			ATE OF LIAE				/13/	
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IMPORTANT: If the certificate holder is the terms and conditions of the policy, certificate holder in lieu of such endors	certa	in po	ITIONAL INSURED, the po plicies may require an end	olicy(ies) must lorsement. A s	be endorsed. tatement on th	If SUBROGATION IS Ward is certificate does not co	AIVED onfer r	, subject to ights to the
PRODUCER	emer	щэј.	19	CONTACT NAME: Melis	sa Adamany	······································		
43 Insurance Solutions, Inc. P.O. Box 8950				PHONE A/C, No, Ext): 608			508-2	273-1725
Madison WI 53708-8950				PRODUCER CUSTOMER ID #:	35a.adamany	<u>GIII JII JOOIN</u>		
			Ľ	JUSTOWER ID #.	INSURER(S) AFFOR			NAIC #
NSURED				NSURER A : Proc		sualty Company		16322
isconsin Community Services,	Inc	:.			onsin Insu			
732 W. Wisconsin Ave., Rm 20	0					al Insurance		22608
lilwaukee WI 53208-3166				INSURER D :				
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COVERAGES CER	TIFIC	ATE	NUMBER: 1275753087	· · · · · · · · · · · · · · · · · · ·		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF PERIOD INDICATED. NOTWITHSTANDING A WHICH THIS CERTIFICATE MAY BE ISSUED TO ALL THE TERMS, EXCLUSIONS AND CON	INSUNY RE	QUIF	CE LISTED BELOW HAVE BEE REMENT, TERM OR CONDITION	EN ISSUED TO THE	POLICIES DESCE	RIBED HEREIN IS SUBJECT	Y CT TO	
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CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,	000
CLAIMS-MADE A OCCON						PERSONAL & ADV INJURY	\$1,0	00,000
						GENERAL AGGREGATE	\$2,0	00,000
						PRODUCTS - COMP/OP AGG	\$2,0	00,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							\$	
AUTOMOBILE LIABILITY	Y		04127570-9 NST0449672	2/5/2014		COMBINED SINGLE LIMIT (Ea accident)	\$1,0	00,000
ANY AUTO						BODILY INJURY (Per person)	\$	
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ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE		
(Mandatory in NH) If yes, describe under	1		1					
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	4500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		1		Oshadula Mara				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		Attach	ACORD 101, Additional Remarks	Schedule, it more s	08			
Re: WIser Choice program, 37 Certificate holder is listed extent required by contract. Subrogation in favor of Milw	as Aı	an ito	Additional Insured liability applies	I FOR Gener	ar maorre	y, Auto and Umbre the insured. Wa	ella aiver	to the of
CERTIFICATE HOLDER	<u>a an</u>			CANCELLAT	ION			
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Milwaukee County De Human Services								
1220 W. Vliet Stree Milwaukee WI 53205	t, 8	Suit	e #301	AUTHORIZED RE	PRESENTATIVE	lamany		
L				<u></u>			. All r	ights reserve

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The ACORD name and logo are registered marks of ACORD

		ATE OF LIA				2/13/2	
HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY O SURANCI	R NEGATIVELY AMEND, E DOES NOT CONSTITUT CERTIFICATE HOLDER.	EXTEND OR ALTE E A CONTRACT E	ER THE COV SETWEEN T	HE ISSUING INSURER	s), AU	THORIZEI
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DUCER	ounonic		CONTACT NAME: Melissa	Adamany			
Insurance Solutions, Inc.			PHONE (A/C, No, Ext): 608-2		FAX (A/C, No):	608-2	<u>73-1725</u>
). Box 8950 lison WI 53708-8950			E-MAIL ADDRESS: melissa PRODUCER CUSTOMER ID #:		@m3ins.com		
				URER(S) AFFOR	DING COVERAGE		NAIC #
JRED			INSURER A : Progre	ssive Cas	sualty Company		16322
consin Community Services,	, Inc.		INSURER B:West B	end Mutua	al Insurance		22608
2 W. Wisconsin Ave., Rm 20 waukee WI 53208-3166	50		INSURER C :				
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		TE NUMBER: 783034368			REVISION NUMBER:	Y	
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GENERAL LIABILITY	Y	NST0449672	2/9/2014	2/9/2015	EACH OCCURRENCE	\$1,00	0,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$200,	000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,0	00
					PERSONAL & ADV INJURY	\$1,00	0,000
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DEDUCTIBLE						\$	
X RETENTION \$0					WC STATU-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y				TORY LIMITS ER		
AND EMPLOYERS' LIABILITY Y/I					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)]				E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
			- Cabadula if more and i	is required)	1		<u> </u>
SCRIPTION OF OPERATIONS/LOCATIONS/VEH : WIser Choice program, 37 rtificate holder is listed tent required by contract.	32 W. lasan Auto	Wisconsin Ave, Sui Additional Insure liability applies	te 310, 53208. d for General	Liabilit	y, Auto and Umbre the insured. Wa	ella M Niver	to the of
brogation in favor of Milv	auree	councy.	CANCELLATION	1			
			SHOULD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA THEREOF, NOTICE WILL I LICY PROVISIONS.	NCELL BE DELI	ED VERED
Milwaukee County De Human Services	-						
1220 W. Vliet Stree Milwaukee WI 53205	et, Sui	ite #301	AUTHORIZED REPRESENTATIVE M. Adamany				
MITMAUKEE MI 2202				~ V u	$\sim \alpha$		
milwaukee wi 53205						A 11	abto rea

DocuSign Envelope ID: C7051AB8-E437-4619-BA3F-E2BC856A2286

M3 INS SOLUTIONS INC PO BOX 8950 MADISON, WI 53708

884134 8620 1 AT 0.406 PMIDS01B 040 008620

MILWAUKEE COUNTY 1220 W VLIET ST MILWAUKEE, WI 53205

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Additional insured endorsement

Name of Person or Organization

MILWAUKEE COUNTY 1220 W VLIET ST MILWAUKEE, WI 53205



Policy number: 04127570-9

Underwritten by: Artisan and Truckers Casualty Co Insured: WISCONSIN COMMUNITY February 13, 2014 Policy Period: Feb 5, 2014 - Feb 5, 2015

Mailing Address

Artisan and Truckers Casualty Co PO Box 94739 Cleveland, OH 44101

1-800-444-4487

For customer service, 24 hours a day, 7 days a week

The person or organization named above is an insured with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. We also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page.**

Limit of Liability

Bodily Injury Property Damage Combined Liability Not applicable Not applicable \$1,000,000 each accident

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 04127570-9

Issued to (Name of Insured): WISCONSIN COMMUNITY SERVICES INC

Effective date of endorsement: 02/05/2014

Policy expiration date: 02/05/2015

Form 1198 (01/04)

ACORD [®] CERTI	FIC	CA	TE OF L	IABILITY I	NSURAI	NCE	2		MM/DD/ 25/2	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIVI THIS CERTIFICATE OF INSURANCE DO OR PRODUCER, AND THE CERTIFICAT	ELY (DES N	OR NE	GATIVELY AM ONSTITUTE A	END, EXTEND OR AL	TER THE COVI	ERAGE AFF	ORDED BY THE	E POLIC	IES B	ELOW.
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certificate holder in lieu of such endors	emen	it(s).		CONTACT						
M3 INSURANCE SOLUTIONS				NAME: PHONE			FAX			
PO BOX 8950				(A/C, No, Ext):			(A/C, No):	MAR D	5 70.	12
MADISON		WI	53708	E-MAIL ADDRESS:					20	13
24L3K		** 1	50700		SURER(S) AFFORDI					NAIC #
INSURED				INSURER A: TRAVELER	RS PROPERTY	CASUALTY	COMPANY OF	AMER	ICA	
WISCONSIN COMMUNITY SERVICES				INSURER B:						
INC &	,			INSURER C:						
3732 W WISCONSIN AVE, STE #2	200			INSURER D:						<u> </u>
MILWAUKEE WI 53208				INSURER E:						
00//504050		PEDTI		INSURER F:			EVISION NUMB			
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A AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			(6JUB-5037	P51-4-13)	02-09-13	02-09-14	TORY LIMITS	ER		
OFFICER/MEMBER EXCLUDED? Y/N	1						E.L. EACH ACCIDEN	Г	-	100,000
(Mandatory in NH)	N/A						E.L.DISEASE – EA E	MPLOYEE	\$	100,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE – POL	CY LIMIT	\$	500,000
					7					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC WAIVER OF SUBROGATION	CLES (/	Attach A	CORD 101, Addition	al Remarks Schedule, if mo	re space is required)				
CERTIFICATE HOLDER				CANCELL	ATION					
		-		SHOULD	ANY OF THE ABOVE	DESCRIBED P	OLICIES BE CANCEL		ORF TH	F

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT ADMINISTRATOR 1220 W VLIET ST SUITE 300 MILWAUKEE WI 53205 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREFO, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jua

le hac

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CONTR/	ACT FOR	M 1684 R4 (Refe	er to ADMIN	ISTRATIVE N	/ANUAL Se	ection 1.13, fo	or procedures	5)						
Mail to:										CONTR				
Preliminary:										Professional Service - Operating				
Final:									F			ce - Capital		
	Community E	Business Develo	pment Pa	rtners, 8th F	-loor City	Campus						e of Service X		
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									DCSD	40-14	045-	400A		
NAME OF VEN	DOR								ADDRESS		343-	400A		
Wisconsir	n Commur	nity Services	s, Inc.			3732 W	/est Wis	consin	Avenue, Sui					
		-				Milwaul	kee, WI	53208						
TAX I.	D. NO.	l begin date	EFFECTIVE	DATES: end d	ate		TH OF CONT IN MONTHS)		AMENDMENT ONLY: DOLLAR T CHANGE			TOTAL CONTRACT AMOUNT		
	08464	01/01/	/14	12/3	1/14		12		\$81	,500		\$172k		
ACCOUNT		RMATION	1	1		1								
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	x	If NO, why					-10	Origina			lio ot to			
Was Contra		uted prior to w						Ungina	I< TUUK, AITIEI		X	passive review		
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ls Vendor a	DocuSigne		ice DBE?	r		1						YES X NO		
	peter N	ladaus		3/8/20	14		Contrac	t Servic	ces/Intrim Ac	ministr	ative	Coordinator		
Prepared B	BDADDBAG	999 27457 ed by:		Date			Title					2.30.0.10101		
		Buesing		3/20/2	014		DHHS C	ontract	Administrator					
Signature of	f County Adr	ninistrator		Date		1	Title							

ATTACHMENT I - SCHEDULE OF SERVICES TO BE PURCHASED

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division

Contract Period: January 1, 2014 through December 31, 2014

	3732 W. Wisconsin Avenue., Suite 200		Fed ID: 39	0-0808464				Resolution #:	N/A
	Milwaukee, WI 53208			arence Johnso	n		E	Board Approval:	N/A
	_	Total Agency		Cost	Total			County	
Disability/	Program	Program	Total	Per	Agency	County	County	Cost	County
Target Group	Area	Budget	Units	Unit	Clients	Units	Slots	Per Slot	Contract
Delinguency	1. Alternative Sanction Program	N/Ā	N/A	N/A	N/A	N/A	16	N/A	\$90,500
Delinquency	2. Alternative Sanction Program	N/A	N/A	N/A	N/A	N/A	16	N/A	\$81,500
								Total:	\$172,000

*Payment method for Program 1. Alternative Sanction Program: A) paid on Net Expenses in accordance with payment policy on Attachment II

FOR AMENDMENTS ONLY:

Amended: 3/8/2014 Contract Change #: 1 This amendment supersedes Attachment I attached to: Contract # \0-14945-400A Dated: 2/3/2014

Amendment #1 adds Program 2. Alternative Sanction Program - Holton Street Location and adds \$81, to total contract allocation, adjusts term and slots.

	DocuSigned by:	
Risk Manager:	AJCREEK	3/10/2014
_	DocuSigned by:	Date
Corp Counsel:	Mark Q. Grady	3/14/2014
-	Docusigned by:	Date
Contractor:	Hollis Patzer	3/17/2014
	D617E95440914F8 DocuSigned by:	Date
DCSD Administrato	, B. Thomas Wainta	3/10/2014
	B846C4FDFBA4458 BocuSigned by:	Date
DHHS Director:	Hector Colon	3/20/2014
	DorcB9EC605D482 DocuSigned by:	Date
Comptroller:	totte Manul	3/27/2014
	F7354A95DB0643E DocuSigned by:	Date
County Executive:	Cha	3/28/2014
Exhibit 1 Rev. 03/14	2E580B33A2CC443	Date



Certificate of Completion

Envelope Number: C7051AB8E4374619BA3FE2BC856A2286 Subject: WCS - Alternative Sanction Program Expansion Source Envelope: Document Pages: 9 Signatures: 9 Certificate Pages: 6 Initials: 0 AutoNav: Enabled Envelopeld Stamping: Enabled

Record Tracking

Status: Original 3/8/2014 9:17:59 AM PT

Signer Events

Amy Pechacek apechacek@milwcnty.com

Director of Risk Management

Milwaukee County

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Not Offered ID:

B. Thomas Wanta

b.wanta@milwaukeecountywi.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/10/2014 10:40:50 AM PT ID: 9173c630-4818-4d80-bb21-7625e3938ec9

Dennis Buesing

dbuesing@milwcnty.com

Contract Administator

Milwaukee County

- Security Level: Email, Account Authentication (None)
- Electronic Record and Signature Disclosure: Not Offered ID:

Hollis Patzer

hpatzer@wiscs.org

Executive Director

Wisconsin Community Services, Inc

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/17/2014 10:04:30 AM PT ID: 64af3dea-4fdc-451c-b941-4969a31173da

Mark A Grady

corpcounselsignature@milwcnty.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/14/2014 6:15:35 AM PT ID: c9907568-f8b6-4cf1-ad04-84680ed73b8c Holder: Peter Madaus pmadaus@milwcnty.com

Signature DocuSigned by:

ACROK

Using IP Address: 204.194.251.5

B. Thomas Wanta D846C4FDFBA4458..

Using IP Address: 204.194.251.5

Pennis Bussing DFFF6855B6934E7..

Using IP Address: 204.194.251.5

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DocuSigned by: Hollis Patzer D617E95440914F8..

Using IP Address: 12.155.248.34

Sent: 3/8/2014 9:38:49 AM PT Resent: 3/13/2014 2:20:43 PM PT Viewed: 3/13/2014 7:57:01 AM PT Signed: 3/17/2014 10:04:54 AM PT

DocuSigned by: Mark a Grady DCBDDD53EF33491.

Using IP Address: 204.194.251.5

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Status: Completed

Envelope Originator: Peter Madaus pmadaus@milwcnty.com IP Address: 204.194.251.5

Location: DocuSign

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Sent: 3/8/2014 9:38:49 AM PT Viewed: 3/10/2014 10:40:50 AM PT Signed: 3/10/2014 10:41:13 AM PT

Signer Events

Peter Madaus pmadaus@milwcnty.com **Contract Services Coordinator** Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID: Hector Colon hcolon@milwcnty.com Director of the Department of Health and Human Services Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID: Comptroller comptrollersignature@milwcnty.com Comptroller Milwaukee County Security Level: Email, Account Authentication

(None) Electronic Record and Signature Disclosure: Not Offered ID:

Chris Abele cabele@milwcnty.com County Executive

Milwaukee County

Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered

ID:

Signature

Peter Madaus BDADDBA00927457...

Using IP Address: 204.194.251.5

— DocuSigned by: Hector Colon — 007CB9EC605D482...

Using IP Address: 70.92.154.165

Sent: 3/8/2014 9:38:49 AM PT

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DocuSigned by: < Cr 2E580B33A2CC443

Using IP Address: 204.194.251.5

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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/27/2014 11:23:55 AM PT
Certified Delivered	Security Checked	3/28/2014 11:39:12 AM PT
Signing Complete	Security Checked	3/28/2014 11:39:21 AM PT

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	3/28/2014 11:39:21 AM PT
Electronic Record and Signature Disc	,	0/20/2014 11:00.217 (01111

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Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookiesUsers accessing the internet behind a Proxy Server must enable HTTP

Required hardware and software

1.1 settings via proxy connection

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