this Contract.
7. **INSURANCE:** The contractor shall maintain not less than (a) \$3,000,000.00 automobile insurance, (b) \$2,000,000.00 general liability insurance with \$3,000,000.00 general aggregate, and (c) worker's compensation as required by state statute, during the duration of this contract.
8. **CONTRACTOR, AN INDEPENDENT CONTRACTOR:** Contractor shall be an independent contractor, and as such shall have no authorization, express or implied to bind the City of West Jordan to any agreements, settlements, liability or understanding whatsoever, and agrees not to perform any acts as agent for the City, except as expressly set forth herein. The CONTRACTOR shall be responsible for the payment of all income tax and social security amounts due as a result of payments received from the CITY for these contract services. Persons employed by the CITY and acting under the direction of the CITY shall not be deemed to be employees or agents of the CONTRACTOR.
9. **INDEMNITY CLAUSE:** The CONTRACTOR agrees to indemnify, save harmless, and release the CITY OF WEST JORDAN, and all its officers, agents, volunteers, and employees from and against any and all loss, damages, injury, liability, suits, and proceedings arising out of the performance of this contract which are caused in whole or in part by the negligence of the CONTRACTOR'S officers, agents, volunteers, or employees, but not for claims arising from the City's sole negligence.
10. **EQUAL OPPORTUNITY CLAUSE:** The CONTRACTOR agrees to abide by the provisions of Title VI and VII of the Civil Rights Act of 1964 (42USC 2000e) which prohibits discrimination against any employee or applicant for employment or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age; and Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act of 1990 which prohibits discrimination on the basis of disabilities. Also, the CONTRACTOR agrees to abide by Utah's Executive Order, dated June 30, 1989, which prohibits sexual harassment in the workplace.
11. **SEPARABILITY CLAUSE:** A declaration by any court, or any other binding legal source, that any provision of this contract is illegal and void shall not affect the legality and enforceability of any other provision of this contract unless the provisions are mutually dependent.
12. **RENEGOTIATION OR MODIFICATIONS:** This contract may be amended, modified, or supplemented only by written amendment to the contract, executed by the parties hereto, and attached to the original signed copy of the contract.
13. **DEBARMENT:** The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract), by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the City.
14. **TERMINATION:** Unless otherwise stated in the Special Terms and Conditions, this contract may be terminated, with cause by either party, in advance of the specified termination date, upon written notice being given by the other party. The party in violation will be given ten (10) working days after notification to correct and cease the violations, after which the contract may be terminated for cause. This contract may be terminated without cause, in advance of the specified expiration date, by either party, upon 30 days prior written notice being given the other party. On termination of this contract, all accounts and payments will be processed according to the financial arrangements set forth herein for approved services rendered to date of termination.
15. **SALES TAX EXEMPTION:** The City of West Jordan's sales and use tax exemption number is E39555. The tangible personal property or services being purchased are being paid from City funds and used in the exercise of the City's essential functions. If the items being purchased are construction materials, they will be converted into real property by employees of the City.
16. **WARRANTY:** The contractor agrees to warrant and assume responsibility for all products or services that it licenses, contracts, or sells to the City of West Jordan under this contract for a period of one year unless otherwise specified and mutually agreed upon elsewhere in this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product or services will do what the salesperson said it would do, (2) the product or services will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product or services will be suitable for the ordinary purposes for which such product is used, (4) the product or services will be suitable for any special purposes that the City of West Jordan

has relied on the contractor's skill or judgment to consider when it advised the City about the product or services, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the City has not been warned. Remedies available to the City of West Jordan include the following: The contractor will repair or replace (at no charge to the City) the product or services whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product or services prove to be inadequate or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the City of West Jordan may otherwise have under this contract or provided under the Uniform Commercial Code of the State of Utah.

ATTACHMENT B: SCOPE OF WORK



ATTACHMENT C: INSURANCE CERTIFICATE



GOVERNMENTAL ENTITY ADDENDUM

This Governmental Entity Addendum (the "Addendum") is entered into and effective as of the date of the last signature executing this Addendum (the "Addendum Effective Date"), by and between the University of Utah, a body politic and corporate of the State of Utah, on behalf of its University of Utah Hospitals and Clinics ("University"), and the City of West Jordan, a municipality and political subdivision of the State of Utah ("City"), each a "Party" and collectively, the "Parties".

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. PRELIMINARY. This Addendum amends and is an integral part of that certain City of West Jordan Contract between the Parties attached hereto and incorporated herein by reference, including all Attachments thereto and documents incorporated therein by reference (the "Main Agreement"). In the event of any conflict, inconsistency or discrepancy between the Main Agreement and this Addendum, this Addendum shall govern. The Main Agreement, as amended by this Addendum, is hereinafter referred to as the "Agreement". Unless otherwise defined herein, capitalized terms used in this Addendum shall have the meanings ascribed to them in the Main Agreement. The terms "University of Utah Hospital and Clinics" and "Contractor" as used in the Main Agreement shall refer to the University as defined herein.

2. UNIVERSITY A GOVERNMENTAL ENTITY.

A. GRAMA. City acknowledges that University is a governmental entity subject to the Utah Government Records Access and Management Act, Utah Code Ann., Section 63G-2-101 et seq., as amended ("GRAMA"); that certain records within University's possession or control, including without limitation, the Agreement (but not including (i) proprietary software or (ii) materials to which access is limited by the laws of copyright or patent), may be subject to public disclosure; and that University's confidentiality obligations shall be subject in all respects to compliance with GRAMA. Pursuant to Section 63G-2-309 of GRAMA, any confidential information (other than patient information) provided to University that City believes should be protected from disclosure must be accompanied by a written claim of confidentiality and a concise statement of reasons supporting such claim. Non-specific statements of confidentiality (such as, but not limited to, designating or marking a document confidential or proprietary in a cover letter, header, footer or watermark) are insufficient to claim confidentiality under GRAMA. Notwithstanding any provision to the contrary in the Agreement, University may disclose any information or record to the extent required by GRAMA or otherwise required by law, and to University's attorneys, accountants, consultants and purchasing agents and representatives. A copy of the University's standard business confidentiality claim form may be found at: (http://fbs.admin.utah.edu/download/purchasing/Business_Confidentiality_Claim_Form.pdf).

B. GOVERNMENTAL IMMUNITY. Both Parties to this Agreement are governmental entities under the Governmental Immunity Act, §§ 63G-7-101 to -904 (2011), as amended (the "Act"). Notwithstanding any provision to the contrary in the Main Agreement, there are no indemnity obligations between these Parties. Subject to and consistent with the terms of the Act, each Party shall be liable only for its own negligent acts or omissions or those of its employees, officers, and agents while engaged in the performance of the obligations under this Agreement, and neither Party shall have any liability whatsoever for any negligent act or omission of the other Party, its employees, officers, or agents. Neither Party waives any defenses or limits of liability available under the Act and other applicable law. Both Parties maintain all privileges, immunities, and other rights granted by the Act and other applicable law.

C. INSURANCE. The University is a state institution of higher education established in 1850. It has substantial assets and maintains well-managed and efficient insurance programs which are accepted by other parties contracting with the University for similar health care services. With respect to general liability insurance, the University carries insurance through the State Risk Manager of the State of Utah up to the limits required by the State Risk Manager of the State of Utah and applicable law. With respect to professional liability insurance, the University maintains a responsibly managed and properly funded program of self-insurance. Nothing in the Main Agreement shall require University to carry different or additional insurance, and any obligations of University contained in the Agreement to name a party as additional insured shall be limited to naming such party as additional insured with respect to University's negligent acts or omissions.

3. HIPAA. The City represents that it has obtained all consents required, whether pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other law or regulation, necessary for the University to share with City the medical evaluations and information that are the subject of this Agreement.

4. MISCELLANEOUS. The Main Agreement, as amended by this Addendum, constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written and all other communications relating to the subject matter hereof. The provisions of this Addendum will survive the expiration or earlier termination of the Agreement. This Addendum shall not be deemed to amend or modify the Agreement in any manner except as specifically provided herein. The Main Agreement, as amended by this Addendum, shall remain in full force and effect, and is enforceable in accordance with its terms.

IN WITNESS WHEREOF, the Parties have caused this Addendum to be executed by their duly authorized representatives effective as of the Addendum Effective Date.

UNIVERSITY OF UTAH

By:

(Signature)

Name:

(Please Print)

Title:

Date:

CITY OF WEST JORDAN

By:

(Signature)

Name:

(Please Print)

Title:

Date:



INVITATION FOR BIDS

BID No.: WJFD20080601

BID DUE DATE: August 22, 2019 @ 2:00 p.m.

QUESTIONS DEADLINE: August 14, 2019 @ 10:00 a.m.

FIRE DEPARTMENT PHYSICALS

Please complete:

Fed Tax ID No.: 87-6000525

COMPANY Name: University of Utah Hospital and Clinics Contact Person: Jeremy Biggs MD MSPH

Phone Number: 801-213-9777 Email Address: jeremy.biggs@hsc.utah.edu

Address (orders): 5126 W. Daybreak Parkway City: South Jordan State: UT Zip: 84009

Remit Address: U of U Self Pay Billing Office PO BOX 30465 City: SLC State: UT Zip: 84130-0465

GENERAL INFORMATION

West Jordan City on behalf of the West Jordan City Fire Department (OWNER) is seeking bids from licensed health providers to provide physicals and related tests for new fire department hires and annual checkups for existing fire department employees.

DETAILED SCOPE OF WORK

General Duties:

1. Maintain a current job description for all positions and ranks within the fire department.
2. Understand the physiological and psychological demands placed on members of the fire department and the environmental conditions under which they must perform their duties.
3. Use a medical questionnaire and/or medical examination to determine the member's ability to use a respirator specific to the job.
4. Report in writing the results of the medical evaluation to the examinee and to the Fire Chief, or the Chief designee.

5. Inform, in writing, the examinee, the Fire Chief, or the Chiefs designee, as to whether or not the examinee is medically certified to perform his/her required functions in accordance applicable standards and job description.
6. Inform the examinee and the Fire Chief, or designee, of any results falling outside the normal limits. Maintain medical records of each examinee to be used to establish on-going assessments and evaluation of examinees progress for baseline data, over time.
7. Provide a complete Wellness and Performance evaluation package, in conjunction with Occupational Health, of/for the examinees, Fire Chief, or Chiefs designee to include quarterly trainings and consultations on wellness, nutrition, exercise and fitness prescription.
8. All records are to be accessible to the examinee and the Fire Chief, or designee, upon request.

Scheduling:

1. All pre-employment and annual examinations shall be scheduled in advance.
2. The examination should begin no later than 15 minutes from the scheduled appointment time. The total examination time should generally not exceed 60 minutes.

New Hire:

1. Detailed physical and medical questionnaire to include but not limited to:
 - a. Vital signs (pulse, respiration, blood pressure, and temperature)
 - b. Weight and body composition
 - c. Dermatological system (including cancer screening)
 - d. Head, ears, eyes, nose, mouth, throat, neck
 - e. Cardiovascular system
 - f. Respiratory system
 - g. Gastrointestinal system (includes rectal exam for mass, occult blood)
 - h. Genitourinary system
 - i. Endocrine and metabolic systems
 - j. (PSA for males 50 and older)
 - k. Musculoskeletal system
 - l. Neurological system
2. Audiometry
3. Visual acuity and peripheral vision testing (color and perception).
4. Pulmonary function testing.
5. TB testing.
6. Urinalysis (dipstick for glucose, ketones, leukocyte esterase, protein, blood and bilirubin) (Micro RBC, WBC, etc).
7. Laboratory Testing.
 - a. CBC w/Differential, RBC indices morphology and platelet count.
 - b. Electrolytes (Na, K, Cl, HC03 or CO2).

- c. Renal Function (BUN, creatinine).
- d. Glucose
- e. Liver Function (ALT AST direct+ indirect bilirubin & alkaline phosphates).
- f. Total cholesterol, HDL, LDL and triglycerides.
- g. Hepatitis A & B antibodies.
- h. Hepatitis panel (A,B and C).
- i. HIV Screen.
- j. MMR, Varicella, Titer (unless otherwise proven with personal vaccination history).
- 8. Chest X-Ray (posterior-anterior and lateral views).
- 9. Electrocardiography (resting 12 lead).

Annual:

- 1. Detailed physical and medical questionnaire to include but not limited to:
 - a. Vital signs (pulse, respiration, blood pressure, and temperature).
 - b. Weight and body composition.
 - c. Dermatological system (including cancer screening).
 - d. Head, ears, eyes, nose, mouth, throat, neck.
 - e. Cardiovascular system.
 - f. Respiratory system.
 - g. Gastrointestinal system (includes rectal exam for mass, occult blood).
 - h. Genitourinary system.
 - i. Endocrine and metabolic systems.
 - j. (PSA for males 50 and over).
 - k. Musculoskeletal system.
 - l. Neurological system.
- 2. Audiometry
- 3. Visual acuity and peripheral vision testing (color and perception).
- 4. Pulmonary function testing.
- 5. TB testing.
- 6. Urinalysis (dipstick for glucose, ketones, leukocyte esterase, protein, blood and bilirubin) (Micro RBC, WBC, etc.).
- 7. Laboratory Testing
 - a. CBC w/Differential, RBC indices morphology and platelet count.
 - b. Electrolytes (Na, K, Cl, HCO₃ or CO₂).
 - c. Renal Function (BUN, creatinine).
 - d. Glucose
 - e. Liver Function (ALT AST direct+ indirect bilirubin & alkaline phosphates).
 - f. Total cholesterol, HDL, LDL and triglycerides.
- 8. Electrocardiography (resting 12 lead)

9. Chest X-Ray every 5 years (posterior-anterior and lateral views).
10. Tetanus / Diphtheria Booster, every 10 years.
11. Additional testing as necessary/required for members holding a Commercial Driver's License (CDL).
12. Comprehensive Wellness and Performance evaluation
 - a. Body composition testing (using Bod Pod technology).
 - b. Functional movement screen and assessment (upper and lower body strength, flexibility, and aerobic fitness).

DELIVERABLES:

The medical evaluations must comply with the National Fire Protection Association standard. NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments (2018 Edition).

A licensed and Occupational Medicine Board Certified physician will be responsible for guiding, directing, and advising the agencies and person(s) regarding health, fitness, and suitability for duty as per NFPA 1500, 1582, OSHA 1910.134, OSHA 1910.120 and OSHA 1910.1030.

The Bidder shall familiarize itself with the nature and extent of the scope of work requirements, site, legal requirements including state and local laws, HIPPA, ordinances, rules and regulations, and the conditions affecting cost, progress of performance of the work, and shall make all such independent investigations, as Bidder deems necessary to submit a responsible bid.

TERM OF AGREEMENT:

The successful bidder will be issued a contract for a period of one (1) year with four (4) additional one (1) year renewal options upon mutual agreement.

BID SCHEDULE:

Costs should be provided on Attachment A- Cost Schedule. All costs shall remain firm and fixed for the initial term of contract.

1. New Hires examination and testing as specified in Scope of Services above:
Pricing should be based upon (0-8) new hire tests per year.
2. Annual examination and testing as specified in Scope of Services above:
Pricing should be based upon (60-80) tests per year.

PRICE ESCALATION:

Any request for price escalation must be requested 60-days prior to the contract end date of each term of the awarded contract. Request(s) should include a written justification and is subject to City approval which may not exceed 5% annually.

AWARD:

The City may award a contract to the lowest responsive and responsible bidder who provide costs as listed on Attachment A (Total Annual Cost).

SUBMITTAL:

Submit your bids electronically through the Utah Public Procurement Place (U3P) by 2:00 p.m. current Mountain Time on August 22, 2019. Proposals submitted electronically through the Utah Public Procurement Place may require uploading of electronic attachments. The Utah Public Procurement Place will accept a wide variety of document types as Word, Excel, and PDF attachments but not all. You **MAY NOT** submit documents that are embedded (zip files), movies, wmp and mp3 files or password protected files, etc. Such actions may cause your proposal(s) to be deemed as "Non-responsive".

When submitting an offer electronically through the Utah Public Procurement Place please allow sufficient time to complete the online forms and upload documents. The solicitation will end at the closing time listed in the offer. If you are in the middle of uploading your documents at the closing time, the system will stop the process and your offer will not be received by the system. It is recommended that the submission process be completed the day prior to the due date, with the knowledge that any changes/updates will be accepted through the due date and time.

Jaggaer customer support may be contacted at (800) 233-1121 for guidance on the Utah Public Procurement Place site.

Vendors are responsible for ensuring that their Utah Public Procurement Place registration information is current and correct. Stakeholders shall not be responsible for missing or incorrect information contained in the vendor registration in the Utah Public Procurement Place. Incorrect or missing vendor registration information may result in failure to receive notification from the Utah Public Procurement Place regarding this procurement.

Bids received after this deadline will be late and ineligible for consideration. Following the deadline, the names of those responding to the bid will be made public.

QUESTIONS:

Questions arising subsequent to the issuance of this bid, that could have a significant impact on the responses to the bid, should be submitted in the bid Question and Answer section Event Number # **WJFD20080601** at the Utah Public Procurement Place. All such questions should be received by

August 14, 2019 @ 10:00 a.m. current Mountain Time. Answers to questions will be posted on the Utah Public Procurement Place which will then email the answer to all Vendors that downloaded the RFP.

Only written clarifications and addenda issued by the Purchasing Department will be binding for bid evaluation and award.

It is the intention of the City to issue a purchase order (or contract) to the lowest responsive and responsible bidder that meets the bid specifications, with reasonable promptness; however, the City does not guarantee to make any purchase based upon this Invitation for Bid.

GENERAL TERMS AND CONDITIONS:

The COMPANY shall maintain, or supervise the maintenance of all records necessary to properly account for the payments made to the COMPANY for costs authorized by the City. The COMPANY shall retain these records for at least four years after this procurement terminates, or until all audits initiated within the four years have been completed, whichever is later.

The COMPANY agrees to allow City, State, and Federal auditors access to all records to this contract, for audit and inspection, and monitoring of services.

The COMPANY represents that none of its officers or employees are officers or employees of the City of West Jordan unless disclosure has been made in accordance with City ordinances and policies. Further, the COMPANY certifies that it has not offered or given any gift or compensation prohibited by local, state, or federal law, to any officer or employee of the City of West Jordan to secure favorable treatment with respect to being awarded this contract.

The COMPANY shall be an independent COMPANY and as such shall have no authorization, express or implied to bind the City of West Jordan to any agreements, settlements, liability or understanding whatsoever, and agrees not to perform any acts as an agent for the City, except as expressly set forth herein. The COMPANY shall be responsible for the payment of all income tax and social security amounts due as a result of payments received from the City for these contract services. Persons employed by the City and acting under the direction of the City shall not be deemed employees or agents of the COMPANY.

The COMPANY agrees to indemnify, save harmless, and release the City of West Jordan, and all its officers, agents, volunteers, and employees from and against any and all loss, damages, injury, liability, suits, and proceedings arising out of the performance of this contract which are caused in whole or in part by the negligence of the COMPANY's officers, agents, volunteers, or employees, but not for claims arising from the City's sole negligence.

INSURANCE REQUIREMENTS:

Workers' Compensation Insurance: Statutory workers' compensation insurance (Part A). Such insurance shall also include employer's liability (Part B) insurance in a limit of no less than \$1,000,000 for each: accident, disease, employee. No owner or officer may be excluded.

General Liability Insurance: Commercial general liability insurance on an occurrence basis arising out of claims for bodily injury (including death) and property damage. Such insurance shall provide coverage for ongoing operations and products-completed operations, blanket contractual, broad form property damage, personal and advertising injury, independent contractors and sudden and accidental pollution liability with a \$2,000,000 minimum per occurrence limit combined bodily injury and property damage, with a \$3,000,000 minimum aggregate limit, provided the general policy aggregate shall apply separately to the Contractor on a per project basis. Any aggregate limit that does not apply separately to the premises shall be at least double the required per occurrence limit.

Medical Malpractice Insurance: Contractor shall maintain medical malpractice (professional liability) insurance in an amount not less than \$2,000,000, with evidence that such policy.

Claims-Made Policies: If any policy is a claims-made policy, the policy shall provide the Contractor the right to purchase, upon cancellation or termination by refusal to renew the policy, an extended reporting period of not less than two years. The Contractor agrees to purchase such an extended reporting period if needed to ensure continuity of coverage. The Contractor's failure to purchase such an extended reporting period as required by this paragraph shall not relieve it of any liability under this Contract. If the policy is a claims-made policy, the retroactive date of any such policy shall be not later than the date this Contract is executed by the parties hereto. If the Contractor purchases a subsequent claims-made policy in place of any prior claims-made policy, the retroactive date of such subsequent policy shall be no later than the date this Contract is executed by the parties hereto.

The selected COMPANY's insurance shall at all times name the City of West Jordan, its officers, employees, and volunteers as additional insured with respect arising from any work that results from this bid/contract.

PROTECTED INFORMATION:

(a) The Government Records Access and Management Act (GRAMA), codified as Utah Code Ann., Subsection 63G-2-101, et seq., as amended, allows for limited protection of disclosure of certain confidential records. Subject to Subsection (b), all information contained in any Bids submitted to the City shall be classified as public, but only after the City has awarded and executed a Contract with the winning Bidder.

(b) Any Claim of Business Confidentiality submitted pursuant to Utah law and in accordance with GRAMA may, in the sole discretion of the City, be classified as protected information. By submitting this Bid, Bidder agrees to be bound by the City's classification of its information submitted with its Bid and releases from liability and agrees to indemnify the City for any disclosure of confidential information. To ensure the information is protected, the bidder must clearly identify in the

Executive Summary and in the body of the proposal any specific information for which a bidder claims business confidentiality protection as "PROTECTED".

c) All materials submitted become the property of the City, including originals, and will not be returned. Materials may be evaluated by anyone designated by West Jordan as part of the proposal evaluation committee.

All materials submitted become the property of West Jordan, Utah. Materials may be evaluated by anyone designated by West Jordan as part of the proposal evaluation committee. Informative Materials submitted may be returned only at West Jordan's option.

Bidder's Authorized Representative

Bidder's Name Dan Lyndergan Bidder's Title COO

Signature Dan Lyndergan Date 8/16/2019



**NON-COLLUSION AFFIDAVIT TO BE EXECUTED BY BIDDER AND
SUBMITTED WITH BID**

_____, being first duly sworn, deposes and says that he or she is _____
of _____, the party making the foregoing bid. The bidder, offeror, or contractor represents that
it has not: 1) provided an illegal gift or payoff to a West Jordan City officer or employee or former West Jordan City officer
or employee, or his or her relative or business entity; 2) retained any person to solicit or secure this contract upon an
agreement or understanding for a commission, percentage, brokerage or contingent fee, other than as exempted in the city
conflict of interest ordinance; or 3) knowingly influenced (and hereby promises that it will not knowingly influence) a West
Jordan City officer or employee or former West Jordan City officer or employee to breach any of the ethical standards set
forth in the city conflict of interest ordinance, title 1, chapter 11 of the West Jordan city code.

Responsible Managing Officer Signature _____

Responsible Managing Officer Name (printed) _____

Title _____

Organization _____

Address _____

STATE OF Utah

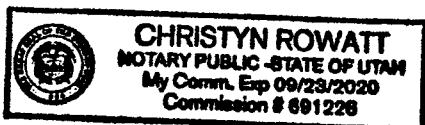
:SS

COUNTY OF Salt Lake

On this 16th day of August, 2019, personally appeared before me, Dan Lunderger who being by me duly
sworn did say that he or she is the CEO of University of Utah Health and that the foregoing instrument was signed in
behalf of said entity by proper authority, and he or she acknowledged to me that said entity executed the same.

NOTARY PUBLIC

My Commission Expires: 09/23/2020 Residing in Salt Lake County, Utah



PROPOSER: The University of Utah, a body politic and corporate of the State of Utah, on behalf of its University of Utah Occupational Medicine Program.

1) *Description of Qualifications:*

The University of Utah Occupational medicine practice has only board-certified Occupational Medicine physicians staffing the clinics. Currently we have nine board certified occupational medicine physicians on staff. We have been providing health, fitness, and suitability for duty evaluations for fire departments, police departments, the FBI local field office, United States Secret Service, US Army Corp of Engineers, and many other institutions for several decades. The providers at the University of Utah are very familiar with the NFPA 1582 standards. The Occupational Medicine clinic has constructed thorough screening questionnaires that directly reference each section of the NFPA 1582 and correspond to the specific medical qualification section in the NFPA 1582 2018 Standard. We also manage several OSHA regulated programs throughout the country and are very familiar with OSHA standards and regulations.

Each physician has a copy of the NFPA 1582 standard for reference. If a member or candidate has any medical history, physical exam finding, or test result that is at issue per NFPA 1582, the physician references the specific subsection of the NFPA 1582 and bases any further tests, requests for information, or consultations on the standard. Additionally, as the largest group of Occupational Medicine certified physicians in Utah, the group is able to consult with each other for those rare cases that are not described in the NFPA 1582. The Occupational Medicine physicians also regularly meet to discuss employer's needs, including those of West Jordan to attempt to be highly responsive to the needs of both the firefighting professionals and West Jordan Fire Department.

2) *Scope of work requirements, site, legal requirements including HIPPA and other rules and regulations.*

The University of Utah Health care system uses the EPIC electronic medical record system, which is HIPPA compliant. If any outside medical records are obtained, they are scanned into the specific patient chart in EPIC and then securely destroyed.

3) *A description of all services the University of Utah Occupational Medicine clinics will be able to provide on an on-going basis over the one to four-year contract period.*

The University of Utah's Firefighter Examination protocol is designed to be compliant with both NFPA 1582 (most recent edition) and Utah's new Code developed from Senate Bill 135, 2015 G.S., Workers Compensation Coverage for Firefighters.

All pre-employment and annual examinations are scheduled in advance with our program coordinators. All exams are started within 10-15 minutes of the scheduled time and generally are about 60 (based on injury care/walk-ins). If engines are scheduled, this time is usually shorter based on clinic flow.

Pre-Employment Physical Exams will include the following:

1. Detailed physical and medical questionnaire, based on NFPA 1582 for candidates, Section 6
 - a. Vital signs (pulse, respiration, blood pressure, and temperature
 - b. Weight, height and BMI, body composition.
 - c. Dermatological system (including cancer screening)
 - d. Head, ears, eyes, nose, mouth, throat, neck
 - e. Cardiovascular system
 - f. Respiratory system
 - g. Gastrointestinal system (includes rectal exam for mass, prostate exam, occult blood as indicated)
 - h. Genitourinary system
 - i. Endocrine and metabolic systems
 - j. (PSA for males 50+)
 - k. Musculoskeletal system
 - l. Neurological system
2. Audiometry
3. Visual acuity, peripheral vision testing (color and depth perception)
4. Spirometry (pulmonary function testing)
5. Tuberculosis testing
6. Urinalysis (dipstick for glucose, ketones, leukocyte esterase, protein, blood and bilirubin) (Micro RBC, WBC, etc)
7. Laboratory testing
 - a. Complete blood count (CBC) w/ Differential. Includes Red Blood Cell indices, morphology and platelet count
 - b. Electrolytes (sodium, potassium, chloride, bicarbonate)
 - c. Renal function (blood urea nitrogen (BUN), creatinine)
 - d. Glucose
 - e. Liver function (ALT AST direct + total Bili & Alk phosphates)
 - f. Total cholesterol, High density lipids (HDL), low density lipids (LDL) and triglycerides
 - g. Prostate specific antigen (PSA) for males 50+ if needed it will be provided at the line item cost)
 - h. Hepatitis A, B and C antibodies, test of immunity
 - i. Hepatitis panel (A IgM antibody, B IgM Antibody)
 - j. HIV 1,2 screen

- k. Measles, Mumps, Rubella (MMR)/Varicella titers (unless otherwise proven with personal vaccination history)
- 8. Electrocardiography (resting 12 lead) with interpretation
- 9. Chest X-Ray (posterior-anterior and lateral views)
- 10. Tetanus/Diphtheria and Pertussis booster, every 10 years
- 11. Additional testing as necessary/required for members holding a Commercial Driver's License (CDL)

Annual Exams will include the following:

- 1. Detailed physical and medical questionnaire based of NFPA 1582 Standard for Members, Section 9
 - a. Vital signs (pulse, respiration, blood pressure, and temperature)
 - b. Weight, height and BMI, body composition
 - c. Dermatological system (including cancer screening)
 - d. Head, ears, eyes, nose, mouth, throat, neck
 - e. Cardiovascular system
 - f. Respiratory system
 - g. Gastrointestinal system (includes rectal exam for mass, prostate exam, occult blood)
 - h. Genitourinary system
 - i. Endocrine and metabolic systems
 - j. Prostate specific antigen (PSA) for males 50+ (if needed it will be provided at the line item cost)
 - k. Musculoskeletal system
 - l. Neurological system
- 2. Audiometry
- 3. Visual Acuity and peripheral vision testing (color and depth perception)
- 4. Spirometry (pulmonary function testing)
- 5. Tuberculosis testing
- 6. Urinalysis (dipstick for glucose, ketones, leukocyte esterase, protein, blood and bilirubin) (Micro RBC, WBC, etc.)
- 7. Laboratory testing
 - a. Complete blood count (CBC) w/ Differential. Includes Red Blood Cell indices, morphology and platelet count

- b. Electrolytes (sodium, potassium, chloride, bicarbonate)
 - c. Renal function (blood urea nitrogen (BUN), creatinine)
 - d. Glucose
 - e. Liver function (ALT AST direct + total Bili & Alk phosphates)
 - f. Total cholesterol, High density lipids (HDL), low density lipids (LDL) and triglycerides
 - g. Prostate specific antigen (PSA) for males 50+ (if needed it will be provided at the line item cost)
 - h. HIV 1,2 screen (as needed, line item cost)
8. Electrocardiography (resting 12 lead) with interpretation
 9. Chest X-Ray every 5 years (posterior-anterior and lateral views) (if needed it will be provided at the line item cost)
 10. Tetanus/Diphtheria and Pertussis Booster, every 10 years (if needed it will be provided at the line item cost)
 11. Additional testing as necessary/required for members holding a Commercial Driver's License (CDL)
 12. Comprehensive Wellness and Performance evaluation
 - a. Body composition testing (Using Bod Pod or other equivalent technology)
 - b. Functional movement screen and assessment (upper and lower body strength, flexibility, and aerobic fitness) (Not included in bundled pricing listed below, separate line item cost based on program choices)

PRICING:

Annual Examination and testing as specified in Scope of Services above:

- **\$250** (including many of the below line items as noted).

Pre-Employment Examination and testing as specified in Scope of Services above:

- **\$330** (including many of the below line items).

ADDITIONAL SERVICES:

- PSA for males 50 and above: \$35
- Chest X-ray at time of exam (posterior-anterior and lateral views) \$50
- Chest X-ray (posterior-anterior and lateral views) \$75
- Tdap Vaccine, every 10 years \$59
- Hemoglobin A1c \$20
- Arsenic Assay (random urine creatinine) \$40
- Lead, blood (Zinc Protoporphyrin [ZPP]) \$42

• Morphology Review		\$21
• Blood Type		\$30
• Blood RH		\$30
• Titmus Vision Test	Included in Exam	\$15
• Treadmill Stress Test (with imaging)		\$260
• Echo Doppler Color Circulation Flow	Included	\$0
• Echo Doppler PW/CW limited	Included	\$0
• EKG with interpretation	Included in Exam	\$32
• Spirometry	Included in Exam	\$30
• Chest X-ray (AP Only)		\$60
• Audiogram	Included in Exam	\$25
• Visual Acuity Test	Included in Exam	\$15
• DOT Exam	Included in Exam	\$75
• PPD/Tuberculin Test	Included in Exam	\$18
• MMR titer, as needed:		\$65
• Varicella Titer, as needed:		\$25
• Hepatitis A Antibodies titer		\$38
• Hepatitis B Antibodies titer		\$20
• Hepatitis C Antibodies titer		\$20
• HIV 1,2 Screen lab test		\$25
• Venipuncture	Included in Exam	\$17

Vaccinations

• Injection Fee	\$17
• Hepatitis A	\$65
• Hepatitis B	\$50
• TwinRx (Hep A&B)	\$96
• Meningococcal Vaccine	\$125
• MMR	\$82
• Tetanus, diphtheria, pertussis	\$50
• Oral Typhoid	\$80
• Polio vaccination	\$40
• Influenza	\$25
• Varicella vaccine	\$135
• Yellow Fever	Travel Clinic

- ⬇ Annual Examination costs **\$250.**
- ⬇ Baseline/Pre-Employment costs: **\$330.**
- ⬇ Prices listed above are charged if conducted without a physical examination or on a separate date than the physical examination or if they are not included in the annual or pre-employment testing item list
- ⬇ Audiometry: This will be conducted on a Benson Audiometer

- ✚ Spirometry: NSpire spirometry is used
- ✚ Vision: Titmus machine is used
- ✚ Comprehensive Wellness and Performance Evaluation costs: \$140-\$150 on average see below for details.

University of Utah Health Care and University of Utah Hospitals and Clinics are operational units of the University of Utah. The University of Utah is a body politic and corporate of the State of Utah, and this legal form is set out in the Utah Code. Utah Code Ann. § 53B-2-101(1)(a) ("The following institutions of higher education are bodies politic and corporate with perpetual succession and with all rights, immunities, and franchises necessary to function as such: (a) the University of Utah Occupational Medicine Clinic").

University of Utah Health Care is the Intermountain West's only academic health care system, combining excellence in patient care, the latest in medical research, and teaching to provide leading-edge medicine in a caring and personal setting.

As part of that system, University of Utah Health Care, with 4,330 employees, relies on more than 1,000 board-certified physicians who staff four University hospitals (University Hospital, Huntsman Cancer Hospital, University Orthopedic Center, and the University Neuropsychiatric Institute), 11 community clinics, and several specialty centers including the John A. Moran Eye Center, the Cardiovascular Center, the Clinical Neurosciences Center, the University Dermatology Center, Utah Diabetes Center and the Rocky Mountain Center for Occupational and Environmental Health. These award-winning institutions are staffed by some of the best physicians, nurses, specialists, and care providers who serve patients across the spectrum of health care in more than 200 medical specialties a depth and breadth of services unparalleled by any other local health care system. The University of Utah is one of only two health systems in the US to have been ranked in the top 10 academic centers for quality for over 5 consecutive years!

Out of nearly 60 hospitals in Utah, University of Utah Hospitals and Clinics is ranked #1 in the Salt Lake City Metro Area and in Utah. Moreover, its academic partners at the University of Utah School of Medicine and Colleges of Nursing, Pharmacy, and Health are internationally regarded research and teaching institutions. The University of Utah began teaching medical courses in 1905; students began treating their first patients in 1942 at the Salt Lake County hospital. Since University Hospital in Salt Lake City opened its doors with 220 beds in 1965, we have grown from a single hospital to an extensive health care system that includes four hospitals with 526 beds and 10 neighborhood health centers along the Wasatch Front and in Summit County. University of Utah Hospitals and Clinics is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Our corporate headquarters is located at University Hospital, 50 N. Medical Drive, Salt Lake City, UT 84132. Our organization combines both medical and operational expertise and accountability to effectively manage our business.

The University of Utah Occupational Medicine Program at the Rocky Mountain Center for Occupational and Environmental Health has earned its reputation by maintaining an unwavering focus on providing the highest quality, compassionate care without compromise. The University of Utah Health Sciences Center serves the people of Utah and beyond by continually improving individual and community health and quality of life.

Additional University Healthcare statistical information may be found here:
<http://healthcare.utah.edu/about/campusprofile.htm>

Our specialists, all board-certified physicians in occupational medicine, are nationally recognized as leaders in their field, offering the highest level of expertise in the intermountain region. As part of our commitment to top quality, we do not currently use midlevel providers to do firefighter physical examinations.

The occupational medicine physician agrees to provide the Fire Chief or his designee a written recommendation as to whether the West Jordan Fire employee is medically certified to perform his/her assigned duties within 5 BUSINESS DAYS of the completion of the examination. Provider phone consultations with the Fire Chief or his designee regarding certain health-related questions, related to drug screens, drug screen results and work-related injury and illness, which may arise during the course of doing business as a firefighter, shall be part of the exam protocol when requested.

Occupational Medicine Clinics: Clinic Hours: Monday - Friday: 8am-5pm 801-213-9777

Redwood Health Center
1525W 2100S
Salt Lake City, UT 84119

South Jordan Health Center
5126 W. Daybreak Parkway
South Jordan, UT 84095

Parkway Health Center
145 W. University Parkway
Orem, UT 84058

Urgent Care (available at several locations, including Redwood and South Jordan):

Monday - Sunday:
9 am-9pm South Jordan Health Center
9 am-9pm Redwood Health Center;

Urgent Care is also available at the Greenwood Health Center location in Midvale, UT; the Parkway Health Center location in Orem, UT; the Centerville Health Center location in

Centerville, UT; the Westridge Center in West Valley, UT; and the Redstone Clinic in Park City, UT.

24-hour Emergency Departments:

University Hospital

50 North Medical Drive

Salt Lake City, UT 84132

South Jordan Health Center

5126 W. Daybreak Parkway

South Jordan, UT 84095

Please see the following page for a list of all University Health Care Community Clinic locations.

Community Clinics



Centerville

Centerville Health Center
26 S. Main St., Centerville, Utah 84014 801-693-7900

Midvale

Greenwood Health Center
7495 S. State St., Midvale, Utah 84047 801-213-9400

Orem

Parkway Health Center
145 W. University Parkway, Orem, Utah 84058 801-234-8600

Park City

Redstone Health Center
1743 W. Redstone Center Drive, Suite 115, Park City, Utah 84098 435-658-9200

Salt Lake City

Madsen Health Center
555 S. Foothill Drive, Suite 301, Salt Lake City, Utah 84112 801-581-8000
Redwood Health Center & Urgent Care Clinic
1525 West 2100 South, Salt Lake City, Utah 84119 801-213-9900
Urgent Care Clinic (No appointment needed • Hours: Mon.-Fri. 5 p.m.-8 p.m., Sat.-Sun. 9 a.m.-8 p.m.)

South Jordan

South Jordan Health Center
5126 W. Daybreak Parkway, South Jordan, Utah, 84095 801-213-4500

Stansbury Park

Stansbury Health Center
220 Millpond Road Suite 100, Stansbury Park, UT 84074 435-843-3000

Sugar House

Sugar House Health Center
1138 E. Wilmington Ave., Salt Lake City, Utah 84106 801-581-2000

West Valley City

Westridge Health Center
3730 West 4700 South, West Valley City, Utah 84129 801-213-9200

- ✦ Highly skilled, caring physicians
- ✦ Same-day appointments available
- ✦ Most insurance plans accepted

For more information, go to:
healthcare.utah.edu/primarycare

The occupational medicine providers have cared for over 60,000 employees in the many years they have been working in the community.

The physicians have over 100 years of aggregate experience in occupational health.

- **Physician expertise and experiences are especially strong in:**
- **Medical surveillance and injury care for first responders and public safety employees**
- **Firefighter physicals based on NFPA 1582 Standard**
- **Commercial Driver Medical Examinations ("DOT" exams)**
- **Evidence-based medical care for injured workers**
- **Opioid abuse and prevention in the Worker's Compensation setting**
- **Advanced Consultation Services**

Medical surveillance and injury care for first responders and public safety employees:

Our clinics have been performing firefighter and police examination services for several area municipalities hazardous materials exams for many years. Our physician group, intimately familiar with the NFPA and OSHA standards for medical surveillance of first responders and public safety employees, commonly consults with and provides talks or lectures for Unified Fire Authority and South Jordan Fire on health, wellness and workplace safety. Occupational Medicine Clinic providers have partnered with the University of Utah's orthopedic and sport's medicine specialists to develop onsite injury care and triage for firefighters and trainees.

Firefighter physicals based on NFPA 1582 Standards:

The board-certified occupational medicine physicians at the University of Utah are very familiar with the NFPA 1582 standards. The physicians have set up screening questionnaires that directly reference each section of the NFPA 1582 that corresponds to the specific sections in the NFPA 1582 standard. Each physician has a copy of the standard to reference.

The University of Utah's Occupational Medicine Public Safety Medical Director, Jeremy Biggs MD MSPH has given talks and lectures to Fire Departments on the NFPA 1582 Medical Standards. Dr. Biggs and Dr. Cheng (Occupational Medicine clinic director) have developed study protocols to address health of firefighters.

"DOT" Commercial Driver Medical Examinations (CDMEs):

The occupational medicine physicians have performed thousands of CDMEs and have unparalleled experiences in this area. Drs. Hegmann and Wood have taught "DOT" (commercial driver medical) examinations nationally since 1995, which was the year of inception of this training in the US. Dr. Hegmann served as the first chair of the FMCSA's Medical Review Board (2006-2010), which oversees the development of medical qualification guidance for the FMCSA. In that position, he also had contacts with all other modes of transportation in the Department of Transportation, including Federal Transit Authority (FTA).

Drs. Hegmann and Wood have also been training the USA's workforce in CDME examinations in advance of the requirements of the National Registry of Certified Medical Examiners, having already trained over 1,000 physicians and other providers nationally.

Dr. Wood was the first recipient of a fellowship from the American College of Occupational and Environmental Medicine to study the health of commercial drivers at the FMCSA. Drs. Hegmann and Wood, along with colleagues at the University of Utah, have now conducted studies of the health of over 800 truck drivers. They and other colleagues are currently working on a study of the efficacy of a health promotion program in a truck driving population.

Evidence-based medical care for injured workers:

Our physicians provide the highest quality care possible for injured workers in clinic by using scientifically-based guidelines. Our physicians help to oversee the research and writing for the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines (APG). These Guidelines include evidence-based assessments and recommendations. These Guidelines synthesize over 19,000 publications and are adopted in some states as presumptively correct for worker's compensation injuries. They have also been admitted in US federal courts. Dr. Hegmann is the Editor-in-Chief of these Guidelines. Drs. Hughes and Biggs serve as the Assistant Editors.

Opioid abuse in the Worker's Compensation setting:

Dr. Hegmann, ACOEM Guideline's led efforts to develop a dedicated guideline on opioids in 2014. He also lectures nationally and internationally on the risks of opioids in the workplace. The findings of the ACOEM Guidelines on opioids have now been largely adopted by the US Centers for Disease Control in their draft opioid guidelines.

Dr. Cheng is a former University of Utah Vice President's Clinical and Translational Research Scholar in the field of Opioids, with an emphasis on disability and worker's compensation. Dr. Cheng has received a national grant for education on risks of opioids. Dr. Biggs and Dr. Hughes have consulted with national vendors in providing information on use of Opioid medications and guidelines.

Advanced Consultation Services:

Consultation work such as complex fitness for duty exams, impairment ratings and independent medical examinations are performed by our physicians through a third clinic at the Rocky Mountain Center for Occupational and Environmental Health at the University of Utah, 391 Chipeta Way, Suite C, Salt Lake City, UT 84108. 801-581-5056. The Center has highly specialized testing equipment that is for those purposes in that location.

Staff roles:

West Jordan Fire RFP's key contact:
Jeremy Biggs, Medical Director, Occupational Medicine
801-213-9777, Jeremy.biggs@hsc.utah.edu

The following table summarizes the staffing for the Occupational Medicine Department. Curriculum vitae's/Biosketches are included in Exhibit B. Additional full-length CV's available upon request.

Occupational Medicine Clinics staffing as of July 2019

Staff Person	Title¹	Function²	Facilities Served
Jeremy Biggs, MD, MSPH, FACOEM	Assistant Professor Medical Director RMCOEH Specialty Services Clinic/Public Safety Medical Director	Clinic physician	SJHC (RWC: Consultations) PWC (Orem)
Melissa Cheng, MD, MOH, MHS, FACOEM	Assistant Professor Medical Director Occupational Medicine Clinics	Clinic physician	RWC and SJHC PWC
Kelli Graziano, MD, MOH	Assistant Professor	Clinic physician	RWC and SJHC
Kurt Hegmann, MD, MPH, FACOEM	Professor RMCOEH Director	Clinic physician	RWC SJHC cross coverage
Matthew Hughes, MD, MPH	Associate Professor RMCOEH Operations Director	Clinic physician	RWC, SJHC
Devin Owens DO MOH	Clinical Instructor	Clinic physician	RWC, PWC, SJHC cross coverage
Andrew Phillips MD MPH	Assistant Professor	Clinic physician	RWC, SJHC, PWC

Eric Wood, MD, MPH, FACOEM	Associate Professor OM Residency Program Director	Clinic physician	RWC, SJHC PWC (Orem)
Sarang Yoon MD MOH	Clinical Instructor	Clinic physician	RWC, PWC, SJHC cross coverage
Brooke Rhinehart, CPC	Program Assistant	Case management, Exam scheduling and coordination	SJHC with cross coverage of RWC
Rochelle Ludlow	Program Assistant	Case management, Exam scheduling and coordination	RWC with cross coverage of SJHC
Christina Velasquez	Medical Assistant	Patient care, including special testing for work-related exams	SJHC with cross coverage of RWC
Maria Castruita	Medical Assistant	Patient care, including special testing for work-related exams	RWC with cross coverage of SJHC
Andrew Gudmundson	Medical Assistant	Patient care, including special testing for work-related exams	RWC with cross coverage of SJHC

- 1: Physician titles include their rank within the University Of Utah School Of Medicine.
- 2: The term "Clinic physician" refers to direct patient care in the clinics.
- 3: SJHC = South Jordan Health Center, (Daybreak) Utah
- 4: RWC = Redwood Health Center, SLC Utah
- 5: PWC = Parkway Health Center, Orem Utah

All University of Utah physicians go through an extensive credentialing process at the time of hire that is reviewed and updated every two years through the Medical Staff Office. This credentialing process includes review and verification of academic history, licensing, board certification, criminal history, medical malpractice history, history of workplace disciplinary actions, and considers letters of reference from current and former colleagues. The process also considers evidence of past training and experience when determining the range of medical services that a physician or mid-level provider will be authorized to provide. The application for credentialing is considered by committees that make the final decision to accept or reject an applicant's request for privileges to practice medicine within a University of Utah facility.

Medical assistants and other staff who work with University of Utah Health Care likewise undergo background and reference checks at the time of hire, including drug testing. Because

Occupational Medicine examinations often include testing that must be performed according to federal requirements, the medical assistants who work in the Occupational Medicine Clinics have to demonstrate successful completion of courses that certify them to perform pulmonary function testing according to NIOSH standards and audiograms according to CAOHC (Council for Accreditation and Occupational Hearing Conservation) standards. Occupational Medicine medical assistants go through training and demonstrate competency to perform drug screen collections, breath alcohol tests, tuberculosis skin test placement, respirator fit testing, vision screening, lab processing, and several additional patient care procedures. All medical assistants are now certified medical assistants.

The University of Utah contracts with CODA for processing and medical review of all drug and alcohol screening.

Consortium of Drug and Alcohol Testing and MRO Service (CODA), A division of occupational health care international, is a full service TPA dedicated to providing customers with the best in class service for drug and alcohol testing, background checks, physical exam management, DOT-compliance and safety technology.

The lab most often used for drug testing is Quest Diagnostics. Please refer to the following website for verification of forensic testing licensure:
<http://beta.samhsa.gov/workplace/lab-list>

At the University of Utah, we currently provide Occupational Medical services that includes annual and pre-hire medical evaluations, fitness for duty assessments, and injury care to the following first responders:

- a) South Jordan Fire
- b) South Jordan Police
- c) South Salt Lake Fire
- d) South Salt Lake Police
- e) West Valley City Fire
- f) Lone Peak Fire
- g) Draper City Fire
- h) Salt Lake City Fire
- i) BLM Wildlands Fire
- j) Unified Fire

In addition, we have over 540 active corporate clients, such as: L-3 Communications, Dannon, Barrick Gold, BHP Billiton, Biofire Diagnostics, Rio Tinto, UDOT, Marriot, Resource MFG/Prologistics, International SOS, Utah State Laboratories as well as the University of Utah.

These clients received annual physical examinations based on the applicable OSHA, MSHA, NFPA, or law enforcement standard or guideline available.

The University of Utah Health Care would be delighted to provide other services in addition to those requested in this RFP. Specifically, additional services that can be made available are

wellness, onsite primary care, and access to the University of Utah Health Plans, if desired. This can be addressed separately from this specific response to this RFP.

Current Provider Qualifications:

Details for JEREMY JAMES BIGGS

Education: MD MSPH

Name: JEREMY JAMES BIGGS

City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES

Profession: PHYSICIAN

License Type: PHYSICIAN & SURGEON

License Number: 6826265-1205

License Status: ACTIVE

Original Issue Date: 12/21/2007

Controlled Substance License Yes

Details for MELISSA CHENG

Name: MELISSA CHENG

City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES

Profession: PHYSICIAN

License Type: PHYSICIAN/SURGEON

License Number: 339706-8905

License Status: ACTIVE

Original Issue Date: 05/13/2010

Controlled Substance License Yes

Name: KELLI MARIE GRAZIANO

City, State, Zip, Country: SALT LAKE CITY, UT 84124, UNITED STATES

Profession: PHYSICIAN

License Type: PHYSICIAN & SURGEON

License Number: 7151936-1205

License Status: ACTIVE

Original Issue Date: 10/07/2008

Controlled Substance License Yes

Name: KURT TIMOTHY HEGMANN

City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES

Profession: PHYSICIAN

License Type: PHYSICIAN & SURGEON

License Number: 178736-1205

License Status: ACTIVE

Original Issue Date: 07/08/1988

Controlled Substance License Yes

Name: MATTHEW ADAMS HUGHES
City, State, Zip, Country: BOUNTIFUL, UT 84010, UNITED STATES
Profession: PHYSICIAN
License Type: PHYSICIAN & SURGEON
License Number: 3104079-1205
License Status: ACTIVE
Original Issue Date: 05/04/2000
Controlled Substance License Yes

Name: ERIC MARSHALL WOOD
City, State, Zip, Country: SALT LAKE CITY, UT 84109, UNITED STATES
Profession: PHYSICIAN
License Type: PHYSICIAN & SURGEON
License Number: 360179-1205
License Status: ACTIVE
Original Issue Date: 08/11/1998
Controlled Substance License Yes

Name: ANDREW PHILLIPS
City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES
Profession: PHYSICIAN
License Type: PHYSICIAN & SURGEON
License Number: 8790830-1205
License Status: ACTIVE
Original Issue Date: 9/17/2013
Controlled Substance License Yes

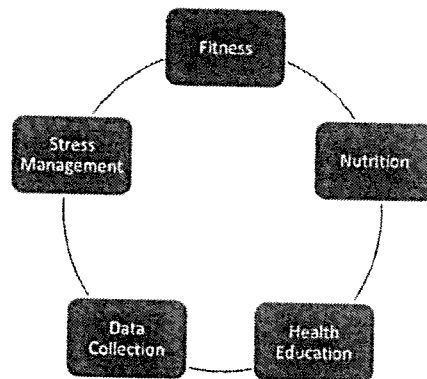
Name: SARANG YOON
City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES
Profession: PHYSICIAN
License Type: PHYSICIAN & SURGEON
License Number: 9792075-1204
License Status: ACTIVE
Original Issue Date: 5/06/2016
Controlled Substance License Yes

Name: JAMES DEVIN OWENS
City, State, Zip, Country: SALT LAKE CITY, UT 84108, UNITED STATES
Profession: PHYSICIAN
License Type: PHYSICIAN & SURGEON
License Number: 10493559-1204
License Status: ACTIVE
Original Issue Date: 8/18/2017
Controlled Substance License Yes

Comprehensive Wellness and Performance Evaluation

University of Utah Wellness Offerings for First Responders

– PEAK Health and Fitness – LS Skaggs Patient Wellness Center



Our Mission: To improve the quality of life for first responders, and create a culture of healthy behaviors that decrease the health risks associated with firefighting.

Assess

-Bod Pod body fat composition: A quick, non-invasive measurement of the percent of body fat being carried by an individual.

-Functional Movement Screen (FMS): A seven-part movement analysis that puts the individual through common movement patterns associated with athletes and first responders. Designed to identify musculoskeletal pain that if not treated, can lead to further injury. Specific feedback is given directly back to the individual so that adjustments can be made with their fitness program.

-Fitness Assessment:

- Submaximal VO₂ estimate (aerobic capacity)
- Muscular strength/endurance tests: leg stamina, prone plank, push-up, (or similar)
- Flexibility test: sit-and-reach (posterior muscle chain flexibility)

Train and Educate

- *5hrs of Fitness consultations: group, or one-on-one consultations.
- *5hrs of Dietitian consultations: one-on-one consultation with a Registered Dietitian.
- *4hrs (1hr quarterly) education training: Topics to be determined with the department.

Analyze

- Annual results and recommendations presentation to department leadership: Interpretation of data collected during Bod Pod, FMS, and Fitness Assessment (non-identifiable). This is used to target areas that the department should focus on going forward.

Value

Bod Pod, FMS, and Fitness Assessment with physician review: \$140/per person. (discounted from \$150.00)

Bod pod only with physician review: \$50/per person.

Fitness Assessment only with physician review: \$75/per person.

FMS only with physician review: \$45/per person.

*5hrs of fitness consultations: \$500/per year

*5hrs of Registered Dietitian consultations: \$325/per year

*4hrs of quarterly education training: \$400/per year

*additional consultations can be added.

Attachment A- BID No.: WJFD20080601
FIRE DEPARTMENT PHYSICALS

	Cost per Each Test	Anticipated Maximum Test per Year	Total
1. New Hires examination and testing	330	8	\$ 2,640.00
2. Annual examination and testing	250	80	\$ 20,000.00
Total Annual Cost Items (1 & 2)			\$ 22,640.00



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019		
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED: Jeremy James Biggs, M.D., M.S.P.H. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.		
THIS IS TO CERTIFY THAT THE MALPRACTICE COVERAGE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.				
TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/01/2009	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.				
AUTHORIZED REPRESENTATIVE: <u></u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE			ISSUE DATE 8/12/2019	
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED: Melissa Cheng, M.D., M.O.H., M.H.S. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.		
THIS IS TO CERTIFY THAT THE MALPRACTICE COVERAGE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.				
TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	01/15/2012	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.				
AUTHORIZED REPRESENTATIVE: <u>Cynthia Best</u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019					
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
INSURED: Kelli M. Graziano, M.D., M.O.H. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.					
THIS IS TO CERTIFY THAT THE MALPRACTICE COVERAGE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.							
TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)					
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/10/2013 [END OF UNIVERSITY EMPLOYMENT]	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">EACH OCCURRENCE</td> <td style="width: 50%; text-align: right;">\$1,000,000.00</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$3,000,000.00</td> </tr> </table> NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.	EACH OCCURRENCE	\$1,000,000.00	AGGREGATE	\$3,000,000.00
EACH OCCURRENCE	\$1,000,000.00						
AGGREGATE	\$3,000,000.00						
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.							
AUTHORIZED REPRESENTATIVE: <u><i>Cynthia Best</i></u> DATE: <u>8/12/2019</u>							



CERTIFICATE OF SELF-INSURANCE			ISSUE DATE 8/12/2019	
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED: Kurt T. Hegmann, M.D., M.P.H. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.		
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TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD		LIMITS
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/01/2001	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.				
AUTHORIZED REPRESENTATIVE: <u><i>Cynthia Best</i></u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019	
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED: Matthew Adams Hughes, M.D., M.P.H. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.	
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TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)	
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	09/24/2008 [END OF UNIVERSITY EMPLOYMENT]	LIMITS EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.			
AUTHORIZED REPRESENTATIVE: <u><i>Cynthia Rest</i></u> DATE: <u>8/12/2019</u>			



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019		
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED: James Devin Owens, D.O., M.O.H. UNIVERSITY OF UTAH (No Policy Number)	COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.			
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MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/16/2019	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
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AUTHORIZED REPRESENTATIVE: <u></u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019		
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED: Andrew Luke Phillips, M.D., M.O.H. UNIVERSITY OF UTAH (No Policy Number)	COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.			
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MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	01/04/2017	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
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AUTHORIZED REPRESENTATIVE: <u>Cynthia Best</u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019		
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INSURED: Eric Marshall Wood, M.D., M.P.H. UNIVERSITY OF UTAH (No Policy Number)	COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.			
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TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/28/2003	[END OF UNIVERSITY EMPLOYMENT]	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.				
AUTHORIZED REPRESENTATIVE: <u>Cynthia Best</u> DATE: <u>8/12/2019</u>				



CERTIFICATE OF SELF-INSURANCE		ISSUE DATE 8/12/2019	
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH CARE ("UNIVERSITY") RISK MANAGEMENT 50 NORTH MEDICAL DRIVE AA218 SOM SALT LAKE CITY, UTAH 84132		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED: Sarang Kim Yoon, D.O., M.O.H. UNIVERSITY OF UTAH (No Policy Number)		COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.	
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TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)	
MEDICAL MALPRACTICE LIABILITY ☒ CLAIMS MADE - WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	01/26/2018 [END OF UNIVERSITY EMPLOYMENT]	LIMITS EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER.
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH.			
AUTHORIZED REPRESENTATIVE: <u><i>Cynthia Rest</i></u> DATE: <u>8/12/2019</u>			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WCF MUTUAL INSURANCE COMPANY PO BOX 2227 SANDY UT 84070-2227	CONTACT NAME: PEGGY LARSEN PHONE (A/C, No, Ext): 385.351.8328 FAX (A/C, No): E-MAIL ADDRESS: PLARSEN@WCF.COM
INSURED UNIVERSITY OF UTAH 1901 E SOUTH CAMPUS DR RM 114 SALT LAKE CITY UT 84112-9350	INSURER(S) AFFORDING COVERAGE INSURER A: WCF MUTUAL INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10033

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	1635568	01/01/2019	01/01/2020	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

WEST JORDAN FIRE
7602 S. JORDAN LANDING BLVD
WEST JORDAN UT 84084

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ray Pickens



Utah Division of Risk Management

Certificate of Coverage

ISSUER: UTAH STATE RISK MANAGEMENT
5120 STATE OFFICE BUILDING
SALT LAKE CITY UT 84114
(801) 538-9560

CERTIFICATE #: CERT-2000666

ISSUE DATE: 08/14/2019

THIS CERTIFICATE CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDERS AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES REFERENCED BELOW.

COVERED ENTITY INFORMATION

COVERED ENTITY:		201 SO. PRES. CIR., RM 408	
UNIVERSITY OF UTAH		SALT LAKE CITY UT 84112	
CERTIFICATE HOLDER:		7602 S. Jordan Landing Blvd	
West Jordan City		West Jordan UT 84084	
POLICY NUMBER:	EFFECTIVE DATE:	EXPIRATION DATE:	
HE 85	07/01/2019	06/30/2020	

COVERAGES

THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED ENTITY 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 AND TO THE PROVISIONS OF THE GOVERNMENTAL IMMUNITY ACT OF UTAH (UCA §63G-7-101).

COVERAGE	LIMITS
☒ GENERAL LIABILITY ☐ Employee Dishonesty/Faithful Performance ☐ Errors and Omissions ☐ Healthcare Professional Liability ☐ Personal and Advertising Injury ☐ Product Liability/Completed Operations ☐ Professional Liability	PER PERSON PER OCCURRENCE: \$1,000,000 AGGREGATE PER OCCURRENCE: \$3,000,000 PROPERTY DAMAGE PER OCCURRENCE: \$500,000
☐ AUTO LIABILITY ☐ OWNED AUTOS ☐ NON-OWNED AUTOS ☐ HIRED AUTOS ☐ GARAGE LIABILITY	PER PERSON PER OCCURRENCE: AGGREGATE PER OCCURRENCE: PROPERTY DAMAGE PER OCCURRENCE:
☐ AUTO COMP/COLLISION	AUTO COMP/COLLISION DEDUCTIBLE:
☐ PROPERTY	PROPERTY LIMIT:
☐ COURSE OF CONSTRUCTION	COURSE OF CONSTRUCTION LIMIT:

REASON FOR REQUEST:

FY20. University of Utah Occupational Medicine administering Firefighter exams at Redwood, South Jordan and Parkway Health Centers. Malpractice provided separately. West Jordan City is additional insured with respect to the negligent acts or omissions of the University of Utah.

ADDITIONAL INSURED

☒ ADDITIONAL INSURED	☐ LOSS PAYEE
Regardless of any indemnity language in a contract between Certificate Holder and Insured Organization, unless such indemnity language is pre-approved by State Risk Management, additional insured status does not confer any coverage on the Certificate Holder for the actions or activities of the Certificate Holder, its employees or representatives.	

AUTHORIZED REPRESENTATIVE: *Mark Petersen*

DATE: 08/14/2019

Client#: 11947

UNIVUTHOS

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	CONTACT NAME: Lori Hayward	
	PHONE (A/C, No, Ext): 801 531-1234	FAX (A/C, No): 801-531-6117
	E-MAIL ADDRESS: Lhayward@moreton.com	
INSURED University of Utah Hospitals & Clinics 50 N Medical Dr. 5A224 Salt Lake City, UT 84132	INSURER(S) AFFORDING COVERAGE	
	INSURER A : WCF Mutual Insurance Company	
	INSURER B : Advantage Workers Compensation Ins Co.	
	INSURER C :	
	INSURER D :	
	INSURER E :	
		NAIC #
		10033
		40517

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	2026459	07/01/2019	07/01/2020	PER STATUTE ☒ OTH-ER ☐ E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

** Workers Comp Information **

B 2319533 Eff Date: 07/01/2019 Exp Date: 07/01/2020

WC Each Accident Limit: \$1,000,000

WC Policy Limit: \$1,000,000

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

TO WHOM IT MAY CONCERN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)

WC Each Employee Limit: \$1,000,000

** Workers Comp Information **

Other States Coverage

WA Stop Gap

WY Stop Gap

Evidence of Insurance



CERTIFICATE OF SELF-INSURANCE & PROFESSIONAL LIABILITY		ISSUE DATE:		8/14/2019
PRODUCER: UNIVERSITY OF UTAH ON BEHALF OF UNIVERSITY OF UTAH HEALTH ("UNIVERSITY") RISK MANAGEMENT 525 EAST 100 SOUTH, SUITE 4325 SALT LAKE CITY, UTAH 84102			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED: UNIVERSITY OF UTAH (No Policy Number)			COVERAGE: UNIVERSITY, ITS OFFICERS AND EMPLOYEES, AS ENTITIES AND EMPLOYEES OF THE STATE OF UTAH, ARE SELF-INSURED WITH RESPECT TO ANY CLAIM OF PROFESSIONAL LIABILITY ASSERTED AGAINST AN EMPLOYEE OF THE UNIVERSITY WHEN ACTING WITHIN THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY. COVERAGE AUTOMATICALLY RENEWS EACH JULY 1.	
THIS IS TO CERTIFY THAT THE PROFESSIONAL LIABILITY COVERAGE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.				
TYPE OF INSURANCE	POLICY NAME	POLICY PERIOD (MM/DD/YY) (MM/DD/YY)		LIMITS
MEDICAL PROFESSIONAL LIABILITY ☒ CLAIMS MADE – WITH APPROPRIATE TAIL COVERAGE	UNIVERSITY OF UTAH SCHOOL OF MEDICINE AND UNIVERSITY OF UTAH HOSPITALS AND CLINICS SELF-INSURED RETENTION TRUST FUNDS	07/01/2019	06/30/2020	PER OCCURRENCE \$2,000,000.00 AGGREGATE \$3,000,000.00 NOTE: IN ADDITION, THE UNIVERSITY CARRIES AN EXCESS INSURANCE POLICY WITH A COMMERCIAL INSURANCE UNDERWRITER
DESCRIPTION OF COVERAGE: PROOF OF COVERAGE FOR THE INSURED DURING THE COURSE AND SCOPE OF HIS/HER EMPLOYMENT AT THE UNIVERSITY OF UTAH				
WERE ANY SPECIFIC PROCEDURES EXCLUDED FROM THE PRACTITIONER'S COVERAGE? ____ YES ____ NO **UNKNOWN. PLEASE CONTACT SPECIFIC DEPARTMENT FOR THIS INFORMATION**				
HAVE THERE BEEN OR ARE THERE ANY PENDING PROFESSIONAL LIABILITY CLAIMS, SUITS, SETTLEMENTS, ARBITRATION PROCEEDINGS, OR NOTICES OF INTENT TO COMMENCE ACTION INVOLVING THIS PRACTITIONER? ____ YES ☒ NO (IF YES, PLEASE SEE ATTACHED DETAILS.)				
AUTHORIZED REPRESENTATIVE: <i>Suzette Goucher</i> DATE: 8/14/2019				

University Health Care
 Risk Management Department
 525 East 100 South, Suite 4325
 Salt Lake City, UT 84102
 (801) 581-2031
 FAX (801) 581-3042