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State of New Hampshire POLICE STANDARDS & TRAINING COUNCIL ARTHUR D. KEHAS

LAW ENFORCEMENT TRAINING FACILITY & CAMPUS 17 Institute Drive -- Concord, N.H. 03301-7413 603-271-2133 FAX 603-271-1785

TDD Access: Relay NH 1-800-735-2964



Donald L. Vittum Director

May 14, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, NH 03301

REQUESTED ACTION

Authorize the New Hampshire Police Standards & Training Council (NHPSTC) to enter into a service agreement with Compass Group USA, Inc., by and through its Chartwells Division of 3 International Drive, Rye Brook, NY (Vendor Code 174591) in the amount of \$387,019.00 for the provision of meals through the NHTI – Concord's Community College Capital Commons dining hall to recruits and in-service officers attending programs at the Arthur D. Kehas Law Enforcement Training Facility and Campus, effective July 1, 2019 through June 30, 2020. 100% General Funds.

Funds are available in the account titled Training pending approval of the next biennium budget:

06-87-87-08700-66390000-021-500211

FY2020 \$387,019.00

EXPLANATION

The New Hampshire Police Standards & Training Council (NHPSTC) utilizes the services of the cafeteria at the NHTI – Concord's Community College (NHTI) to provide meals to recruits and in-service officers attending programs at the NHPSTC facility in Concord.

This service agreement was previously competitively bid and was awarded on April 16, 2010 to Compass Group USA, Inc and NHTI entered into a 10-year term agreement with Chartwell's to provide food services. The dining hall resides on the campus of NHTI and the services provided to PSTC and NHTI are funded separately, PSTC signs a contract separate to that signed by NHTI on a yearly basis.

His Excellency, Governor Christopher T. Sununu and the Honorable Council

Page 2 May 14, 2019

We respectfully request your approval for this agreement.

Respectfully Submitted,

Donald L. Vittum

Director

DLV/lla

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

	1. IDENTIFICATION.									
	1.1 State Agency Name		1.2 State Agency Address							
	NH Police Standards and Trainir	17 Institute Drive, Concord, NH 03301								
	•			•						
	1.2. Cantagara Nama		1100							
	1.3 Contractor Name		1.4 Contractor Address							
	Compass Group USA, Inc., by a Division	nd through its Chartwells	2 International Driv Rye Brook, NY 105	-						
	Division .		Ryc Blook, NT 103	173						
	1.5 Contractor Phone	1.6 Account Number	1.7 Completion Da	te	1.8 Price Limitation					
	Number									
	914-935-5300	10-08700-66390000-500211	6/30/2020		\$387,019.00					
	314-333-3300									
	1.9 Contracting Officer for Stat	e Agency	1.10 State Agency	Telephone N	umber					
	Donald L. Vittum, Director		603-271-2133							
			 							
	1.11 Contractor Signature		1.12 Name and Tit		ctor Signatory					
	Jim Mulu		Lisa McEuen, CEO							
	1 Mh Mau									
1.13 Acknowledgement: State of NEW YORK, County of WESTCHESTER										
	1.13 Holliowicagement. State	or MEW TORK , county of W	LOTCILLOTER							
	On MAY 3, 2019, before	the undersigned officer, persona	lly appeared the person	identified in	block 1.12, or satisfactorily					
	proven to be the person whose n	ame is signed in block 1.11, and a	cknowledged that s/he	executed thi	s document in the capacity					
	indicated in block 1.12.									
	1.13.1 Signature of Notary Pub		•	7.	ssette C. Robinson					
	forth				UBLIC, STATE OF NEW YORK					
	I //			Regis	tration No. 01RO6359993					
	[Seal] 1.13.2 Name and Title of Notar	ny or Insting of the Dance	·- ·- ·-		lified in Rockland County ssion Expires 6/12/22					
	1.13.2 Ivalle and Title of Notar	bices by the reace	+ Specialism	wy Commis	ssion Expues of the state					
	L'OSEME CIVE	brush st. an we	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	1.14 State Agency Signature		1.15 Name and Tit	le of State A	gency Signatory					
	(In Viena)	C. 0.10								
	May Was	> Date: 58-3019								
	I.16 Approval by the N.H. Dep	partment of Administration, Divis	ion of Personnel <i>(if app</i>	olicable)						
	By:									
	5,.		Director, On:							
	1.17 Approval by the Attorney	·)								
	· · · · · · · · · · · · · · · · · · ·		A		•					
	By: //ann/	1/	On: 5/13/	2019						
	1.18 Approval by the Governor	and Executive Council (if applie	<u> </u>		-					
	Indicate of the describe	and Encountry Council (y applie								
Ву:			On:							

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

- 3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").
- 3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law. 5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

- 7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
- 7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials (LW)
Date 513/19

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

- 8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
- 8.1.1 failure to perform the Services satisfactorily or on schedule:
- 8.1.2 failure to submit any report required hereunder; and/or 8.1.3 failure to perform any other covenant, term or condition of this Agreement.
- 8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions: 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- (2) days after giving the Contractor notice of termination; 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

- 9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
- 9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
- 9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

- 10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.
- 11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and

interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
- 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate; and
- 14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

- 15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
- 15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.
- 16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.
- 17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.
- 18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

- 19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.
- 20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
- 21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.
- 22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.
- 23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.
- 24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.
- 25. EQUAL OPPORTUNITY. The parties shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin. Moreover, these regulations require that the parties take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability. Further, the parties agree to comply with 29 CFR Part 471, Appendix A to Subpart A.

Exhibit A

- 1. Compass Group USA, Inc by and through its Chartwells Division will provide breakfasts, lunches, and dinners for up to 67 recruits, 3 staff members and, when necessary, instructors and special students associated with the Police Academies, class numbers 179 182, for up to 16 weeks per session.
- 2. Compass Group USA, Inc by and through its Chartwells Division will provide lunches for up to 20 recruits, 2 staff members and, when necessary, instructors and special students associated with the Correctional Academies, class numbers 111 113, for up to 9 weeks per session.
- 3. Compass Group USA, Inc by and through its Chartwells Division will provide breakfasts, lunches and dinners as applicable to overnight students and lunches for day students, staff members and, when necessary, instructors for selected in-service training programs held at the Arthur D. Kehas Law Enforcement Training Facility and Campus during the period of July 1, 2019 through June 30, 2020.
- 4. Compass Group USA, Inc by and through its Chartwells Division will provide meals for special functions, including but not limited to Chief's Meetings and meetings of the NH Police Standards & Training Council based on menus to be mutually agreed upon by both parties and billed at a rate quoted in the NH Technical Institute Catering Services Menu that is effective on the date of the event. Payment in this case shall be based on the agreed number of event attendees which shall be stipulated no later than one week in advance of the date of the event.
- 5. Compass Group USA, Inc by and through its Chartwells Division will provide to NH Police Standards & Training Council, Arthur D. Kehas Law Enforcement Training Facility and Campus, coffee supplies consisting of coffee, coffee creamer and filters as requested which will be billed based on actual usage and prices effective at the time of the order.
- 6. The services noted in numbers 1-3 shall be provided at the following rates per person:

Breakfast \$5.50 Lunch \$8.00 Dinner \$10.35 Total \$23.85

7. The food service and meals provided under this agreement shall be subject to the requirements set out in the NHTI Request for Proposal dated April 16, 2010. The recruit meals served at the NHPSTC server line in the Capital Commons in Little Hall shall include at a minimum all of the menu selections identified in Section 4.1, except that either but not both grill or pizza are provided, the choice of desserts shall be limited to 2, one of which may be ice cream, and brunch is excluded.

Page 5 of 6

Contractor Initials (LU)

Exhibit B

This contract is total price limited to not more than \$387,019 for the contract period. While the numbers may vary up or down, it is anticipated there will be, on average per year, 201 police recruits (an average of 67 per class), and 60 corrections officer recruits (an average of 20 per class).

The contractor shall submit an itemized invoice of meals and/or services provided within 30 days of the date they were received. In the case of meals provided for academy classes, the submitted invoices shall be itemized on a weekly bases and include a breakdown as to the quantity of meals and meal period (breakfast, lunch or dinner) being billed.

Invoices will be paid at the food rates established within Exhibit A of this contract.

Exhibit C

- 1. The Council reserves the right to cancel or reschedule any meals due to lack of attendance or unforeseen circumstances, and will notify the contractor as soon as possible if meals are to be canceled or rescheduled.
- 2. The Council reserves the right to amend the contract for additional meals at the same price in case of additional enrollment.
- 3. In the event that the New Hampshire Police Standards and Training Council is required to provide the services herein described, or is required by the Legislature to discontinue this program or use the facilities for any other purpose, the Council shall give prompt notice of any such reduction or termination of funds. If such notice is not given, the State will be liable to the Contractor for payment of services rendered until such notice is given.
- 4. This contract may be cancelled by either party upon written notice ninety (90) days prior to the desired termination date.

Page 6 of 6

Contractor Initials (LY).

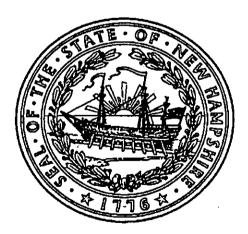
State of New Hampshire Department of State

CERTIFICATE

1, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMPASS GROUP USA, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on February 10, 1995. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 223462

Certificate Number: 0004509539



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of May A.D. 2019.

William M. Gardner

Secretary of State

CERTIFICATE OF ASSISTANT SECRETARY

THE UNDERSIGNED, KRISTIN E. BRIOTTE, the duly elected and acting Assistant Secretary of Compass Group USA, Inc. a Delaware corporation (the "Corporation"), DOES HEREBY CERTIFY as follows:

Lisa McEuen, CEO of Compass Group USA, Inc., by and through its Chartwells Division is hereby authorized to execute the agreement for State of New Hampshire Police Standards and Training Council on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has authorized the execution of this certificate and affixed the Corporation's seal this 3rd day of May, 2019.

Kristin E. Briotte Assistant Secretary

[CORPORATE SEAL]



* - 5-1-4972

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2018

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to	o the	cert	lficate holder in lieu of su	ich end	lorsement(s).	reduite an endorseme	III. A BI	atement on
PRODUCER	-			CONTÃO NAME:	ST.				
Willis of North Carolina, Inc. c/o 26 Century Blvd P.O. Box 305191								AX (A/C, No); 1-888-467-2378	
				E-MAIL	s. certifi	Cataggy (11)); 1 000	-407-2376
Nashville, TN 372305191 USA			j	ADDHESS: COLCETTECTOS GALLES COM					
, , , , , , , , , , , , , , , , , , , ,				INSURF			re Insurance Compa	ov of P	19445
INSURED			~ 				sualty Insurance C	<u> </u>	20699
Compass Group USA, Inc. d/b/a Chartwell 2400 Yorkmont Road	Le Di	ning	Services	*****			urance Company		23841
Charlotte, WC 28217								20079	
			·	INSURER E: AID Insurance Company				19399	
							urance Company		19380
			NUMBER: W7622250				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME 'AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE (OF AN' FD BY	/ CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH DECC	ECT TO	MALICU TUIC
INSR LTR TYPE OF INSURANCE	INSD	SUBA WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIS	IITS	
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (En occurrence)	\$	1,000,000	
A X Contractual Liability							MED EXP (Any one person)	\$	
			GL 5425724	09/30/2018	09/30/2019	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		!			GENERAL AGGREGATE	\$	10,000,000		
X POLICY PRO-		İ					PRODUCTS - COMP/OP AG	3 8	5,000,000
OTHER:				_				\$	
AUTOMOBILE LIABILITY				1		COMBINED SINGLE LIMIT (Es accident)	8	2,000,000	
X ANY AUTO SCHEDULED		CA 950				09/30/2019	BODILY INJURY (Per person	\$	
AUTOS ONLY AUTOS NON-OWNED			CA 9581320		09/30/2018		BODILY INJURY (Per accider	1) \$	-
AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
X Damage		-						\$	
B X UMBRELLA DAB X OCCUR				ļ			EACH OCCURRENCE	\$	10,000,000
EXCESS LIAS CLAIMS-MADE			XOO G27738631 004	•	09/30/2018	09/30/2019	AGGREGATE	\$	10,000,000
DED X RETENTION \$ 0 WORKERS COMPENSATION					·		_ s		
AND EMPLOYERS' LIABILITY				. 09/30/2018			X PER OTH-	1	
OFFICER/MEMBEREXCLUDED?	N/A		WC 031467819		09/30/2019	E.L. EACH ACCIDENT	\$	2,000,000	
(Mandatory in NH)		#C 031			-0, 50, 5020	03/30/2019	E.L. DISEASE - EA EMPLOY	E \$	2,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$	2,000,000
A Liquor Liability			GL 5425720		09/30/2018	09/30/2019	Each Common Cause	\$1,00	0,000
			•				Aggregate	\$10,0	00,000
		<u> </u>						<u> </u>	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL \$1,000,000 SIR applies as respect The Umbrella Policy follows the conditions. SEE ATTACHED	t to	Ger	meral Liability per t	terms	and condi	tions of t	his policy.	and	

Mr a + page

CERTIFICATE HOLDER	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.
New Hampshire Police Standards and Training Council	AUTHORIZED REPRESENTATIVE
17 Institute Drive Concord, NH 03301	Peter W. Estelle
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BATCH: 875240

SR ID: 16762850

AGENCY CUSTOMER ID:	
1.00.4	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

AGENCY Willis of North Carolina, Inc			NAMED INSURED Compass Group USA, Inc. d/b/a Char	twells Dining Services
POLICY NUMBER			2400 Yorkmont Road Charlotte, NC 28217	
See Page 1	•			
CARRIER		NAIC CODE	1	
See Page 1	:	See Page 1	EFFECTIVE DATE: See Page 1	
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FOR	M IS A SCHEDULE TO ACO	RD FORM,		
FORM NUMBER: 25 FOR	M TITLE: Certificate of	Liability	Insurance	
Workers Compensation Policy	#WC 031467819 Covers :	States of		
			, NM, NV, OK, OR, RI, SC, SD, TN, TX, WV	·.
\$1,000,000 SIR applies as r	espect to Liquor Liabi	lity per t	erms and conditions of this po	licy.
INSURER AFFORDING COVERAGE:	National Union Fire I	nsurance C	company of Pittsburgh	NAIC#: 19445
POLICY NUMBER: CA 9581320	EFF DATE: 09/30/201		DATE: 09/30/2019	
<i>i</i>				
TYPE OF INSURANCE:	LIMIT DESCRIPTION		LIMIT AMOUNT:	
Garagekeepers Liability	Limits:	•	\$2,000,000	
	,			•
		•		·
		•		
INSURER AFFORDING COVERAGE: POLICY NUMBER: CA 9581321	EFF DATE: 09/30/201		ompany of Pittsburgh DATE: 09/30/2019	NAIC#: 19445
TODACT NOWDER. CA 9301321	22 DAIL. 09/30/201	O EAF	DATE: 09/30/2019	•
		,		
TYPE OF INSURANCE:	LIMIT DESCRIPTION	-	LIMIT AMOUNT:	
Auto Liability - MA	Combined Single L:	="	\$2,000,000	
Any Auto	Self-Ins. Phy Dame	ş g e		
				•
INSURER AFFORDING COVERAGE:				NAIC#: 19445
POLICY NUMBER: CA 9581323	EFF DATE: 09/30/2018	B EXP	DATE: 09/30/2019	
TYPE OF INSURANCE:	LIMIT DESCRIPTION	:	LIMIT AMOUNT:	
Auto Liability - VA	Combined Single L	imit	\$2,000,000	
Any Auto	Self-Ins. Phy Dame	age .		
				•
·				
INSURER AFFORDING COVERAGE:	National Fire & Marine	. Inguresa	e Company	NAIC#: 20079
POLICY NUMBER: 42-XSF-30290			EXP DATE: 09/30/2019	RAIC#: 20079
	•			

TYPE OF INSURANCE:

Excess Auto Liability

LIMIT AMOUNT: \$3,000,000

Any Auto

LIMIT DESCRIPTION: Combined Single Limit

405	NOV	CHETC	MED	in.
406	1101	CUSTO	MEA	IU:

1.00 #



ADDITIONAL REMARKS SCHEDULE

Page 3 of 4

NAIC#: 19399

NAIC#: 23841

NAIC#: 23841

			- · · · -
AGENCY Willis of North Carolina, Inc. POLICY NUMBER See Page 1		NAMEDINSURED Compass Group USA, Inc. d/b/a Chartwells Dini 2400 Yorkmont Road Charlotte, MC 28217	ng Services
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	· .
ADDEDOUGH COMMON			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: AIU Insurance Company

POLICY NUMBER: WC 031467827 EFF DATE: 09/30/2018 EXP DATE: 09/30/2019

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Work Comp & Emp Liab E.L. Each Accident \$2,000,000
WC - Per Statute E.L. Disease Pol Lmt \$2,000,000

E.L. Disease Ea Emp \$2,000,000

ADDITIONAL REMARKS:

Policy Covers State of NY

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company

POLICY NUMBER: WC 031467826 EFF DATE: 09/30/2018. EXP DATE: 09/30/2019

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Work Comp & Emp Liability E.L. Each Accident \$2,000,000

WC - Per Statute E.L. Disease - Pol Lm \$2,000,000 E.L. Disease Ea Emp \$2,000,000

ADDITIONAL REMARKS:

Policy Covers States of: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Work Comp 4 Emp Liab E.L. Each Accident \$2,000.000

WC - Per Statute E.L. Disease Pol Lmt \$2,000,000 E.L. Disease Ea Emp \$2,000,000

ADDITIONAL REMARKS:

Policy Covers States of: MA, WI, Stop Gap Coverage: ND, OH, WA, WY.

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SR ID: 16762850

BATCH: 875240

CERT: W7622250

AGENCY CUSTOMER ID:		
LOC #:	<u> </u>	



ADDITIONAL REMARKS SCHEDULE

Page 4 of 4

AGENCY Willis of North Carolina, Inc.		NAMED INSURED Compass Group USA, Inc. d/b/a Chartwe	olle Dining Services
POLICY NUMBER		2400 Yorkmont Road Charlotte, NC 28217	
See Page 1		Charlotte, MC 20217	•
CARRIER	NAIC CODE	-	
See Page 1	See Page	1 EFFECTIVE DATE: See Page 1	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS	3 A SCHEDULE TO ACORD FORM	,	
FORM NUMBER: 25 FORM T	NTLE: Certificate of Liabilit	y Insurance	
INSURER AFFORDING COVERAGE: Am		ıny	NAIC#: 19380
POLICY NUMBER: WC 031467825	EFF DATE: 09/30/2018	EXP DATE: 09/30/2019	
•			
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:	
Work Comp & Emp Liab	E.L. Each Accident	\$2,000,000	
WC - Per Statute	E.L. Disease pol Lmt	\$2,000,000	
	E.L. Disease Ea Emp	\$2,000,000	
ADDITIONAL REMARKS:	1		
Policy Covers State of CA.			
INSURER AFFORDING COVERAGE: I1	lissis National Toronson (·	NAIC#: 23817
POLICY NUMBER: WC 031467820		EXP DATE: 09/30/2019	12124. 5561.
		• •	
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:	
Work Comp & Emp Liab	E.L. Each Accident	\$2,000,000	
WC - Per Statute	E.L. Disease Pol Lmt E.L. Disease Ea Emp	\$2,000,000 \$2,000,000	
		42,000,000	
ADDITIONAL REMARKS:	`	•	
Policy Covers State of FL.			
	•	·	•
INSURER AFFORDING COVERAGE: No	w Hampshire Insurance Compa	any	NAIC#: 23841
POLICY NUMBER: WC 031467822	EFF DATE: 09/30/2018	EXF DATE: 09/30/2019	•
		•	
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:	
Work Comp & Emp Liab	E.L. Each Accident	\$2,000,000	
WC - Per Statute	E.1. Disease Pol Lmt	\$2,000,000	
	E.1. Disease Each Emp'	\$2,000,000	
	•		
ADDITIONAL REMARKS:			
Policy Covers State of ME			
	•		
INSURER AFFORDING COVERAGE: No		-	NAIC#: 23841
POLICY NUMBER: XWC 4595617	EFF DATE: 09/30/2018	EXP DATE: 09/30/2019	
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:	
Excess Work Comp			
Employers Liability:	Each Accident	\$2,000,000	
Policy Covers State of OH	Each Employee	\$2,000,000	
·		·	
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