



Deschutes County No. 2025-370
AMENDMENT 1
Contract No. 2023-890
MASTER SERVICES AGREEMENT

This **Amendment** ("Amendment") 2025-370 is **Effective upon signing by both parties**, between **DESCHUTES COUNTY**, a political subdivision of the State of Oregon, acting by and through the **Deschutes County Sheriff's Office** ("Customer") and Amergis Healthcare Staffing, Inc. ("Amergis") fka Maxim Healthcare Staffing Services, Inc., pursuant to that certain Work Order Contract No. 2023-890 (the "Agreement") entered into between Customer and Amergis on October 6th, 2023 (the **Agreement Effective Date**).

WHEREAS, Customer requested Amergis to provide temporary healthcare staffing services at the facility as set forth in the Agreement;

WHEREAS, the Parties now seek to amend certain terms of the underlying Agreement as expressly set forth herein; and

NOW, THEREFORE, for good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, and as contemplated by this Amendment:

1. Section 1 Amended.
 - a. Update Agreement expiration date to December 31, 2028
 - b. The maximum amount of the Agreement is increased by \$500,000 for the period of this Amendment. The entire amount of the Agreement (original 2023-890 with this Amendment 2025-370) shall NOT TO EXCEED \$1,000,000.00 in compensation.
2. All other terms and conditions will remain unchanged as stated in the Agreement.



AMERGIS HEALTHCARE STAFFING INC.:

Signature of Authorized Representative

Printed Name

Title

Date

Dated this _____ of _____, 2025

FOR SHERIFF'S OFFICE:



Kent van der Kamp, Sheriff

Dated this _____ of _____, 2025

FOR DESCHUTES COUNTY:

ANTHONY DeBONE, Chair, County Commissioner

PATTI ADAIR, Vice Chair, County Commissioner

PHIL CHANG, County Commissioner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/25/2025

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 Altus Partners, Inc. 201 King of Prussia Road STE100 Radnor PA 19087	CONTACT NAME: PHONE (A/C, No, Ext): 610-526-9130 FAX (A/C, No): 610-526-2021 E-MAIL ADDRESS: coi@altuspartners.com												
INSURED Amergis Healthcare Staffing, Inc. 7223 Lee DeForest Drive Columbia MD 21046	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Lloyd's Synd/beazley Furlong Ltd</td><td>NAIC # 2623</td></tr><tr><td>INSURER B: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C: Indemnity Ins Co of N Am</td><td>43575</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Lloyd's Synd/beazley Furlong Ltd	NAIC # 2623	INSURER B: ACE American Insurance Company	22667	INSURER C: Indemnity Ins Co of N Am	43575	INSURER D:		INSURER E:		INSURER F:	
INSURER A: Lloyd's Synd/beazley Furlong Ltd	NAIC # 2623												
INSURER B: ACE American Insurance Company	22667												
INSURER C: Indemnity Ins Co of N Am	43575												
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES**CERTIFICATE NUMBER:** 1022664615**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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$3,000,000 SIR <input checked="" type="checkbox"/> \$5M SIR-Products GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	B0600HC2400108	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H11353861	11/30/2024	11/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			B0600HC2400108	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C B B	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	Y	C72614768 (AOS) C72614720 (CA, AZ & MA) C72614847 (WI) C7261480A (OH & WA)	11/30/2024 11/30/2024 11/30/2024 11/30/2024	11/30/2025 11/30/2025 11/30/2025 11/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Professional Liability			B0600HC2400108	11/30/2024	11/30/2025	Per Claim/Agg \$5,000,000 SIR \$5,000,000

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

Reference: STATE OF OREGON PRICE AGREEMENT NO. PO-10700-00015789

Retroactive Dates: Professional Liability policy is 9/2/1988; General Liability policy is 11/30/2004. Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. The State of Oregon, its officers, employees and agents and Deschutes County Sheriff's Office as Additional Insureds on the general liability insurance policy where required by written agreement prior to loss. Coverage applies to ongoing operations and completed operations under the above referenced agreement. The general liability insurance policy referenced above and/or herein shall be primary and non-contributory with any coverage held by State of Oregon, its officers, employees and agents and Deschutes County Sheriff's Office for any losses occurring within the \$3,000,000 self-insured retention. Sexual abuse and molestation claims are covered under the general liability policy with no sub-limit, subject to the policy terms and conditions. A waiver of subrogation in favor of State of Oregon, its officers, employees and agents and Deschutes County Sheriff's Office applies to the workers

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Deschutes County Sheriff's Office
63333 W Highway 20
Bend OR 97701

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Altus Partners, Inc.		NAMED INSURED Amergis Healthcare Staffing, Inc. 7223 Lee DeForest Drive Columbia MD 21046
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

compensation and general liability insurance policies where required by written agreement prior to loss. Agent/Broker will endeavor to mail 30 days written notice to the Deschutes County Sheriff's Office should any of the above described policies be cancelled, non-renewed, or materially changed before the expiration date.



ENDORSEMENT NUMBER: TWO

ADDITIONAL INSURED SCHEDULE

- Amergis Healthcare Staffing, Inc
- Amergis Locum Tenens, LLC
- Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
- Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
- Maxim Healthcare Systems, LLC
- Maxim Health Systems, LLC
- Maxim Health Systems, LLC d/b/a Maxim Physician Resources
- Maxim Government Services, LLC
- Maxim Pediatric Services
- Maxim Coding Solutions
- PHA, LLC doing business as Professional Healthcare Associates
- Carolina Habilitation Services, Inc.
- Maxim Respite Services
- SNI Healthcare Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as Preston House
- Max's House
- Terra-Maxim joint Venture No.1, LLC
- Maxim Habilitation Services, LLC
- Logix Healthcare Search Partners, LLC
- Reflectxion Resources, Inc.
- Reflectxion Resources, Inc. doing business as Reflectx Staffing Services
- Reflectxion Resources, Inc. doing business as Reflectx Oncology Resources
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as TravelMax
- HealthAlign, LLC
- StaffAssist Workforce Management, LLC
- Maxim Healthcare Staffing Services, Inc.
- Sunburst Workforce Advisors, LLC (wef 01/24/2022)
- TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC dba Maxim Locum Tenens and Advanced Practitioners
- Chicago Department of Family and Support Services (City of Chicago)
- Contra Costa SELPA
- Maxim Healthcare Financial Management Services, LLC formerly known as Maxim Healthcare Financial Management Services Kansas, LL
- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.

Workers' Compensation and Employers' Liability Policy

Named Insured AMERGIS HEALTHCARE STAFFING, INC. 7227 LEE DEFOREST DRIVE COLUMBIA MD 21046	Endorsement Number
	Policy Number Symbol: WLR Number: C72614768
Policy Period 11-30-2024 TO 11-30-2025	Effective Date of Endorsement 11-30-2024
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule


ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent