



HOSPITAL SAFETY GRADE LICENSURE — 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.

Fee Table

Licensee will pay The Leapfrog Group *(please indicate tier of staffed beds in the below table):*

Hospital Size	Indicate Tier with “X”	Licensure Price
<50 staffed beds	_____	\$5,500
50 – 199 staffed beds	_____	\$6,600
200 – 249 staffed beds	_____	\$8,250
250 – 299 staffed beds	_____	\$11,825
300 – 399 staffed beds	_____	\$15,400
400 or more staffed beds	_____	\$19,900

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 2018 ratings cycle plus the subsequent Spring 2019 ratings cycle, terminating immediately upon the release of the Fall 2019 Safety Grades. Thank you for prioritizing patient safety!

Sincerely yours,
Alicia Vann
Licensure Agent for The Leapfrog Group

Special Billing Instructions (AP contact and/or automation processes, if applicable):

Accepted and Agreed To:

Hospital Name (Licensee): _____

Hospital Address: _____

Name: _____ *Title:* _____

Signature: _____ *Date:* ____ - ____ - ____