



CROWNE PLAZA®

HARTFORD - CROMWELL
GROUP SALES AGREEMENT

January 8, 2014

DESCRIPTION OF GROUP AND EVENT

The following represents a full and complete agreement between the Crowne Plaza Cromwell and the Connecticut Health Insurance Exchange dba **Access Health CT** and outlines specific conditions and services to be provided.

ORGANIZATION: Access Health CT
CONTACT: Kate Gervais
STREET ADDRESS: 280 Trumbull Street
CITY, STATE/PROVINCE: Hartford, CT
POSTAL CODE: 06103
COUNTRY: USA
PHONE NUMBER: 860-690-5467
Email: kate.gervais@ct.gov
NAME OF EVENT: NIPA Conference
OFFICIAL PROGRAM DATES: Wednesday, January 8, 2014 - Friday, January 10, 2014
ANTICIPATED ATTENDANCE: 500 ATTENDEES

FUNCTION SPACE

Based on the requirements outlined by **Access Health CT**, the Hotel has reserved the function space set forth below:

Date	Start Time	End Time	Function	Room	Setup	Qty	Room Rate(s)
1/9/2014	7:30 AM	9:00 AM	Breakfast	Assembly South and West	6 Foot Table(s)	450	
1/9/2014	9:00 AM	5:00 PM	General Session	Avon, Berkshire, Cheshire, Durham, Essex	Round of 8	450	1,500.00
1/9/2014	11:00 AM	5:00 PM	Breakout	Fife, Gwent, and Highland	Classroom	80	150.00
1/9/2014	11:00 AM	5:00 PM	Breakout	Nutmeg	Theatre	250	150.00
1/9/2014	11:00 AM	5:00 PM	Breakout	Crowne Room	Theatre	100	150.00
1/9/2014	12:30 PM	1:30 PM	Lunch	Assembly South and West	6 Foot Table(s)	450	
1/9/2014	2:00 PM	4:00 PM	Break	Assembly South and West	6 Foot Table(s)	450	
1/10/2014	7:30 AM	9:30 AM	Continental Breakfast	Crowne Room	6 Foot Table(s)	100	
1/10/2014	8:00 AM	5:00 PM	Meeting	Crowne Room	Round of 8	100	150.00
1/10/2014	8:00 AM	5:00 PM	Meeting	Nutmeg	Classroom	75	150.00
1/10/2014	12:00 PM	1:00 PM	Lunch	Crowne Room	6 Foot Table(s)	100	

MEETING ROOM RENTAL

Meeting Room Rental as agreed upon will be \$2250.00

A 22% service charge will be added to all meeting room rental charges.

DEPOSITS

We will require a deposit in the amount of \$2400.00 with return of the signed contract. This deposit is fully refundable within 3 business days after receipt of the signed contract and deposit. Any cancellations more than 3 business days after receipt of the signed contract will result in forfeiture of the deposit. This deposit is fully applicable to all purchases on the day of the event. It is not, however, transferable to another booking and / or function date.

BILLING & PAYMENT FOR GROUP CHARGES

Full payment of all estimated charges as stated in the Banquet Checks dated 1/8/2014, and the AV Estimate # CPEST90301, will be due by 1/9/2014,. Any charges incurred in excess of this estimate would be due prior to departure the final day of your function.

PAYMENT BY CREDIT CARD OR COMPANY CHECK

If Access Health CT wishes to pay any portion of its obligation by Credit Card OR use a Company Check, the attached CREDIT CARD AUTHORIZATION FORM must be completed in full.

FOOD AND BEVERAGE MINIMUM \$17,000

(This revenue does NOT include Sales Tax or Gratuity)

If food and or beverage functions are cancelled or if your FOOD AND BEVERAGE revenues drops below the contracted FOOD AND BEVERAGE MINIMUM OF \$17,000, the hotel reserves the right to assess the difference between the lost revenue and the FOOD AND BEVERAGE MINIMUM, in the form of additional meeting room rental to the Access Health CT. In addition, the hotel reserves the right to reassign function space. All changes to this program are subject to space availability.

FOOD AND BEVERAGE FUNCTION GUARANTEES

So that we may properly prepare for your function, the Hotel requires a guaranteed number of guests no later than three business days prior to your function. It is the client's responsibility to provide this guarantee to the sales office. If a guarantee is not provided, the original 'Agreed' counts as noted above will be used for food preparation and setup. This is the number of guests for which you will be charged.

As a courtesy to you, the hotel will set 5% over the guaranteed count for functions of less than 200 people and 3% over the guaranteed count for functions greater than 200 people. You will be charged either the guaranteed amount as provided for above or the number of guests actually served, whichever is greater.

Menu

All American Buffet \$18.95 per person ++

Assorted Fruit Breads, Bagels & Scones, Fruit Preserves, Butter and Assorted Cream Cheese, Fruit Salad, Fluffy Scrambled Eggs, Crisp Bacon, Home Fried Potatoes, Chilled Orange, Grapefruit & Cranberry Juices, Freshly Brewed Coffee, Decaffeinated Coffee and Tea Selections

The Wrap Buffet \$23.95 per person ++

Chopped Salad, Iceberg Lettuce, Tomatoes, Diced Cucumbers, Bacon Bits, Diced Onion, Shredded Carrots, Croutons, Italian & Bleu Cheese Dressing, Israeli Couscous with Grilled Vegetables, Assorted Wraps to Include: Black Forest Ham, Chicken Salad with Grapes & Cashews, Turkey Club and Hummus Wrap with Avocado, Cucumbers, Tomatoes, Red Onion, Sprouts and Lettuce, Potato Chips, Assorted Cakes and Pies with Soft drinks and bottled water and whole fresh fruit

Cookie Crumbler \$9.95 per person ++

Selection of Cookies & Brownies, Whole Fresh Fruit Bottled Water & Assorted Soft Drinks

With Freshly Brewed Coffee, Decaffeinated Coffee & Tea Selection - \$9.95 per person

OVERNIGHT ROOM RATE

The Crowne Plaza Cromwell will offer your group an overnight room rate of \$114.00 for Dates: 1/8/14 – 1/10/14. The rate will be good until 1 month prior to the event. After that time, published rates prevail.

CANCELLATION

Access Health CT acknowledges that if it cancels or otherwise essentially abandons its planned use of the Room Night Commitment and Function Space Commitment, this action would constitute a breach of Access Health CT's obligation to Hotel and Hotel would be harmed.

Because Hotel's harm (and Access Health CT obligation to compensate Hotel for that harm) is likely to increase if there is a delay in notifying Hotel of any Cancellation, Access Health CT agrees to notify Hotel, in writing, within five (5) business days of any decision to Cancel.

If a cancellation occurs, the parties agree that the Access Health CT would pay the Hotel, within 30 days after the Cancellation, as liquidated damages and not as a penalty, the amount set forth below reasonably estimates Hotel's harm for a Cancellation:

DATE OF CANCELLATION	CANCELLATION DAMAGES
0 - 60 days prior	\$19,000

If Access Health cancels its Conference at the Hotel scheduled for January 9, 10, 2014 due to a snowstorm, Access Health CT will not owe the Hotel a Cancellation fee if the Conference is re-scheduled at the Hotel within 30 days.

CHANGES, ADDITIONS, STIPULATIONS, OR LINING OUT

Any changes, additions, stipulations, or deletions, including corrective lining out by either Hotel or Access Health CT, will not be considered agreed to or binding on the other unless such modifications have been initialed or otherwise approved in writing by the other.

IMPOSSIBILITY

The performance of this Agreement is subject to termination without liability upon the occurrence of any circumstance beyond the control of the Hotel – such as acts of God, war, government regulations, disaster, strikes, civil disorder, or curtailment of transportation facilities – to the extent that such circumstance makes it illegal or impossible to provide or use the Hotel facilities. The ability to terminate this Agreement without liability pursuant to this paragraph is conditioned upon delivery of written notice to the other party setting forth the basis for such termination as soon as reasonably practical - but in no event longer than ten (10) days - after learning of such basis.

COMPLIANCE WITH LAW

This Agreement is subject to all applicable federal, state, and local laws, including health and safety codes, alcoholic beverage control laws, disability laws, and the like. Hotel and Access Health CT agree to cooperate with each other to ensure compliance with such laws. Hotel shall comply with all provisions set forth on Exhibit A with respect to Nondiscrimination and Affirmative Action, Certain State Ethics Requirements, Applicable Executive Orders of the Governor, and the Trafficking Victims Protection Act, and shall comply as applicable with the Cost Principles for State, Local and Tribal Governments, Subcontractor Reporting and Executive Compensation, and General Contractor Registration and Universal Identifier Requirements.

COMPLIANCE COMMUNITY STANDARDS

Access Health CT states that the general activities that the Access Health CT will conduct in the Hotel is a meeting. Access Health CT understands that the Hotel will be conducting other activities at the same time as the Access Health CT activities in the Hotel and that the Hotel needs to assure all users of the Hotel that they will not be exposed to activities which violate community standards of acceptable activities for a large segment of the population surrounding the Hotel to witness or be exposed to in a facility that is open to the general public. The Access Health CT certifies to the Hotel that its activities will not violate such standards and if the Access Health CT activities do violate such standards, Access Health CT agrees that the Hotel will terminate the activity and this contract and require Access Health CT to discontinue and cease its activities on the premises of the Hotel or take action to conform its activities to the aforementioned standards and other reasonable rules and regulations of the Hotel and/or seek any and all legal remedies that the Hotel may have against Access Health CT for breach of this agreement.

IT'S TIME TO BE REWARDED

Introducing IHG Rewards, a loyalty program that rewards you. As a member of IHG Rewards, it's easier than ever to earn points, redeem for rewards, give to your favorite charity, and achieve Elite Status.

- Earn 3 points for every US \$1 spent on qualified meetings at over 3800 hotels in the US, Canada, Mexico, Latin America, Caribbean & Asia Pacific.
- Earn Points for Personal Stays at more than 4300 hotels worldwide in the IHG Rewards Family of Brands.
- Receive flexible redemption options such as IHG Meeting Credits.
- Use points anytime; they never expire.
- Create customized websites for meetings.
- Reserve IHG Reward Nights anytime; there are no blackout dates.

A qualified meeting is 10 or more guest rooms for at least one night. To enroll or update your membership go to www.ihg.com/rewardsclub.

DECISION DATE

Contained in this contract are the detailed arrangements for your event. In order to assign definite status to these arrangements, this document must be signed and returned no later than **January 8, 2013**. If this signed agreement is not received by the above noted due date, the Crowne Plaza Cromwell reserves the right to release all space and rooms being protected for your group. At that point all items within this document will be made available for sale to the general public.

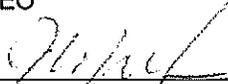
ACCEPTANCE

Hotel and Access Health CT have agreed to and have executed this Agreement by their authorized representatives as of the dates indicated below.

This Agreement shall be binding upon and shall insure to the parties hereto, their respective heirs, successors, legal representatives and assigns. This Agreement sets forth the entire Agreement between the parties hereto and no other prior written or oral statement or agreement or understanding shall be recognized or enforced. All modifications or amendments shall be in writing and signed by the parties.

ACCEPTED BY:

Connecticut Health Insurance Exchange dba
Access Health CT
Kevin Counihan
CEO



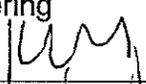
(Signature)

1/5/13

(Date)

Crowne Plaza Cromwell

Krystal Kapustinski
Director of Catering



(Signature)

1/8/13

(Date)

CROWNE PLAZA CROMWELL
HOUSE POLICIES AND PROCEDURES

Menu Selection: To comply with local health standards and maintain a high level of quality, all food and beverages served in the banquet areas must be provided by the Crowne Plaza Cromwell. All menus must be submitted thirty (30) days in advance. Client may provide a choice of two different entrees for attendees, with a minimum guarantee of 50 guests. For groups less than 50 guests, an additional \$1.00 per person (for entire group) plus tax and service charge will apply with a choice of two entrees. If a client wishes a third choice of entrée, there will be an additional charge of \$2.00 per person (for entire group) plus tax and service charge.

Function Rooms: Function Rooms are assigned by the number of persons anticipated. Charges for function rooms are assessed on your program as outlined, including the group food and beverage functions as well as pick-up of guestrooms reserved. Should your program change, additional charges may apply to your function room. If a change from the original set-up is requested on the day of the function, a labor fee will be assessed to your group. We also reserve the right to change function space reserved with increases or decreases in anticipated attendance; with prior notification to your organization. The use of nails, tacks or double-sided tape is prohibited. The hotel staff will be pleased to assist in the hanging of banners. Advance notice is required. The hotel is not responsible for loss of or damage to any items left in the meeting rooms.

Service and Labor Charges: A 22% taxable Service charge will be added to all room rental and food and beverage charges. Rental items are subject to the current (at time of function) Connecticut State Sales tax rate. Additional Labor charges for special services such as Carvers, Bartenders, Cocktail Servers, Valets, etc. may also be applicable.

Food and Liquor: The hotel holds a liquor license granted by the State Liquor Commission and is held responsible for complying with its regulation. To insure this, neither the Patron nor their guests may bring food or alcoholic beverages into any Hotel function rooms or public areas.

Outside Food and Beverage Policy:

All food and beverages served at functions associated with the Event must be provided, prepared, and served by Hotel, and must be consumed on Hotel premises.

Leftover Food: Due to insurance regulations, no remaining food or beverage shall be removed from the premises. Upon conclusion of the function, such food and beverage becomes the property of the hotel.

Client Responsibilities: Patron agrees to conduct the event in an orderly manner in full compliance with applicable laws, regulations, and hotel rules. Patron assumes full responsibility of all persons in attendance at the event and for any damage done to any part of the hotel's premises during any time the premises are under the control of patron's agents, invitees, employees, or independent contractors.

Attendance Guarantees: For all functions requiring food as provided by the hotel directly, a guaranteed number of guests confirmed is mandatory at least **THREE BUSINESS DAYS** in advance. This is the responsibility of the client, and you will be charged even if fewer guests attend. The hotel will not contact you for this information. Any changes must be in writing.

Decorations: A \$200.00 clean up fee will be assessed if glitter or confetti is used. Rice and birdseed are not allowed in the function areas.

Billing/Payment: All direct bill accounts require an approved credit application no later than 30 days prior to the event.

All private room functions will be subject to one master bill. Individual payments cannot be received. Any deposits received will be credited to the final bill. Banquet checks will be presented to and approved by the person in charge of the event. Any discrepancy in the billing must be resolved at the conclusion of the function.

Deliveries: In the event that you will be shipping materials to the hotel prior to your function, please notify your event manager. COD's cannot be accepted. **Due to limited storage space, boxes will be charged a \$5.00 per box storage and handling fee, plus a 22% service charge and state sales tax.** Boxes left for more than one week after departure without shipping instructions will be discarded. Any item over 200 pounds must be delivered via a drayage company. Please see your event manager for additional information regarding shipment for oversized items

Smoking Policy: The Crowne Plaza Cromwell is a smoke free environment. Smoking is not permitted in any guest room, function area or public space. A \$200.00 fee will be applied at management's discretion for non compliance. We appreciate your cooperation in adhering to this Policy.

In General: To avoid damage to wallpaper or paint, we do not allow taping, tacking or the attachment of any posters, flyers or any written materials to walls or doors without prior written consent from the hotel.

If on the day of the event, the engager changes the room setup specified on the banquet contract, a minimum of \$25.00 labor charge may be added to the check.

Failure to show for contracted meeting space will be treated as a cancellation, subject to the cancellation terms outlined in the Group Sales Agreement.

Guests will be admitted to, and expected to depart, the facilities in accordance with specified times. If a meeting extends into the next time slot, an additional room charge will be added to the bill.

The hotel will not assume any responsibility for the damage or loss of any merchandise or articles left in the hotel prior to, during, or following a function.

ACCEPTED BY:

The performance of this Agreement by the Hotel is subject to any circumstance making it illegal, impractical or reasonably impossible for the Hotel to provide the services as provided for herein at the Hotel, including events caused by acts of God, war, government regulations, disaster, strikes, civil disaster, or curtailment of transportation facilities, or curtailment or interruption of utility service for sewer, water or power to the Hotel. The agreement may be terminated for any one of the reasons by written notice from the hotel to organization within ten (10) days of the Hotel learning of the basis for termination.

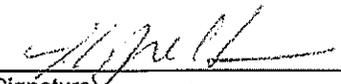
Group Name: Access Health CT

Function Date: Thursday, January 9, 2014 large meeting
smaller meeting for 100 guests on 1/10/2014

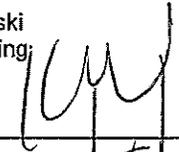
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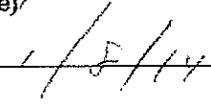
Krystal Kapustinski
Director of Catering



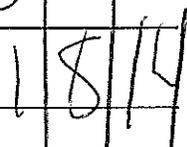
(Signature)



(Signature)



(Date)



(Date)

CROWNE PLAZA CROMWELL - CREDIT CARD AUTHORIZATION FORM

NAME OF CARD HOLDER: _____
PLEASE PRINT NAME AS IT APPEARS ON CARD

CREDIT CARD #: _____ EXPIRATION DATE: _____

CREDIT CARD TYPE (PLEASE CHECK ONE):

_____ American Express _____ Discover _____ Master Card _____ Diners Club _____ Visa

THIS CREDIT CARD SHALL COVER THE FOLLOWING CHARGES (CHECK ALL THAT APPLY):

_____ ALL MASTERBILL CHARGES
 _____ BANQUET FOOD & BEVERAGES CHARGES _____ MEETINGROOM RENTAL
 _____ ROOM & TAX _____ INCIDENTALS

ADVANCED DEPOSIT: \$ _____

_____ I AUTHORIZE MY CREDIT CARD TO BE CHARGED FOR THE ABOVE REFERENCED AMOUNT. THIS AMOUNT IS AN ADVANCED DEPOSIT FOR THE FUNCTION NOTED BELOW

_____ I AUTHORIZE MY CREDIT CARD TO BE CHARGED AS PAYMENT FOR THE FUNCTION STATED BELOW (CHARGES NOTED ABOVE) OR CANCELLATION OF FUNCTION.

_____ I AUTHORIZE MY CREDIT CARD TO BE HELD AS GUARANTEE FOR THE FUNCTION STATED BELOW, AND AUTHORIZE THIS CREDIT CARD TO BE PROCESSED IN THE EVENT OF NON-PAYMENT AGREED, OR CANCELLATION OF FUNCTION AS PER MY CONTRACT. IT IS MY UNDERSTANDING THAT AN AUTHORIZATION HOLD FOR THE ESTIMATED AMOUNT WILL BE PLACED AGAINST MY CREDIT CARD ACCOUNT FOR THE FOLLOWING TIME PERIOD: MasterCard / VISA / DINERS CLUB / DISCOVER- APPROX. 7-10 BUSINESS DAYS / AMERICAN EXPRESS - APPROX. 30 BUSINESS DAYS

_____ PLEASE CHECK HERE IF YOU ARE USING A DEBIT OR CHECK CARD. DEBIT CARDS DO NOT ACT AS CREDIT CARDS AT THE HOTEL. WE ARE NOT RESPONSIBLE FOR BANK FEES ASSOCIATED WITH AUTHORIZATIONS THAT ACT AS A HOLD ON YOUR FUNDS.

SIGNATURE OF CARD HOLDER : _____

FOR OFFICE USE ONLY

FUNCTION INFORMATION			
ORGANIZATION	<u>Access Health CT</u>		
CONTACT	<u>Kate Gervais</u>	ON-SITE CONTACT:	
ADDRESS	<u>280 Trumbull Street</u>		
CITY:	<u>Hartford</u>	STATE: <u>CT</u>	ZIP: <u>06103</u>
PHONE:	<u>860-690-5467</u>	FAX:	
ARRIVAL DATE OF FUNCTION	<u>1/8/2014 - 1/10/2014</u>	ESTIMATED AMOUNT:	\$ _____
FOLIO #	SALES PERSON: <u>Krystal Kapustinski</u>		

SALES DEPARTMENT FAX NUMBER: (860) 635-7768

Sales Office Fax Number: (860) 635-7768