



LETTER OF AGREEMENT

The Leapfrog Group and _____
Name of Hospital (Licensee) _____ *# of Staffed Beds*

agree that Leapfrog will license its Leapfrog Hospital Safety Grade Marks to Licensee for commercial and noncommercial promotion of the Licensee’s “A” rating.

Licensee will pay The Leapfrog Group: *(please initial appropriate tier)*

- _____ \$5,500 for hospitals with fewer than 50 staffed beds
- _____ \$6,600 for hospitals with 50 – 199 staffed beds
- _____ \$8,250 for hospitals with 200 – 299 staffed beds
- _____ \$15,400 for a hospital with 300 – 399 staffed beds
- _____ \$17,600 for a hospital with 400 or more staffed beds

for a limited, non-transferable and non-exclusive license to use the Leapfrog Hospital Safety Grade Marks in accordance with this agreement and the terms of use attached as Exhibit A and Leapfrog Hospital Safety Grade Style Guide for Hospitals. This agreement will be effective upon execution. An invoice will be delivered within 72 hours of Leapfrog’s receipt of the executed agreement, and payment is due upon receipt. Leapfrog releases updated Safety Grades twice per year, in April and October. This agreement allows Licensee to use the Leapfrog Hospital Safety Grade Marks for the current Fall ratings cycle plus the subsequent Spring ratings cycle, terminating immediately upon the release of the Fall 2017 Safety Grades.

We’re pleased to help you share your good work with your community!

Accepted and Agreed To:

Date: ____ - ____ - ____ *Name/Title:* _____

Hospital Name (Licensee): _____

Hospital Address: _____

Please scan the completed letter of agreement and email to GradeLicense@LeapfrogGroup.Org.