

**SERVICE AGREEMENT**  
**(Banner Health Contract Number 0101-02-54755)**

By this SERVICE AGREEMENT ("Agreement"), Banner Health an Arizona Corporation, d/b/a/ ENTECH ("Provider") and the undersigned Customer, **CITY OF BISBEE** ("Customer"), including the parties' respective successors and assigns, agree as follows:

1. **RECITALS.**

1.1 Provider is in the business of providing maintenance and repair service for equipment used in the medical and health service industry;

1.2 Customer has leased and/or purchased the equipment set forth in Exhibit "B" attached hereto (the "Equipment") and desires to retain Provider to service the Equipment (the "Services") pursuant to this Agreement.

2. **TERM.** The initial term of this Agreement shall be for (3) Three Years, commencing on May 1, 2016 (the "Effective Date") and terminating April 30, 2019. Prior to the expiration of the Term, the Agreement may be extended through a written amendment.

3. **PROVIDER'S OBLIGATIONS.** Provider agrees to provide the services below for the Equipment set forth in Exhibit "B", on the terms and conditions set forth in this Agreement and in Exhibit "A", including but not limited to:

- \* Scheduled maintenance service, at the intervals indicated in Exhibit "A";
- \* Service work required pursuant to changes in federal, state or local law;
- \* Unscheduled Service or Emergency Repair service at the request of authorized Customer personnel (such personnel being set forth in Exhibit "A").

Notwithstanding the above, Provider shall be under no obligation to furnish services for non-qualified equipment. For the purposes of this Agreement, non-qualified equipment shall be:

- \* Any Equipment that has been modified by Customer or any other non-authorized person.
- \* Any Equipment maintained under this Agreement in which Customer does not allow Provider to incorporate manufacturer recommended enhancements or improvements.
- \* Any Equipment that is outside its manufacturer's specified service life.
- \* Any Equipment to which Customer does not provide access to Provider personnel.
- \* Any Equipment not operated in accordance within its manufacturer's manual or guidelines.
- \* Any Equipment serviced by anyone other than Provider.
- \* Any Equipment that has been relocated without the written authorization of Provider.

4. **CUSTOMER'S OBLIGATIONS.** Customer agrees to use its best efforts to provide Provider safe and clear access to all of the Equipment for Scheduled Maintenance at the time agreed upon between the parties or at such dates and times necessary for Provider to carry out its obligations hereunder.
5. **BILLING AND PAYMENT.** Customer shall pay Provider the fees set forth in the attached Exhibit "A". Provider will bill Customer for the Services by an invoice detailing the Services provided during the relevant time period. The terms of payment are net thirty (30) days; provided, however, all invoices not paid within thirty (30) days of the bill date shall accrue interest on the amount due and owing at the annual rate of 8% until Provider is paid in full. If this Agreement is terminated as provided for herein, then all outstanding invoices shall immediately become due and payable upon the termination date.
6. **CERTIFICATE OF INSURANCE.** Provider will provide Customer with a certificate of insurance, upon request by Customer, which shall set forth the insurance coverage carried by or on behalf of Provider with respect to the Services provided hereunder. Provider may reasonably self-insure its obligations hereunder.
7. **STATUS OF THE PARTIES.** Provider will for all purposes be considered an independent contractor and neither Provider nor Provider's employees will be considered, or will act, either directly or indirectly, as an agent, servant or employee of Customer. Further, nothing in this Agreement shall be construed to establish a joint venture between Provider and Customer.
8. **COMMENCEMENT AND TERMINATION OF THIS AGREEMENT.** This Agreement shall become effective upon signing by authorized representatives of both parties. Either party may terminate this Agreement at any time with or without cause upon giving ninety (90) days prior written notice to the other party.
9. **MODIFICATIONS AND AMENDMENTS.** This Agreement may only be altered or amended through a written amendment signed by authorized agents of both parties; provided, however, that the prices set forth in Exhibit "A" shall be subject to change annually by Provider upon thirty (30) days prior written notice to the Customer. Within fifteen (15) days after the receipt of any such price change, the Customer may terminate this Agreement by giving Provider 30 day's written notice.
  - 9.1 **Changes to Inventory.** If, in the reasonable opinion of Provider, the addition or deletion of major equipment necessitates an adjustment to Exhibit A, a written Addendum itemizing the adjustment shall be negotiated in good faith and signed by authorized representatives of both parties.
10. **DEFAULT AND REMEDIES.**
  - 10.1 **Default.** In the event that either party fails to perform its obligations hereunder, such party shall be considered to be in default upon receipt of a written notice from the other party specifying with the specific nature of the default. If the defaulting party fails to cure the specified default within ten (10) days thereafter, then such party shall be deemed to be in breach of this contract, and the other party may pursue any and all legal remedies available, including without limitation, immediate termination of this contract and cessation of further performance of any duties and obligations of the non-defaulting party pursuant to this Agreement.

- 10.2 **Injunctive Relief.** The parties agree that the remedies available at law may be inadequate and that both parties shall be entitled to equitable relief, including without limitation, injunctive relief, specific performance, or other equitable remedies in addition to all other remedies provided hereunder or available to both parties at law or equity.
- 10.3 **Remedies Cumulative.** No remedy made available by any of the provisions of this Agreement is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy given hereunder or at common law or by statute.
- 10.4 **Costs and Attorneys' Fees.** In the event any legal action or other proceeding is pursued for the enforcement of this Agreement, or arising out of any dispute, breach, default or misrepresentation in connection with the Agreement, then the prevailing party shall be entitled to recover reasonable attorney's fees and other costs incurred in such action or proceeding in addition to any other relief to which it may be entitled.

11. **GENERAL PROVISIONS.**

- 11.1 **Limitation on Actions.** No action or proceeding to enforce any rights arising under or relating to this Agreement shall be commenced more than one year after the occurrence of the specific events giving rise to the cause of action upon which such action or proceeding is based.
- 11.2 **Notices.** Any notice or communication to be given under the terms of this Agreement shall be in writing and delivered in person or deposited, certified or registered, in the United States Mail, postage pre-paid, addressed as noted on this signature lines of this Agreement, or to such other address as either party may from time to time designate by notice hereunder. Notices shall be effective upon delivery in person, or at midnight on the third business day after the date of mailing, if mailed.
- 11.3 **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona.
- 11.4 **No Waiver by Failure to Act.** Neither failure nor any delay on the part of either party hereto in exercising any right under this Agreement shall operate as a waiver thereof; nor shall any single or partial exercise of any right preclude any other or further exercise of that or any other right.
- 11.5 **Assignment.** This Agreement is binding on the successors and assigns of the parties to this Agreement. Notwithstanding any provision of this Agreement to the contrary, Provider shall have the right to assign or otherwise transfer its interest under this Agreement to any related entity. A related entity shall include a parent, subsidiary or entity resulting from a sale of all or substantially all of Provider's assets, or from a merger or consolidation of Provider with or into another entity(ies). Such an assignment shall not require the consent of approval of Customer.

- 11.6 **Availability of Records.** When required by federal and/or state regulations for four (4) years after the provision of services pursuant to this Agreement, Provider shall make available to the Health and Human Services Secretary, or the Comptroller General, or their duly authorized representatives, this Agreement, books documents, and records of Provider that are reasonably necessary to certify the nature and extent of such costs. If Provider carries out any of the duties of this Agreement through a subcontract with a value of cost of Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization, such subcontracts shall contain a clause to the effect that until the expiration of four (4) years after the provision of such services pursuant to such subcontract, the related organizations shall make available, upon written request to the Health and Human Resources Secretary, or upon request to the Comptroller General, or any of their duly authorized representatives, the subcontract, books, documents and records of such organization that are necessary to verify the nature and extent of such cost. The Provider agrees to keep all books, accounts, reports, files and other records relating to this Agreement for five (5) years after completion of the contract. In addition, the Provider agrees that such books, accounts, reports, files and other records shall be subject to audit pursuant to A.R.S. § 35-214.
- 11.7 **Entire Agreement.** This Agreement constitutes and embodies the full and complete understanding and agreement of Provider and Customer with respect to the subject matter and supersedes all prior understandings or agreements whether oral or in writing with regard thereto. In the event any term or provision of this Agreement is declared invalid or unenforceable for any reason, then this Agreement will nonetheless remain in full force and effect and shall be interpreted as though such invalid or illegal provision were deleted.
- 11.8 **Right to Subcontract.** Provider reserves the right to subcontract its obligations to perform all or any portion of the Services hereunder to an authorized third party, so long as the provision of Services meets or exceeds the requirements herein. Provider shall remain liable for provision and performance of Services, unless otherwise specifically agreed to in writing by Customer.
- 11.9 **Force Majeure.** Neither party shall be liable for delays in delivery or performance or failure to deliver or perform due to a cause beyond its reasonable control, including but not limited to an act of God, act or omission of the other party, act of civil or military authority, Governmental priority, fire, strike or other labor disturbance, flood, epidemic, quarantine restriction, war, riot, delay in transportation, inability due to a cause beyond its reasonable control to obtain necessary, materials, components, services, manufacturing facilities or any other commercial impracticability. In the event of any such delay, the date of delivery or of performance shall be extended for a period equal to the time lost by reason of the delay. In the event of a supply or product shortage, Provider shall have the right to allocate its available resources among its customers in such a manner as Provider deems to be equitable.

12. **SANCTIONS.**

Customer hereby expressly represents and warrants to Provider that none of Customer's signature authorities and none of those signature authorities' immediate family have been placed on the sanctions list issued by the Office of the Inspector General of the Department of Health and Human Services pursuant to provisions of 42 U.S.C. § 1320 a.7, or been excluded from government contracts by the General Services Administration (GSA). Further, if, during the term of this Agreement, any of Customer's signature authorities, or any of those signature authorities' immediate family is placed on the sanctions list, Customer shall immediately notify Provider in writing of the event and such notice shall contain reasonably sufficient information to allow Provider to determine the nature of the sanction. Provider shall have the right to terminate this Agreement immediately by written notice to Customer if any of Customer's signature authorities or any of those signature authorities' immediate family is placed on the sanctions list or banned from government contracts by GSA.

13. **INDEMNIFICATION.**

Each party shall indemnify and hold harmless the other, its respective employees, agents and subagents, individually and collectively, from all fines, claims, demands, suits or actions of any kind including costs, expenses and attorneys' fees resulting from or claimed to have resulted from any negligent acts or omissions of the indemnifying party occurring in the performance of its responsibilities under this Agreement. Where both Customer and Provider, including their respective officers, employees, agents and subagents, participated in the liability causing event, each party shall contribute to the common liability a pro rata share based upon its relative degree of fault as established by compromise, arbitration or litigation.

14. **LIMITATIONS OF LIABILITY, WARRANTY.**

In no event, whether as a result of breach of contract, warranty, tort (including negligence and strict liability) shall Provider's total liability to Customer for any and all loss or damage arising out of, or resulting from, this Agreement, or from its performance or breach, or from any parts or services, exceed the total fees paid by Customer (excluding reimbursable expenses and taxes, if any) for the twelve (12) month period prior to the date of the event giving rise to the alleged claim.

In no event, whether as a result of breach of contract, warranty, tort (including negligence and strict liability), shall Provider be liable to Customer for any special, consequential, incidental or penal damages including, but not limited to, loss of profit or revenue, loss of use of the Equipment or any associated equipment, cost of capital, cost of substitute equipment, service materials or facilities, services or replacement power, down time costs.

NOTHING HEREIN IS INTENDED TO LIMIT EITHER PARTY'S LIABILITY FOR DEATH OR PERSONAL INJURY TO THIRD PARTIES ARISING FROM A PARTY'S OWN NEGLIGENCE OR INTENTIONAL MISCONDUCT.

If Provider furnishes Customer with advice or other assistance which concerns the Equipment or any part or service supplied hereunder, or any system or equipment to which same might be installed or to which it might relate and which is not required pursuant to this Agreement, the furnishing of such advice or assistance will not subject Provider to any liability, whether in contract, warranty, tort (including negligence and strict liability), or otherwise.

Provider warrants that all labor provided hereunder will be performed by qualified technicians. Because it is impossible to predict the service life of parts and the use of Equipment, the Services provided under this Agreement are not intended to guarantee the safe operation of Equipment for every use. Other than as expressly provided for herein, no IMPLIED OR STATUTORY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE SHALL APPLY.



15. **NON-RECRUITMENT AND NON-HIRE**. Customer recognizes that Provider has made substantial efforts and incurred substantial expense to recruit, employ and train personnel. As such, Customer shall not, without Provider's prior written consent, actively recruit for employment any individual who is performing work under this Agreement (an "Individual") during the term of this Agreement and for a period of one (1) year following the cessation of the Individual's work under this Agreement
  
16. **IMMIGRATION ACT AND NON-DISCRIMINATION**. The parties each warrant compliance with A.R.S. § 41-4401, A.R.S § 23-214(A), the Federal Immigration and Nationality Act (FINA), and all other Federal immigration laws and regulations. Either party may request verification of compliance from any contractor or subcontractor performing work under this contract. The parties, including their employees and their subcontractors, if any, shall not discriminate against any employee, applicant for employment, customer, community member, or sub/contractor based upon race, color, national origin, sex, age, religion, disability, genetic code, political affiliation, gender identity/preference or veteran's status.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the latter day and year set forth below.

Date: April 19, 2016

Banner Health an Arizona Corporation  
d/b/a ENTECH®  
7300 West Detroit Street  
Chandler, AZ 85226

By: ~~Ryan Smith~~ Perry Kirwan  
Its: ~~Senior Vice President & CIO~~ VP, Tech Mgmt

  
\_\_\_\_\_  
Signature

Date: April 4, 2016

City of Bisbee  
92 Highway 92  
Bisbee, AZ 85603

By: Ronald Oertle  
Its: Mayor

  
\_\_\_\_\_  
Signature

ATTEST:

  
\_\_\_\_\_  
Ashlee Coronado, City Clerk      Date

APPROVED AS TO FORM:

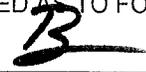
  
\_\_\_\_\_  
Britt Hanson, City Attorney      Date

EXHIBIT "A"

**SERVICES AND FEES**  
(BH Contract #0101-02-54755)

This Exhibit is attached to and incorporated in that certain Services Agreement by and between Banner Health, an Arizona Corporation, d/b/a ENTECH ("Provider") and **CITY OF BISBEE FIRE DEPARTMENT** ("Customer").

Provider agrees to provide the Services for Customer's Equipment at the prices set forth below.

- a. **Scheduled Maintenance Service.** As recommended by the Arizona Department of Health Services (ADHS), Joint Commission, American College of Radiology (ACR), Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) and other licensing and accrediting agencies, periodic maintenance is scheduled to include:

**CLINICAL EQUIPMENT SERVICES**

**Annual Fee: \$ 2,550**

- All Scheduled Maintenance Labor and Travel Included in Annual Fee
- Invasive/Non-Invasive Output Verification
- Electrical Safety Inspection
- Physical Inspection and Functional Check
- Identification of Equipment Requiring Repair
- Complete Service History Documentation
  - o Overall Equipment Inventory by Cost Center
  - o Scheduled Maintenance summary (each inspection)
  - o Delinquent Scheduled Maintenance Report
  - o Quarterly Summaries

- b. **Demand Repair and Billable Services.** Customer will be invoiced for labor, parts, shipping, and travel as incurred during demand repair. Damage (customer negligence, water and/or accidental), obsolescence, factory overhauls (e.g. refurbishments, upgrades, modifications), and special projects (e.g. installations/removals), are billed time and materials as incurred. All consumables (batteries, light bulbs, etc.) and parts required for scheduled maintenance are billable as incurred.

	<u>Normal Working Hours</u>	<u>After Hours</u>
Biomedical	\$ 100	\$150

- c. **Scheduling.** Scheduled Maintenance Services will be provided during Provider's normal working hours, 7:00 a.m. to 3:30 p.m., Monday through Friday, excluding holidays. Provider will provide Customer with a Schedule describing when Customer shall make the Equipment available for regular Scheduled Maintenance Service.
- d. **Response Time.** Sixty (60) minutes is the maximum response time for returning calls. If the problem is determined by Provider to be a failure requiring on-site service, a Clinical Engineer will be dispatched. Provider provides on-site response within twenty-four (24) hours or less, Monday through Friday, and may be deferred to the next working day on weekends and holidays.

- e. **Authorized Customer Personnel.** At the time of execution of this Agreement, the following personnel are designated as the representatives of Customer who have been authorized to schedule maintenance, repairs and other services with Provider pursuant to this Agreement.

(1) Marc Burneleit, Fire Chief\*

**\* Primary Authorization Contact**

Provider shall use its best efforts to coordinate the services provided hereunder with the representative of Customer authorizing or requesting service, and said representative shall sign all authorizations or other documents required to be signed by Customer hereunder. Customer shall provide Provider with any changes in authorized personnel immediately, i.e., within three (3) business days. In any event, Customer agrees to pay Provider for emergency services provided hereunder in response to a request for service by any employee of Customer if Provider is unable to verify the request with an authorized representative named herein within the specified time for such emergency service.



ENTECH

Exhibit "B"  
 City of Bisbee Fire Department  
 Contract Inventor  
 (BH Contract #0101-02-54755)

Tag Number	Manufacturer	Model	Serial Number	Description	Risk Score	Schedule	SM/YR
4144884	SSCOR	15006	VB01458	ASPIRATOR, EMERGENCY	III	May Nov	2
4144895	SSCOR	15006	2156	ASPIRATOR, EMERGENCY	III	May Nov	2
4144896	SSCOR	15006	2183	ASPIRATOR, EMERGENCY	III	May Nov	2
4144897	SSCOR	15006	2149	ASPIRATOR, EMERGENCY	III	May Nov	2
4144898	SSCOR	15006	2162	ASPIRATOR, EMERGENCY	III	May Nov	2
4144892	PHYSIO-CONTROL	NONE	31851018	BATTERY CHARGER	IV	May Nov	2
4147396	PHYSIO-CONTROL	3206736-000	LP15S05955	BATTERY CHARGER	IV	May Nov	2
315694	PHYSIO-CONTROL	LP500	11977623	DEFIBRILLATOR, EXTERNAL, AUTO.	LS	May Nov	2
315695	PHYSIO-CONTROL	LP500	1197763	DEFIBRILLATOR, EXTERNAL, AUTO.	LS	May Nov	2
315696	PHYSIO-CONTROL	LP500	119776	DEFIBRILLATOR, EXTERNAL, AUTO.	LS	May Nov	2
315697	PHYSIO-CONTROL	LP500	119776	DEFIBRILLATOR, EXTERNAL, AUTO.	LS	May Nov	2
4104468	PHILIPS MEDICAL	M5066A	A04L-05297	DEFIBRILLATOR, EXTERNAL, AUTO.	LS	May Nov	2
315862	PHYSIO-CONTROL	LP12	12356469	DEFIBRILLATOR/MONITOR	LS	May Nov	2
323566	PHYSIO-CONTROL	LP12	11030345	DEFIBRILLATOR/MONITOR	LS	May Nov	2
323567	PHYSIO-CONTROL	LP12	10060859	DEFIBRILLATOR/MONITOR	LS	May Nov	2
4132799	PHYSIO-CONTROL	LP15	39246926	DEFIBRILLATOR/MONITOR	LS	May Nov	2
309994	PHYSIO-CONTROL	LP10	00032817	DEFIBRILLATOR/MONITOR/PACER	LS	May Nov	2
4147397	NONIN MEDICAL	8500	102811227	OXIMETER, PULSE	III	May Nov	2
4147398	NONIN MEDICAL	8500	500088280	OXIMETER, PULSE	III	May Nov	2
4147399	NONIN MEDICAL	8500	124710214	OXIMETER, PULSE	III	May Nov	2
4157504	NONIN MEDICAL	8500	501845801	OXIMETER, PULSE	III	May Nov	2
4160153	NONIN MEDICAL	8500	501916286	OXIMETER, PULSE	III	May Nov	2

# CERTIFICATE OF LIABILITY INSURANCE

DATE: 2/4/2016

**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).**

<b>PRODUCER:</b> Coverage is independently procured by the Insured <b>For questions related to this certificate contact:</b> <b>Strategic Risk Solutions (Cayman) LTD</b> <b>Caribbean Plaza, 2<sup>nd</sup> Floor, North Building</b> <b>878 West Bay Rd</b> <b>P.O. Box 1159</b> <b>Grand Cayman KY1-1102 Cayman Islands</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Isabel Mettetal</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 345-623-4750</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> isabel.mettetal@srsmail.com</td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID #:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> </table>	<b>CONTACT NAME:</b> Isabel Mettetal		<b>PHONE (A/C, No, Ext):</b> 345-623-4750	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> isabel.mettetal@srsmail.com		<b>PRODUCER CUSTOMER ID #:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>		
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<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>												
<b>INSURED</b>  <b>Banner Health</b> <b>Attn: Risk Management</b> <b>2901 N Central Avenue Suite #160</b> <b>Phoenix, AZ 85012</b> <b>Tel: 602 747-4799</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>INSURER A:</b> Banner Indemnity Ltd.</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> Banner Indemnity Ltd.		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>													
<b>INSURER F:</b>													

**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		
X	<b>GENERAL LIABILITY</b>			<b>INTEG2015</b>	<b>07/01/2015</b>	<b>07/01/2016</b>	EACH CLAIM	\$	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Each occurrence)	\$	
	<input checked="" type="checkbox"/> CLAIMS-MADE		OCCUR				MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						GENERAL AGGREGATE	<b>\$10,000,000</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS/COMP/OP AGG	\$	
	POLICY		PROJECT		LOC		\$		
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Each accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS							\$	
	NON-OWNED AUTOS							\$	
	<b>UMBRELLA LIAB</b>		OCCUR				EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>		CLAIMS-MADE				AGGREGATE	\$	
	DEDUCTIBLE	\$						\$	
	RETENTION	\$						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Y/N	<b>INTEG2015</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		<b>\$ 1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		<b>\$ 1,000,000</b>
							E.L. DISEASE - POLICY LIMIT		\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required):** Banner Health has arranged to extend coverage to:  
 ENTECH  
 7300 West Detroit Street  
 Chandler, AZ 85226

**CERTIFICATE HOLDER** **CANCELLATION**

<b>ENTECH</b> <b>7300 West Detroit Street</b> <b>Chandler, AZ 85226</b>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p>
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