

1 Introduced December 9, 2014, by
2 Councilwoman Harbison, seconded by
3 Councilman Borchert, (by request of
4 Administration)

5 **RESOLUTION R14-34**

6 A resolution of the Slidell City Council authorizing Mayor Freddy Drennan to
7 enter into and sign a contract by and between City of Slidell ("City") and Global Medical
8 Center, LLC ("Contract") for medical services to individuals housed at the Slidell City Jail.

9
10 WHEREAS, City, through the Slidell Police Department, operates the Slidell
11 City Jail; and

12
13 WHEREAS, City is required to provide medical services to individuals
14 housed at the Slidell City Jail; and

15
16 WHEREAS, City desires to contract the medical services of a qualified
17 medical doctor licensed to practice medicine in the State of Louisiana; and

18
19 WHEREAS, Contractor will provide a medical doctor licensed to practice
20 medicine in the State of Louisiana; and

21
22 WHEREAS, Contractor maintains medical malpractice and professional
23 liability insurance and commits to maintaining said coverage, naming the City of Slidell as
24 an additional insured, throughout the duration of this Agreement; and

25
26 WHEREAS, Contractor shall indemnify and hold harmless the City from any
27 cause of action arising from the negligence of Contractor; and

28
29 WHEREAS, Contractor declares that he/she has a sufficient number of
30 qualified medical professionals in his/her employ to properly carry out all terms and
31 conditions of this Agreement; and

32
33 WHEREAS, Contractor has represented to Randy Smith, Chief of Police,
34 Slidell Police Department, that he possesses the expertise, knowledge and experience,
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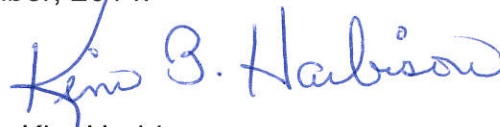
1 **RESOLUTION R14-34**
2 **PAGE 2**

3
4 including requirements of the Department of Corrections, for medical professionals
5 providing medical services to jails in the state of Louisiana; and
6

7 WHEREAS, the term of the Contract shall be for one (1) year, commencing
8 upon date of execution, and upon mutual written agreement of the parties, may be
9 extended for two (2) additional one (1) year terms.
10

11
12 NOW THEREFORE BE IT RESOLVED by the Slidell City Council that it does
13 hereby authorize Mayor Freddy Drennan to enter into and sign the contract by and
14 between City of Slidell and Global Medical Center, LLC. for medical services to individuals
15 housed at the Slidell City Jail.
16
17

18 **ADOPTED** this 9th day of December, 2014.
19

20 
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22 Kim Harbison
23 President of the Council
24 Councilwoman-at-Large

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27 Thomas P. Reeves
28 Council Administrator
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CLEARANCE FORM
CITY OF SLIDELL

TO: Mayor Drennan REQUESTED BY: George Phillips
DATE: 11/3/14 DEPARTMENT: Police

ACTION REQUESTED: Need Mayor's signature on all four copies of Jail Medical Contract AND Addendum.
Please have two witnesses sign on all four copies as well

- APPROVED BY: _____ DATE: _____
OTHER
- 3 APPROVED BY: DJA DATE: 12-14
RISK MANAGER
- APPROVED BY: _____ DATE: _____
DIRECTOR OF CIVIL SERVICE/PERSONNEL
- APPROVED BY: _____ DATE: _____
DIRECTOR OF AIRPORT
- APPROVED BY: _____ DATE: _____
DIRECTOR OF BUILDING SAFETY
- APPROVED BY: _____ DATE: _____
DIRECTOR OF RECREATION
- APPROVED BY: _____ DATE: _____
DIRECTOR OF PUBLIC OPERATIONS
- APPROVED BY: _____ DATE: _____
DIRECTOR OF PLANNING
- APPROVED BY: _____ DATE: _____
CITY ENGINEER
- 2 APPROVED BY: BDA DATE: 12-2-14
CITY ATTORNEY
- 4 APPROVED BY: Cheryl Steadman for Showers DATE: 12/18/14
DIRECTOR OF FINANCE
- 1 APPROVED BY: _____ DATE: 11/4/14
CHIEF OF POLICE
- 5 APPROVED BY: _____ DATE: 12/18/14
CHIEF ADMINISTRATIVE OFFICER
- 6 APPROVED BY: _____ DATE: 12-18-14
MAYOR

CONTRACT
BY AND BETWEEN
CITY OF SLIDELL
AND
GLOBAL MEDICAL CENTER, LLC

This Agreement ("Agreement") is made by and between the City of Slidell, Louisiana herein represented by its Mayor, Honorable Freddy Drennan, ("City"), and Global Medical Center, LLC, herein represented by its owner, Dennis Peyroux, D.C., ("Contractor"), for the purpose of providing medical services to inmates at the Slidell City Jail ("Jail"), the parties hereby agree as follows:

WITNESSETH

WHEREAS, City, through the Slidell Police Department, operates the Slidell City Jail; and

WHEREAS, City is required to provide medical services to individuals housed at the Slidell City Jail; and

WHEREAS, City desires to contract the medical services of a qualified medical doctor licensed to practice medicine in the State of Louisiana; and

WHEREAS, Contractor will provide a medical doctor licensed to practice medicine in the State of Louisiana; and

WHEREAS, Contractor maintains medical malpractice and professional liability insurance and commits to maintaining said coverage throughout the duration of this Agreement; and

WHEREAS, Contractors shall indemnify and hold harmless the City from any cause of action arising from the negligence of Contractor; and

WHEREAS, Contractor declares that he/she has a sufficient number of qualified medical professionals in his/her employ to properly carry out all terms and conditions of this Agreement; and

WHEREAS, Contractor will familiarize himself/herself with the requirements of the Department of Corrections for medical professionals providing medical services to jails in the State of Louisiana.

NOW, THEREFORE, for and in consideration of agreements and covenants hereinafter set forth, the parties hereto **ACKNOWLEDGE AND AGREE AS FOLLOWS:**

1. DEFINITIONS:

1.1 Medical Doctor means a physician licensed to practice medicine in the State of Louisiana and in good standing with the Louisiana Board of Medical Examiners.

1.2 Qualified medical representative of Contractor shall mean:

Healthcare personnel that are appropriately credentialed, possessing the appropriate medical license, education, training, qualifications and/or expertise according to the licensure, certification and registrations of the State of Louisiana. Contractor's qualified medical representative shall perform those duties as assigned by Contractor under the auspices of Contractor.

Contractor shall maintain verification of current credentials for all professionals at their corporate office and provide a copy upon request.

Contractor shall provide written job descriptions defining the specific duties and responsibilities of health care professionals who will provide health care services under this Agreement.

1.3 Long term inmates shall mean individuals housed in Slidell City jail for a period of one hundred eighty days (180) or longer.

1.4 Medical services shall mean those services as determined by the Contractor based on Contractor's examination of inmate(s) housed in the Slidell City Jail.

1.5 Insurance shall mean medical malpractice and professional liability insurance.

2. TERMS

2.1 Term of this Agreement shall be for one (1) year, commencing on the 18th day of December 2014 and terminating on the _____ day of 2015.

2.2 The Agreement may be renewed for two-one (1) year terms, upon mutual written agreement of the parties. Contractor shall provide written notice to the City at least sixty (60) days prior to the expiration of this Agreement of its desire to extend this Agreement for an additional one year term.

2.3 Either party may terminate this Agreement for cause upon thirty (30) days written notice.

2.4 Either party may terminate this agreement without cause upon sixty (60) days written notice.

3. MEDICAL SERVICES

3.1 Contractor shall provide medical services as determined by the Contractor based on the examination of inmates housed at the Slidell City Jail.

3.2 Contractor shall go to the Slidell City Jail at least once a week, for sick call, unless otherwise called for an emergency.

3.3 Contractor shall be available 24 hours a day, 7 days a week, to respond to any medical questions, prescription renewal, consultation, and referrals for inmates at the Slidell City Jail.

3.4 Contractor shall perform physical examinations for all inmates housed in the Slidell Jail within fourteen (14) days of detention; and annually.

3.5 Correctional Officers shall mean employees of the City of Slidell's Police Department

3.6 Contractor shall provide any other medical services as required by the Department of Corrections for medical professionals providing medical services to jails in Louisiana.

3.7 Contractor shall provide healthcare services that comply with established Community Standards and American Correctional Association.

3.8 Contractor shall provide the appropriate number of licensed, certified and/or professionally trained personnel in fulfillment of this Agreement.

3.9 Contractor shall provide monthly and annual reports/plans which clearly reflect service delivery, short and long-term objectives, site specific policies/procedures and evaluation of compliance.

4. TRAINING

4.1 Contractor shall establish and provide proper protocol for medical diagnosis and treatment of inmates housed at the Slidell City Jail, as determined by Contractor

4.2 Contractor shall establish and provide specific policies for the proper treatment of medical and psychiatric inmates housed at the Slidell City Jail, as determined by Contractor.

4.3 Contractor shall train Correctional Officers in the proper and appropriate distribution of medications, as ordered by the Contractor.

4.4 Contractor shall train Correctional Officers in basic first aid.

4.5 Contractor shall train Correctional Officers to be aware of signs and symptoms to be aware of for psychiatric inmate including, but not limited to, protocol and procedures to prevent any type of suicide.

4.6 Contractor shall personally meet with the Chief of the Slidell Police Department at an interval as determined by the Chief of Police or at any time as requested by the Chief, with reasonable notice, to review the services provided by Contractor.

5. COMPENSATION

5.1 Contractor shall be compensated in the annual amount of Forty-Six Thousand Dollars and 00 100 (\$46,000.00), payable in twelve equal monthly installments.

5.2 Monthly payments are due and payable on the _____ day of each month of this Agreement.

6. INDEPENDENT CONTRACTOR

6.1 Contractor is and shall remain an independent contractor throughout the duration of this Agreement including any renewals hereof.

6.2 Nothing in this Agreement shall serve to create an employee/employer relationship.

6.3 Contractor is and shall remain fully and solely responsible for all federal, state and local payroll taxes of any kind, unemployment insurance and workers compensation insurance.

6.4 Contractor is and shall remain fully and solely responsible for and shall provide professional liability insurance for each and every qualified medical representative or any representative provided by Contractor.

7. INSURANCES

Contractor shall maintain medical malpractice and professional liability insurance policies at all times this Agreement is in effect.

Contractor shall cause to have the City named as an additional insured on said policies.

8. INDEMNIFICATION AND HOLD HARMLESS

Contractor agrees to save and hold harmless, protect, defend and indemnify the City of Slidell, Louisiana, its officers, agents, employees and volunteers, from and against any and all claims, demands, expenses and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of Contractor, its agents, servants and employees or any and all costs, expenses and/or attorney fees incurred by City of Slidell as a result of any claim, demands, and/or causes of action, except those claims, demands, and/or causes of action arising out of the negligence of the City of Slidell, Louisiana, its agents, representatives, employees and volunteers. Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands or

suits at its sole expense and agrees to bear all other costs and expenses related thereto, even if the claim, demand or suit is groundless, false or fraudulent.

9. FORUM

This Agreement shall be governed by the laws of the state of Louisiana. Proper venue for any litigation filed in this matter shall be the 22nd Judicial District Court for the Parish of St. Tammany, State of Louisiana.

10. NOTICES

All notices shall be served on the following:

CITY:

Chief of Staff
City of Slidell
P.O. Box 828
Slidell, Louisiana 70458

With a copy to:

Randy Smith
Chief of Slidell Police Department
2112 Sergeant Alfred Drive
Slidell, Louisiana 70458

Contractor:

Global Medical Center
Attn: Dennis Peyroux, D.C.
436 Old Spanish Trail
Slidell, Louisiana 70458

11. CORPORATE AUTHORITY

The person signing this Agreement represents and warrants that he has full authority to do so and that this Agreement binds the corporation. Within ten (10) days after this Agreement is signed, Contractor shall deliver to City a certified copy of a resolution of Contractor's Board of Directors authorizing the execution of this Agreement or other evidence of such authority reasonably acceptable to City.

IN WITNESS WHEREOF, the parties hereto have hereunto made this Agreement and set their hands thereto, in the City of Slidell, Parish of St. Tammany, State of Louisiana, as to the day and year first above written.

This done and signed at Slidell, Louisiana on the 29th day of October 2014.

WITNESSES

Mary H. Brown

Mary Ann Carole

George Phillips

Rebecca Lison

CITY OF SLIDELL

Freddy Drennan

Mayor Freddy Drennan
City of Slidell

Randy Smith

Randy Smith, Chief
Slidell Police Department

WITNESSES

Chantelle Schaefer

Kyle Smith

GLOBAL MEDICAL CENTER, LLC

Dennis Peyroux

Dennis Peyroux, Owner

ADDENDUM AND FIRST AMENDMENT TO CONTRACT

BY AND BETWEEN

CITY OF SLIDELL

AND

GLOBAL MEDICAL CENTER, LLC

This Addendum and First Amendment ("Addendum") to the original Contract is entered into this 18th day of December, 2014, made by and between the City of Slidell, Louisiana, herein represented by its Mayor, Honorable Freddy Drennan, ("City"), and Global Medical Center, LLC, herein represented by its owner, Dennis Peyroux D.C. for the purpose of providing medical services to inmates at the Slidell City Jail ("Jail"), the parties hereby agree to supplement and amend the Contract as follows:

ADDENDUM AND AMENDMENT TO CONTRACT:

Section 1. Definitions, subparagraph 1.5 *is supplemented and amended to read:*

1.5 Insurance shall mean Medical Malpractice, Professional Liability and Workers' Compensation Insurance.

Section 7. Insurances, *is supplemented and amended to read:*

Contract shall maintain Medical Malpractice, Professional Liability and Workers' Compensation Insurance policies at all time this Agreement is in effect.

Contractor shall cause to have the City named as an additional insured on said policies.

Contractor shall provide city with a copy of Contractor's Insurance Declaration setting out all policies, their limits and expiration dates at the time this Agreement is executed by the parties.

Contractor shall cause all insurance providers to provide written notice of the termination or modification of said insurance policies to the City at the time of termination or modification.

MISCELLANEOUS

Any provision, term and/or condition of the original contract, made by and between the City of Slidell, Louisiana and Global Medical Center, LLC, not specifically amended herein shall be unaffected and remain in full force and effect.

This Addendum and First Amendment to the contract is made part of the original contract made by and between the City of Slidell and Global Medical Center, LLC, as if set out therein *in extension*.

IN WITNESS WHEREOF, the parties hereto have hereunto made this Addendum and First Amendment to the Contract, made by and between the City of Slidell, Louisiana and Global Medical Center, LLC, and set their hands thereto, in the City of Slidell, Parish of St. Tammany, State of Louisiana, as to the day and year first above written.

This done and signed at Slidell, Louisiana on the 29 day of October 2014.

WITNESSES

Mary Hannon

Mary Anne Caroth

George Phillips

Rebecca Gibson

WITNESSES

Chantue Scheyka

Kyle Smith
Kyle Smith

CITY OF SLIDELL

Freddy Drennan
Mayor Freddy Drennan
City of Slidell

Randy Smith
Randy Smith, Chief
Slidell Police Department

GLOBAL MEDICAL CENTER, LLC

Dennis Peyroux
Dennis Peyroux, Owner



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURENCE POLICY FORM

Print Date: 10/30/2014



Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0615552705 from 10/29/14 to 10/29/15 at 12:01 AM Standard Time

Named Insured and Address:

Ginger K Geiger
6030 Chateau Loire Cir
Mandeville, LA 70448-7053

Program Administered by:

Nurses Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-247-1500
www.nso.com

Medical Specialty:

Pediatric/Neonatal/Fam Practice Nurse Practit

Code:

80965

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table with 5 columns: Coverage Extension, Amount, Unit, Amount, Aggregate. Rows include License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA) Fines and Penalties.

Workplace Liability

Workplace Liability Included in Professional Liability Limit shown above
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$1,800.00

Base Premium \$1,800.00

Premium reflects Employed, Part Time

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

Table with 6 columns of policy form numbers: G-121500-D, G-121503-C, G-121501-C, G-145184-A, G-147292-A, GSL15563, etc.

Handwritten signatures of Thomas F. Motamed and another individual.

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

Payers

Report Description: Details of payer records for providers by office location

Geiger, Ginger J (NP)

Not Practice Specific

Blue Cross Blue Shield of Louisiana - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	4395979310
Start Date:	06/01/2009	End Date:	06/01/2011

CAQH - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	12006596
Start Date:	04/08/2010	End Date:	08/08/2010

Medicaid - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	1802778
Start Date:	09/09/2009	End Date:	

Medicare - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	3B265F818
Start Date:	09/28/2009	End Date:	

Payer Status:

Payer Number:		Provider PIN:	3B265CB84
Start Date:	09/28/2009	End Date:	

Mississippi Medicaid - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	02773807
Start Date:	08/21/2009	End Date:	01/31/2011

Multiplan / PHCS - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	
Start Date:	02/09/2010	End Date:	02/09/2011

PPO Plus - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	
Start Date:	11/03/2009	End Date:	11/03/2011

United Healthcare of LA - Not Office Specific

Payer Status:

Payer Number:		Provider PIN:	
Start Date:	10/30/2009	End Date:	10/30/2011

User Defined Provider Data

Report Description: Lists all provider level user defined questions and answers sorted by provider

Geiger, Ginger J (NP)

GROUP PROVIDER NUMBERS

Group Medicare Number

Group Medicare Number (Area 99)

Group Railroad Medicare Number

Group Medicaid Number

Group MS Medicaid Number

Group NPI Enumerator

INDIVIDUAL NUMBERS

Individual Medicaid Number 1802778

Individual Medicare # 38265

Individual RR Medicare Number n/a

Individual MS Medicaid Number 02773807

NPI Enumerator

Individual NPI Enumerator 1366675837

NPI User ID geigerj

NPI User Password 2010geiger

NPI Secret question answer

NPI Tracking number

Prescriptive Authority Number PA021025

MANAGED CARE PROVIDER NUMBERS Provider Numbers

Aetna Provider Number

BCBS Provider Number 4395979310

BCBS Provider Number (Referral #)

Cigna Provider Number

Coventry Provider Number

Dept. of Labor Provider Number

Ochsner Provider Number

United Healthcare Provider Number

CAQH Website address

CAQH Provider ID Number 12006596

CAQH Username geigerj

CAQH Password Geiger72

MISCELLANEOUS PERSONAL NUMBERS

Driver's License Number

Out of State Driver's License #

INS Number

CLIA NUMBERS

CLIA Number

CLIA Number

CLIA Number

CLIA Number

CLIA Number

DME SUPPLIER NUMBERS

DME Supplier Number

DME Supplier Number

DME Supplier Number

OTHER CERTIFICATIONS

BLCS Yes

ACLS 02/19/2012

User Defined Provider Data

CPR

/ /

ATLS

PALS

Society / Membership #

ASCO Member #

LA State Medical Society (LSMS)

Southern Association for Oncology (SAO)

American College of Physicians (ACP)

American Radium Society

American Association for the Advancement of Science

(AAAS)

Orleans Parish Medical Society (OPMS)

American Medical Association (AMA)

American College of Radiology

American Society of Colon & Rectal Surgeons

American Society of Hematology

American College of Surgeons

American Association for Cancer Research (AACR)



LOUISIANA MEDICAL MUTUAL
INSURANCE COMPANY
One Galleria Blvd. Suite 700
Metairie, LA 70001

CERTIFICATE OF INSURANCE

To WHOM IT MAY CONCERN

Name Michael Edward Isabelle, MD
and P.O. Box 1896
Address Slidell, LA 70459
of Insured

Please be Advised, THAT INSURANCE HAS BEEN ISSUED AS FOLLOWS:
STATE OF LOUISIANA

COVERAGE FOR WHICH INSURANCE IS AFFORDED AND LIMITS OF LIABILITY	POLICY NUMBER AND COMPANY AND POLICY PERIOD
PROFESSIONAL LIABILITY INSURANCE	LOUISIANA MEDICAL MUTUAL INSURANCE COMPANY
\$ 100,000 EACH MEDICAL INCIDENT	POLICY NUMBER 1-86133
\$ 300,000 AGGREGATE	COVERAGE PERIOD 10/18/14 - 10/18/15
EXCESS LIABILITY INSURANCE	
\$ EACH MEDICAL INCIDENT	RETROACTIVE DATE N/A
\$ AGGREGATE	SPECIALTY GEN PRACTICE

This certificate of insurance neither amends, extends nor alters the insurance afforded by the policy designated above. The insurance afforded is subject to all the terms of the policy, including endorsements, applicable thereto. This certificate does not impose any obligation upon the Company, its agents or representatives to advise the certificate holder of changes or termination of insurance coverage.

This healthcare provider has qualified under ACT 817, the Louisiana Patient's Compensation Fund.

LOUISIANA MEDICAL MUTUAL INSURANCE COMPANY

DATE: 10/31/14
HCOI (10/1994 Ed.)

BY: _____
LDT COI 250492-1 09 09



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2014

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 985-781-1444
SSA Insurance Services
227 Erlanger Street
Slidell, LA. 70458

CONTACT NAME: Jason DiMaggio
PHONE (A/C, No, Ext): 985-781-1444 **FAX (A/C, No):**
E-MAIL ADDRESS: jason@ssainsure.com
PRODUCER CUSTOMER ID #:

INSURED
Global Medical Center, LLC.
436 Old Spanish Trail
Slidell, LA. 70458

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Technology Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

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.

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/POP AGG	\$
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRG-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	2870017	10/30/14	10/30/15	E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

City of Slidell is listed as a Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
City Of Slidell 2045 Second Street Slidell, La. 70458	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 <i>Jason DiMaggio</i>



DENNPEY-01

ROBIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2014

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 Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME: Russ Johnson PHONE (A/C, No, Ext): (504) 586-0440 E-MAIL ADDRESS: rjohnson@eustis.com	FAX (A/C, No): (504) 565-5219
	INSURER(S) AFFORDING COVERAGE INSURER A : Covington Specialty Insurance Company	
INSURED Dennis Peyroux P.O. Box 1896 Slidell, LA 70458	NAIC # 13027	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		VBA281178	03/22/2014	03/22/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> 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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of Slidell Louisiana is added as additional Insured

CERTIFICATE HOLDER City of Slidell PO Box 828 Slidell, LA 70459	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 
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CERTIFICATE OF LIABILITY INSURANCE

DENNPEY-01

ROBIN

DATE (MM/DD/YYYY)

12/1/2014

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 Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME: Russ Johnson	
	PHONE (A/C, No, Ext): (504) 586-0440	FAX (A/C, No): (504) 565-5219
E-MAIL ADDRESS: rjohnson@eustis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Covington Specialty Insurance Company		13027
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

Dennis Peyroux and Global Medical Group
 P.O. Box 1896
 Slidell, LA 70458

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			VBA281178	03/22/2014	03/22/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The City of Slidell Louisiana is added as additional Insured

Global Medical Group is additional named insured

CERTIFICATE HOLDER**CANCELLATION**

City of Slidell Louisiana PO Box 828 Slidell, LA 70459	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 
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*Bill Mauser,
Executive Director*

*P. O. Box 828
Slidell, LA 70459
(985) 265-5029
(985) 643-1854 fax*

**KEEP SLIDELL BEAUTIFUL
MINUTES
SPECIAL MEETING
DECEMBER 18, 2014**

PRESENT: Councilman Sam Abney, Cindy Alberts, Rev. Donald Bryan, Blaine Clancy, Bill Mauser - Executive Director, Buddy Lloyd, Matt Monahan, John Murchison, Margaret Tingle, Councilman Val Vanney, Wynn Williams - Chairwoman

ABSENT: Raymond Canada, Sandra Chavers, Michael Cosse, Tony Onellion, Councilman Glynn Pichon, Eugene St. Jean

TREE BOARD PROJECT

Ms. Williams and Mr. Mauser attended the Slidell Tree Board meeting to go over the new ESyncs advertisement starting in January. Copies of the ad were distributed. Suggestions were made to change the picture and add "Heritage Park" to the copy. The ad will be changed and copies sent to the Board.

Mr. Monahan stated that the media will be contacted and links set up to the Tree Board. This will all help to bring awareness about the Tree Board and Slidell being a Tree City USA. It will give the history of the Tree Board, education programs and will give thanks to Tree Board partners.

The Tree Board will distribute 500 trees at the Arbor Day event January 17, 2015 in Heritage Park starting at 9 a.m. There is a one tree per person limit. KSB Board Members are invited to attend the event and volunteer where needed. Margaret volunteered to be "Glitter".

Each of the 13 Green Team schools will receive a tree. The schools will also help get the word out about the event.

The Tree Board will meet Tuesday, January 6, 2015 at 4 p.m. at Fritchie Park.

The next ad to run on ESyncs will be Leaders Against Litter and the Great American Cleanup.

Mr. Mauser closed the meeting by thanking Wanda Beelman, Secretary, for her hard work. Ms. Beelman is retiring at the end of the month. There was a reception in her honor.

As there was no further business, the meeting adjourned at 8:30 a.m.

Bill Mauser
Executive Director