

# MISSISSIPPI STATE HOSPITAL

P.O. BOX 157-A, WHITFIELD, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

*James G. Chastain, FACHE*  
Director

## Memo

To: Mississippi Office of Personal Services Contract Review

From: Sandy Jordan/Procurement Team Lead

Date: April 8, 2025

RE: AWARD RECONSIDERATION CERTIFICATION/POST AWARD DEBRIEFING CERTIFICATION

This is to certify that all prospective offerors for Mississippi State Hospital request for proposal 03.18.2025.490/RFX 3120003080, have been provided with adequate time to request reconsideration of award and no request or potential request is known. This is also to certify that all prospective offerors for Mississippi State Hospital request for proposal 03.18.2025.490/RFX 3120003080, have been provided with notice of their rights to request a post award debriefing and no such request has been received and/or is known.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH*

*ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS*

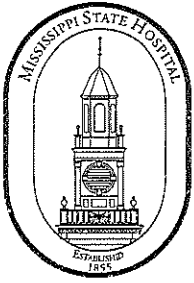
MSH BID FILE: 03.18.2025.490/RFX 3120003080 (Food Service Management Services)

March 21 @ 3:00 P.M.

Vendor	Base Price Per Meal
Cura Hospitality	\$6.32
Health Services Group	\$6.50

This is to certify that the above is an accurate and complete tabulation of bids received and opened on the date and at the time shown above.

Signature: *W. S. Jackson* Date: *3/21/2025*



# MISSISSIPPI STATE HOSPITAL

P.O. BOX 157-A, WHITFIELD, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

James G. Chastain, FACHE  
Director

To: Mr. Jon Norris, Client Partnership Director

From: H.L. Lockhart/Procurement Coordinator *HL*

Date: March 31, 2025

RE: **NOTICE OF INTENT TO AWARD**

Please consider this notice that the Mississippi State Hospital, after careful review, intends to award a contract to provide professional food service management services, as required by request for proposal 03.18.2025.490 (RFX 3120003080), to Cura Hospitality. based on Cura Hospitality having the highest evaluation score. Please be aware under Mississippi Public Procurement Review Board Office of Personal Services Contract Review Procurement Rules and Regulations, unsuccessful bidders may request reconsideration of MSH's intent to award a contract in accordance with Section 6.9.3.

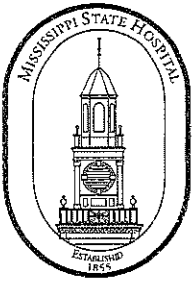
Any Offeror may also submit a written request for debriefing to [Lockhhl@msh.ms.gov](mailto:Lockhhl@msh.ms.gov) at any time prior to 3:00 p.m. CST, April 7, 2025. Any request shall list the names and titles of all individuals who will attend the debriefing on behalf of the offeror and all questions or issues the offeror wishes to discuss at the debriefing.

Upon completion of the reconsideration period or resolution of any requests for reconsiderations filed, a contract will be issued to **Cura Hospitality**, contingent upon completion of successful negotiation of terms and conditions of the solicitation referenced above.

If you have any questions, you may contact me at (601) 351-8056 or by e-mail at [lockhhl@msh.ms.gov](mailto:lockhhl@msh.ms.gov).

*A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH*

*ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS*



# MISSISSIPPI STATE HOSPITAL

P.O. BOX 157-A, WHITFIELD, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

James G. Chastain, FACHE  
Director

To: Mr. Chris Dye/Business Development Director

From: H.L. Lockhart/Purchasing Chief, 

Date: March 31, 2025

RE: **NOTICE OF INTENT TO AWARD**

Please consider this notice that the Mississippi State Hospital (MSH), after careful review, intends to award a contract to provide food service management services, as required by request for proposal 03.18.2025.490/RFX 3120003080, to **Cura Hospitality**, based on Cura Hospitality having the highest evaluation score. Please be aware under Mississippi Office of Personal Services Contract Review Procurement Rules and Regulations, unsuccessful bidders may request reconsideration of MSH's intent to award a contract in accordance with Section 6.9.3. Failure to file a request for reconsideration within the time frame stated in section 6.9.3 shall constitute a waiver of all reconsideration rights.

Any Offeror may also submit a written request for debriefing to [Lockhhl@msh.ms.gov](mailto:Lockhhl@msh.ms.gov) at any time prior to 3:00 p.m. CST, April 7, 2025. Any request shall list the names and titles of all individuals who will attend the debriefing on behalf of the offeror and all questions or issues the offeror wishes to discuss at the debriefing.

Upon completion of the reconsideration period or resolution of any requests for reconsiderations filed, a contract will be issued to **Cura Hospitality**, contingent upon completion of successful negotiation of terms and conditions of the solicitation referenced above.

Mississippi State Hospital appreciates your organization's interest and encourages your organization to continue to participate in our procurement processes.

If you have any questions, you may contact me at (601) 351-8056 or by e-mail at [lockhhl@msh.state.ms.us](mailto:lockhhl@msh.state.ms.us).

*A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH*

*ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS*

Mississippi State Hospital  
Waste Management Services

Request For Proposal: RFX – 3120003080  
March 31, 2025

### EVALUATION COMMITTEE REPORT

Mississippi State Hospital (MSH) received proposals for the following Offerors:

- Cura Hospitality
- Healthcare Services Group

Both offerors' proposals were evaluated and received the following scores:

Offeror Name	Technical Score	Management Score	Cost Score	Overall Score	Overall Rank
Cura	60	294	225	579	1
Healthcare Services	50	248	217.9	515.9	2

Mississippi State Hospital intends to award a contract to: Cura Hospitality

The intended awardee was selected because: They scored the highest evaluation score

#### Evaluation Committee Members

Name	Job Title	Member	State Employee
Tiffany Jefferson	Environmental Services Director	Yes	Yes
Amy Carruth	Inpatient Director	Yes	Yes
Jenny Pittman	Risk Management Director	Yes	Yes
Carla Dearman	Support Services Director	Yes	Yes
Renee Cumberland	A & L Coordinator	Yes	Yes
Sonya Myers	Admin Support Asst.	Yes	Yes

Evaluation committee scoresheets are attached hereto. The full agency procurement file is available for public inspection at [msh.ms.gov/bids-and-public-notice](https://msh.ms.gov/bids-and-public-notice).

Any offeror may submit a written request for debriefing to [Lockhhl@msh.ms.gov](mailto:Lockhhl@msh.ms.gov) at any time prior to 3:00 P.M., April 7, 2025. Any request shall list the names and titles of all individuals who will attend the debriefing on behalf of Offeror and all questions or issues the offeror wishes to discuss at the debriefing.

Any unsuccessful offeror may request reconsideration of MSH's intent to award a contract in accordance with Section 6.9.3 of the PPRB OPSCR Rules and Regulations.

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Service Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	8	
Ability to perform required services (Management)	15 Points	10	
Available Resources (Management)	10 Points	4	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	33.9	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	

Total Overall Score:	100 Max Points	Score: <u>84.4</u>
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Evaluator's Signature: Amy Gauth

Job Title: In Patient Service Director

Date: 3.31.25

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Cura Hospitality

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	12	
Available Resources (Management)	10 Points	10	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 97
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Evaluator's Signature: Amy Caruth

Job Title: In Patient Service Director

Date: 3-31-25

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Services Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	8	Outstanding plan
Ability to perform required services (Management)	15 Points	10	Our population is larger from what they are used to.
Available Resources (Management)	10 Points	4	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	4.5	
Price (Cost)	35 Points	33.9	price is higher than expected.
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	No vans, to carry mobile units listed

Total Overall Score:	100 Max Points	Score: 83.9
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Evaluator's Signature: Lillian Jefferson  
 Job Title: Environmental Services Director  
 Date: 3/31/2025



EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: CURA

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	12	food at times doesn't taste well.
Available Resources (Management)	10 Points	10	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 97
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Evaluator's Signature: Siffany Jefferson  
 Job Title: Environmental Services Director  
 Date: 3/31/2025

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: CURA Hospitality

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	12	
Available Resources (Management)	10 Points	8	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 95
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Evaluator's Signature: [Signature]  
 Job Title: MSH Mgr. D.D.  
 Date: 3.31.25

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Services Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	8	
Ability to perform required services (Management)	15 Points	10	
Available Resources (Management)	10 Points	4	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	33.9	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	

Total Overall Score:	100 Max Points	Score: <u>84.4</u>
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Evaluator's Signature: [Signature] JERRY P. TOWN  
 Job Title: RISK MGT. DIR.  
 Date: 3-31-25

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Services Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	0	
Ability to perform required services (Management)	15 Points	10	Does not have service as large as ours
Available Resources (Management)	10 Points	4	Did not detail dietitians
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	33.9	More than competitor
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	Good menus!
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	included hot boxes that will not go in vans; no van included to deliver to bldgs.

Total Overall Score:	100 Max Points	Score: <u>84.4</u>
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Evaluator's Signature: Carla C. Dearmon  
 Job Title: Director of Support Services  
 Date: 03/31/2025

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Cura Hospitality

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	Very Detailed
Ability to perform required services (Management)	15 Points	13	
Available Resources (Management)	10 Points	9	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	Best price
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 97
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Evaluator's Signature: Caulea Clemons  
 Job Title: Director of Support Services  
 Date: 03/31/2025

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Services Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	8	
Ability to perform required services (Management)	15 Points	11	small service
Available Resources (Management)	10 Points	4	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	33.9	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	

Total Overall Score:	100 Max Points	Score: <u>85.40</u>
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Evaluator's Signature: Renee (unintelligible)

Job Title: Asst. Superintendent

Date: 5-31-2025

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Cura

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	11	
Available Resources (Management)	10 Points	10	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 91
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Evaluator's Signature: Renee Cumberland  
 Job Title: Food Coordinator  
 Date: 3-31-25

EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: CURA Hospitality

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	13	
Available Resources (Management)	10 Points	9	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	35	
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	2.5	

Total Overall Score:	100 Max Points	Score: 97
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Evaluator's Signature: Sonyia Nuper  
 Job Title: Admin. Support Assistant IV  
 Date: 03.24.25



EXHIBIT - D  
EVALUATION FORM  
RFP 03.18.2025.490 (MSH FOOD SERVICE MANAGEMENT SERVICES)

OFFEROR NAME: Healthcare Services Group

Note: Evaluate each criteria and award points on a scale of 0 to 35.

Criteria	Maximum Score	Actual Score	Comments
Proposed Plan (Technical)	10 Points	10	
Ability to perform required services (Management)	15 Points	13	
Available Resources (Management)	10 Points	9	
Personnel Qualifications & Experience (Management)	5 Points	5	
Past performance (Management)	7.5 Points	7.5	
Price (Cost)	35 Points	33.9	Cost is higher
Understanding of Regulations (Management)	5 Points	5	
Menus (Management)	5 Points	5	
Use of Advisory Panels (Cost)	2.5 Points	2.5	
Employee Cafeteria Services (Management)	2.5 Points	2.5	
Food Delivery System (Management)	2.5 Points	1	

Total Overall Score:	100 Max Points	Score: <u>93.4</u>
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Evaluator's Signature: Sonya Myers  
 Job Title: Admin Support Asst W. Support Services  
 Date: 03.31.25

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Amy Canath

I am a(n): Evaluation Committee Member ✓

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

I (Have) Have not – Circle the correct response) reviewed a list of all offerors who responded to RFX 3120003080

I (Have) Have not – Circle the correct response) reviewed the Mississippi Ethics in Government Laws

I hereby certify that I have no personal financial, or familial interest in any of the contract offerors, or principals thereof. I have reviewed the conflict of interest standards prescribed herein and I do not have a conflict of interest with respect to the evaluation of this proposal. I further certify that neither I nor any member of my immediate family are engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting proposals or their parent or subsidiary organization.

Signature: Amy Canath

Date/Time: 2:00pm 3/24/25

Date/Time Evaluation Begins: 2:00pm

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Amy Womble

I am a(n): Evaluation Committee Member X

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

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Signature: Amy Womble

Date/Time: 3-24-25 2:00 pm

Date/Time Evaluation Begins: 3-24-25 2:00 pm

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Sonya Myers

I am a(n): Evaluation Committee Member x

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

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Signature: Sonya Myers

Date/Time: 3-24-25 2:00 p.m.

Date/Time Evaluation Begins: 2:00 pm. 3/24/25

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: JENNIFER PITTMAN

I am a(n): Evaluation Committee Member ✓

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

I (Have/Have not – Circle the correct response) reviewed a list of all offerors who responded to RFX 3120003080

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Signature: [Signature]

Date/Time: 3/24/25 1400

Date/Time Evaluation Begins: 1400

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Tiffany Jefferson

I am a(n): Evaluation Committee Member ✓

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

I (Have/Have not – Circle the correct response) reviewed a list of all offerors who responded to RFX 3120003080

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Signature: T. Jefferson

Date/Time: 3/24/2025 2pm

Date/Time Evaluation Begins: 2pm

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Renee Cumberland

I am a(n): Evaluation Committee Member X

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

☒ (Have/Have not – Circle the correct response) reviewed a list of all offerors who responded to RFX 3120003080

☒ (Have/Have not – Circle the correct response) reviewed the Mississippi Ethics in Government Laws

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Signature: Renee Cumberland

Date/Time: 2:00 PM 3-24-2025

Date/Time Evaluation Begins: 3-24-25 2:00 PM

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*

**CONFLICT OF INTEREST CERTIFICATION**  
**Food Service Management Services**

Mississippi State Hospital

Request for Proposal: RFX 3120003080

Name: Chela Deacon

I am a(n): Evaluation Committee Member X

Evaluation Committee Advisor \_\_\_\_\_

Agency Procurement Official \_\_\_\_\_

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Signature: Chela Deacon

Date/Time: 03/24/2025 2pm

Date/Time Evaluation Begins: 03/24/25 2pm

The Mississippi Ethics in Government Laws are codified at Mississippi Code Annotated 25-4-101 through 25-4-121 and are attached hereto. \*



# AFFIDAVIT

## PROOF OF PUBLICATION

RANKIN COUNTY NEWS • P.O. BOX 107 • BRANDON, MS 39043

STATE OF MISSISSIPPI  
COUNTY OF RANKIN

THIS 19TH DAY OF FEBRUARY, 2025, personally came Marcus Bowers, publisher of the Rankin County News,

a weekly newspaper printed and published in the City of Brandon, In the County of Rankin and State aforesaid, before me the undersigned officer in and for said County and State, who being duly sworn, deposes and says that said newspaper has been published for more than 12 months prior to the first publication of the attached notice and is qualified under Chapter 13-3-31, Laws of Mississippi, 1936, and laws supplementary and amendatory thereto, and that a certain

### NOTICE TO OFFERORS

### FOOD SERVICE MANAGEMENT SERVICES

a copy of which is hereto attached, was published in said newspaper Two (2) consecutive weeks, as follows, to-wit:

Vol 177 No. 32 on the 12th day of February, 2025

Vol 177 No. 33 on the 19th day of February, 2025

Marcus Bowers  
MARCUS BOWERS, Publisher

Sworn to and subscribed before me by the aforementioned  
Marcus Bowers this 19th day of February, 2025

Frances Conger Notary Public  
FRANCES CONGER  
My Commission Expires: January 25, 2026

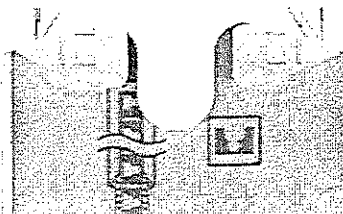
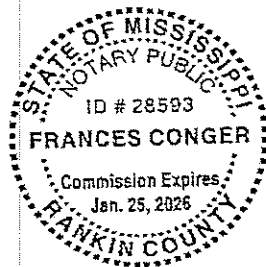
PRINTER'S FEE: (12 cents per word for first insertion and 10 cents per word for each subsequent insertion)

169 words at 22 per word..... \$37.18

Proof of Publication (2) ..... 6.00

**TOTAL**..... **\$45.18**

NOTICE TO OFFERORS  
Request for Proposals will be received by Mr. H.L. Lockhart, Purchasing Chief, Mississippi State Hospital, Building 93, P.O. Box 157-A, 3550 Hwy 468 West, Whitfield, MS 39193, up to and not later than 3:00 P.M. Tuesday, March 18, 2025, for the following goods and/or services with a projected contract start date of November 1, 2025.  
MSH BID FILE: 03182025.490  
(FOOD SERVICE MANAGEMENT SERVICES) RF# 3120003060  
At which time they will be opened. Contract/RFP documents and/or information may be obtained from: H.L. Lockhart/Purchasing Chief, P.O. Box 157-A/3550 Hwy 468 West, Whitfield, MS 39193  
Telephone: (601) 351-8056  
Fax: (601) 351-8034  
E-Mail: Lockhart@msstate.ms.us  
Mississippi State Hospital reserves the right to waive minor informalities and to reject any and all bids. Mississippi State Hospital also reserves the right to amend specifications or change the opening date upon reasonable notice to all who are known to have examined or requested a copy of the specifications from the designated authority.  
Sincerely,  
H.L. Lockhart  
H.L. Lockhart  
Purchasing Chief  
February 12, 19, 2025  
#178





**Michael Watson**  
**SECRETARY OF STATE**

This is not an official certificate of good standing.

**Name History**

**Name**  
Cura Hospitality, LLC

**Name Type**  
Legal

**Business Information**

**Business Type:** Limited Liability Company  
**Business ID:** 1187862  
**Status:** Good Standing  
**Effective Date:** 09/05/2019  
**State of Incorporation:** DE  
**Principal Office Address:** 2400 Ansys Drive, Suite 404  
Canonsburg, PA 15317

**Registered Agent**

**Name**  
CORPORATE CREATIONS NETWORK, INC  
7 Professional Pkwy #101  
Hattiesburg, MS 39402

**Officers & Directors**

<b>Name</b>	<b>Title</b>
Jeffrey Hunt 101 N. Tryon Street, Suite 525 Charlotte, NC 28202	Manager
Olivier Poirot 101 N. Tryon Street, Suite 525 Charlotte, NC 28202	Manager

## REGISTER OF PROPOSALS

Received in Response to RFP No. 03.18.2025.490/RFX: 3120003080  
For: Food Service Management Services

**Proposals Due: Friday, March 21, 2025 @ 3:00 P.M. Central Time**

[illegible]

# MSH MATERIEL MANAGEMENT BID TABULATION/RECORD

BID NO. 03.18.2025.490 DATE 3/21/25 TIME 3:00 PM LOCATION 9.3 CW  
 RFX: 3120003080  
 BIDS MAILED 4 BIDS REC'D 2 BIDS REJECTED

WITNESSES				
NAME		TITLE		
<u>H. L. Lockhart</u>		<u>Purchasing Chief</u>		
<u>Shantae Kansom</u>		<u>417 Lehigh Team Lead</u>		
BIDS RECEIVED				
VENDOR	DATE	TIME	BID \$	COMMENTS
<u>Health Care Services</u>	<u>3/20/25</u>	<u>2:30 PM</u>		
<u>Cura Hospitality</u>	<u>3/19/25</u>	<u>2:39 PM</u>		
BID(S) ACCEPTED				
VENDOR	BID AMOUNT		JUSTIFICATION	

This is to certify that the above is an accurate and complete tabulation of bids received and opened on the date and at the time shown above.

H. L. Lockhart Purchasing Chief  
 Signature Title

3/21/2025  
 Date

# MSH BID OPENING ATTENDANCE LOG

MSH BID FILE NO: 03.18.2025.490

LOCATION: 93CLW

DATE: 3/21/2025

[illegible]

**VENDOR MAILING LIST: BID FILE – 03.18.2025.490 (RFX – 3120003080)**

**FOOD SERVICE MANAGEMENT SERVICES**

<b>VENDOR</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>DATE MAILED</b>	<b>RESPONDED</b>
Cura Hospitality	300 S Tyron Street, Suite 400 Charlotte, NC 28272	301-606-6518	2/12/2025	Yes
Aramark	P.O. Box 978839, Dallas, TX 75397	800-388-3300	2/12/2025	No
Healthcare Services Group	3220 Tillman Drive, Suite 300, Bensalem, PA 19020	573-620-4916	2/12/2025	Yes
Sodexo	9801 Washington Blvd., Gaithersburg, MD 20878	301-987-4000	2/12/2025	No

## Sandy Jordan

---

**From:** Sarah Harren <Sarah.Harren@bbrown.com>  
**Sent:** Thursday, April 17, 2025 12:06 PM  
**To:** Sandy Jordan; Jon Norris  
**Subject:** 100950784 RE: Food Service Management Contract - MS State Hospital  
**Attachments:** 100950784 Performance Bond - MS State Hospital.pdf

Thank you, Sandy. Attached is the bond ready to be signed and the agreement date entered when available.

*I will be out of the office Friday, April 18<sup>th</sup> through Tuesday, April 22<sup>nd</sup> returning on April 23<sup>rd</sup>.*

### Sarah Harren

License # 4407479

Team Lead & Senior Account Manager, Surety

sarah.harren@bbrown.com

O (360) 604-5219 | F (503) 274-6524

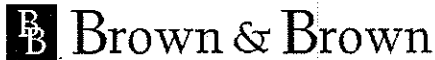
Brown & Brown Insurance Services, Inc.

In California: Brown & Brown Retail Insurance Services | License # 0F56560

Physical: 601 SW 2nd Avenue, Suite 1200, Portland, Oregon 97204

Mailing: PO Box 29018, Portland, Oregon 97296-9018

[BBrown.com](http://BBrown.com) | NYSE: BRO



Payments can be made online at [bbnw.epaypolicy.com](https://bbnw.epaypolicy.com)

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**PLEASE NOTE:** Insurance cannot be bound, altered or cancelled via the email or voicemail system. Coverage confirmation must be communicated through a licensed Brown & Brown Representative.

When Brown & Brown has processed an add, termination or change of status on your behalf, please remember to check your carrier invoices to ensure that all requested adds, terminations & changes were processed correctly.

**From:** Sandy Jordan <Sandy.Jordan@msh.ms.gov>

**Sent:** Thursday, April 17, 2025 9:58 AM

**To:** Sarah Harren <Sarah.Harren@bbrown.com>; Jon Norris <jon.norris@curahospitality.com>

**Subject:** RE: Food Service Management Contract

[External]

No, the agreement has to be approved by the oversight agency before it can be signed. Please leave that part blank for entry.

Thank you,  
Sandy Jordan

---

**From:** Sarah Harren <[Sarah.Harren@bbrown.com](mailto:Sarah.Harren@bbrown.com)>  
**Sent:** Thursday, April 17, 2025 11:20 AM  
**To:** Sandy Jordan <[Sandy.Jordan@msh.ms.gov](mailto:Sandy.Jordan@msh.ms.gov)>; Jon Norris <[jon.norris@curahospitality.com](mailto:jon.norris@curahospitality.com)>  
**Subject:** RE: Food Service Management Contract


One more question, has the agreement been signed? The bond form requires the written agreement date. I can leave it blank for entry if needed but the agreement date should not after the bond date. Bond execution date will be today.

*I will be out of the office Friday, April 18<sup>th</sup> through Tuesday, April 22<sup>nd</sup> returning on April 23<sup>rd</sup>.*

**Sarah Harren**  
License # 4407479  
Team Lead & Senior Account Manager, Surety

[sarah.harren@bbrown.com](mailto:sarah.harren@bbrown.com)  
O (360) 604-5219 | F (503) 274-6524

Brown & Brown Insurance Services, Inc.  
In California: Brown & Brown Retail Insurance Services | License # 0F56560  
**Physical:** 601 SW 2nd Avenue, Suite 1200, Portland, Oregon 97204  
**Mailing:** PO Box 29018, Portland, Oregon 97296-9018  
[BBrown.com](http://BBrown.com) | NYSE: BRO

 **Brown & Brown**



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Contract Performance Bond  
Annual Form

U.S. Specialty Insurance Company

Bond No. 100950784

KNOW ALL MEN BY THESE PRESENTS: That Cura Hospitality, LLC (hereinafter called the Principal), and U.S. Specialty Insurance Company (hereinafter called the Surety), a corporation licensed to do business as a surety under the laws of the State of Texas, are held and firmly bound unto the Mississippi State Hospital (hereinafter called the Obligee), in the full and just sum of One Million One Hundred Fifty Dollars (\$1,150,000.00), the payment of which sum, well and truly to be made, the said Principal and Surety bind themselves, and each of their heirs, administrators, executors, and assigns jointly and severally, firmly by these presents.

WHEREAS, the Principal has by written agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 2025 entered into a Contract with the Obligee for Food Services Management Contract for a period of Four (4) years which contract is hereby referred to and made a part hereof.

WHEREAS, the Obligee has agreed to accept a bond guaranteeing the performance of said contract for a period of one year.

NOTWITHSTANDING the provisions of the aforementioned contract, the term of this bond shall be one year commencing November 1, 2025 until October 31, 2026 and may be extended by the Surety by Continuation Certificate. However, neither nonrenewal by the Surety, nor the failure or inability of the Principal to file a replacement bond in the event that the Surety exercises its right to not renew this obligation, shall constitute a loss to the Obligee recoverable under this or any renewal or continuation thereof. The liability of the Surety under this bond and all continuation certificates issued in connection herewith shall not be cumulative and shall in no event exceed the sum as set forth in this bond or in any additions, riders or endorsements approved and issued by the Surety as supplements hereto.

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that if the Principal shall well and truly perform each and every obligation in said Contract at the time and in the manner specified during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect. This bond is executed by the Surety and accepted by the Obligee subject to the following conditions:

1. The bond is for the term beginning November 1, 2025 and ending October 31, 2026.
2. In the event of default, the Surety will have the right and opportunity, at its sole discretion, to: a) cure the default; b) assume the remainder of the Contract and to perform or sublet same; c) or to tender to the Obligee funds sufficient to pay the cost of completion less the balance of the Contract price up to an amount not to exceed the penal sum of the bond. In no event shall the Surety be liable for fines, penalties liquidated damages, or forfeitures assessed against the Principal.
3. No claim, action, suit or proceeding, except as hereinafter set forth shall be had or maintained against the Surety on this instrument unless same be brought or instituted upon the Surety within one year from termination or expiration of the bond term.
4. No right of action shall accrue on this bond to or for the use of any person or corporation other than the Obligee named herein or the heirs, executors, administrator or successors of Obligee.
5. If any conflict or inconsistency exists between the Surety's obligations or undertakings as described in this bond and as described in the underlying documents then the terms of this bond shall prevail.

This bond shall not bind the Surety unless the bond is accepted by the Obligee. The acknowledgement and acceptance of this bond is demonstrated by signing where indicated below. If this obligation is not accepted by way of signature of the Obligee below, this bond shall be deemed null and void.

Signed, sealed and dated this 17th day of April, 2025.

Principal Cura Hospitality, LLC

By: \_\_\_\_\_  
Signature of Principal Patricia Spellman, President  
Print Name and Title

U.S. Specialty Insurance Company



By: Sarah Harren  
Signature of Surety, Seal  
Sarah Harren, Attorney-in-fact

THE ABOVE TERMS AND CONDITIONS OF THIS BOND HAVE BEEN REVIEWED AND ACCEPTED BY THE (OBLIGEE).

ACKNOWLEDGED AND ACCEPTED BY

OBLIGEE: Mississippi State Hospital

BY: \_\_\_\_\_

PRINTED NAME AND TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



**TOKIO MARINE  
HCC**

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That, U.S. SPECIALTY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint,

**SARAH HARREN**

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver bond number 100950784, issued in the course of its business and to bind the Company thereby, in an amount not to exceed Fifty million and 00/100 (\$50,000,000.00). Said appointment is made under and by authority of the following resolutions of the Board of Directors of U. S. Specialty Insurance Company:

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." Adopted by unanimous written consent in lieu of meeting on September 1<sup>st</sup>, 2011.

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, U.S. Specialty Insurance Company has caused its seal to be affixed hereto and executed by its Senior Vice President on this 20<sup>th</sup> day of November, 2024.



U.S. SPECIALTY INSURANCE COMPANY

By:

Adam S. Pessin  
Adam S. Pessin, Senior Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

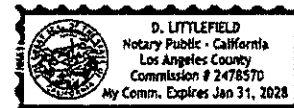
State of California  
County of Los Angeles

On this 20<sup>th</sup> day of November, 2024, before me, D. Littlefield, a notary public, personally appeared Adam S. Pessin, Senior Vice President of U.S. Specialty Insurance Company, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature D. Littlefield (seal)



I, Kio Lo, Assistant Secretary of U.S. Specialty Insurance Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 17th day of April, 2025.

Bond No. 100950784  
Agency No. 19787



Kio Lo  
Kio Lo, Assistant Secretary



**TOKIO MARINE  
HCC**

**Surety Group**  
801 S. Figueroa Street, Suite 700  
Los Angeles, CA 90017 USA  
Tel: 310-649-0990

## **SURETY BOND SEAL ADDENDUM**

### **AMERICAN CONTRACTORS INDEMNITY COMPANY   TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY   U.S. SPECIALTY INSURANCE COMPANY**

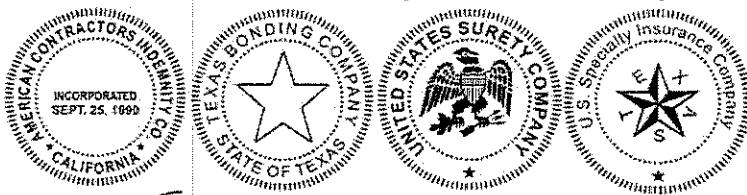
Due to logistical issues associated with the use of traditional seals during this COVID-19 pandemic, American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, (individually, the "Company" and collectively, the "Companies") have authorized its Attorneys-in-Fact to affix the Companies' corporate seal to any bond executed on behalf of the Companies by any such Attorney-in-Fact by attaching this Addendum to said bond.

In addition, the Companies accept digital or digitized signatures as original wet signatures for bond execution. All bonds that are properly executed via digital or digitized signature are valid as if they were executed via physical signature.

To the extent this Addendum is attached to a bond that is executed on behalf of any of the Companies by its Attorney-in-Fact, each Company hereby agrees that the seal below shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond. Additionally, each Company hereby agrees that electronic signatures are accepted and given the same validity as physically wet signatures.

Dated this 1<sup>st</sup> day of April 2020.

**American Contractors Indemnity Company, Texas Bonding Company,  
United States Surety Company and U.S. Specialty Insurance Company**



By: Frank Mester  
Frank Mester, Vice President

#### Reference Information

Principal Name: CURA HOSPITALITY, LLC

Bond/Bid Number: 100950784

Agency Name: BROWN & BROWN NORTHWEST - PORTLAND

Attorney-in-Fact: SARAH HARREN

Date: April 17, 2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc.  901 Marquette Avenue Suite 1800 Minneapolis, MN 55402 USA	612-333-3323	CONTACT NAME: Dawn Heinemann or Paige Sedey PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 612-373-7270 E-MAIL ADDRESS: eliorcerts@bbbrown.com
INSURED Elior, Inc DBA Elior North America Cura Hospitality, LLC 101 N. Tryon Street, Suite 525  Charlotte, NC 28202 USA		INSURER(S) AFFORDING COVERAGE INSURER A: SENTRY INS CO 24988 INSURER B: ACE PROP & CAS INS CO 20699 INSURER C: SENTRY CAS CO 28460 INSURER D: RSUI IND CO 22314 INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 751868045

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.

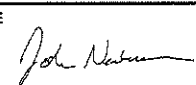
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		9018840005	09/01/24	09/01/25	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		9018840003 (AOS) 9018840004 (MA)	09/01/24 09/01/24	09/01/25 09/01/25	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS		XEUG71175194007	09/01/24	09/01/25	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	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 <input checked="" type="checkbox"/> N/A	9018840001 (AOS) 9018840002 (OR, WI)	09/01/24 09/01/24	09/01/25 09/01/25	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Auto Policy		NHA602371	09/01/24	09/01/25	Each Occurance 2,000,000

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

30 day notice of cancellation applies, subject to the policy terms and conditions.  
Evidence of Insurance.

## CERTIFICATE HOLDER

## CANCELLATION

Mississippi State Hospital  3550 Hwy 468 West PO Box 1 Whitfield, MS 39193  USA	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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