



LEAPFROG ACCOLADE 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 “A” Logo and/or Leapfrog Hospital Safety Grade Program Logo and/or Top Hospital Logo and/or The Leapfrog Group Logo (collectively the “Designated Leapfrog Logos”) to Licensee pursuant to the terms of this Letter of Agreement for commercial and noncommercial promotion of:

- Leapfrog Group Spring 2019 Hospital Safety Grade
- Leapfrog 2018 Top Hospital

Fee Table

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

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

Total Price: _____

for a limited, non-transferable and non-exclusive license to use the Designated Leapfrog Logos in accordance with this Agreement and the Terms of Use attached as Exhibit A and Leapfrog Group 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 Fall and Spring, and the Top Hospital Designation once per year in the fall. This Agreement allows Licensee to use the Leapfrog Hospital Safety Grade “A” Logo and Leapfrog Hospital Safety Grade Program Logo for the current Spring 2019 ratings cycle plus the subsequent Fall 2019 ratings cycle, terminating immediately upon the release of the Spring 2020 Safety Grades. The Leapfrog Top Hospital Designation may be promoted in perpetuity. Thank you for prioritizing patient safety!

Sincerely yours,
Alicia Vann

Accepted and Agreed To:

Hospital Name (Licensee): _____

Hospital Address: _____

Name: _____ *Title:* _____

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