

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06/15/2021

Contract/Lease Control #: C00-0372-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2022

Description of: OFFICE RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



Horizons COI - C00-0372-PW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2021

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 of Florida, Inc. 3520 Thomasville Rd., Ste. 500 Tallahassee FL 32309	CONTACT NAME: Sierra Mills PHONE (A/C, No, Ext): (850) 656-3747 E-MAIL ADDRESS: smills@bbtally.com	FAX (A/C, No): (850) 656-4065
	INSURER(S) AFFORDING COVERAGE	
INSURED Horizons of Okaloosa County, Inc. 123 Truxton Avenue Fort Walton Beach FL 32547	INSURER A: Alliance of Nonprofits for Insurance, Risk Retention Group	
	INSURER B: Bridgefield Employers Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 21-22 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			202148415PKG	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			202148415PKG	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			202148415UMB	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	83056211	01/15/2021	01/15/2022	<input checked="" type="checkbox"/> 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
A	Professional Liability			202148415PKG	07/01/2021	07/01/2022	Limit \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Annual Contract Renewal. Certificate Holder is included as an additional insured with regard to general liability coverage as required by written contract or agreement.

CONTRACT#: C00-0372-PW
HORIZONS
OFFICE RECYCLING
EXPIRES: 09/30/2022

CERTIFICATE HOLDER Okaloosa County Recycling Office 84 Ready Avenue Ft Walton Beach FL 32548	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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CONTRACT/LEASE RENEWAL FORM

June 10, 2021
Horizons of Okaloosa County, Inc.
Attn: John Roper
123 Truxton Avenue
Fort Walton Beach, FL 32547
RE: Office Recycling

CONTRACT#: C00-0372-PW
HORIZONS
OFFICE RECYCLING
EXPIRES: 09/30/2022

Dear Sir:

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C00-0372-PW for an additional term. The contract renewal period will be 10/01/2021 to 9/30/2022. The annual budgeted amount for this contract is \$26,000.00. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director Jason T. Autrey, P.E., C.P.M. Digitally signed by Jason T. Autrey, P.E., C.P.M. Date: 2021.06.14 08:09:59 -05'00'

Contractor: Horizons of Okaloosa Co. Inc.

Date: Faye Douglas Digitally signed by Faye Douglas Date: 2021.06.15 09:06:44 -05'00'

Approved By: (as prescribed below on item 1)

Approved By: [Signature]

Date:

Approved By: (as prescribed below on item 1)

Title: CEO

Date:

Date: 6-10-2021

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
2) Keep a copy of this form for your records.
3) Send original to Contracts and Lease Coordinator at Purchasing Department. If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06/01/2020

Contract/Lease Control #: C00-0372-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2021

Description of OFFICE RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2020

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PRODUCER Brown & Brown of Florida, Inc. 3520 Thomasville Rd., Ste. 500 Tallahassee FL 32309		CONTACT NAME: Sierra Mills PHONE (A/C, No, Ext): (850) 656-3747 FAX (A/C, No): (850) 656-4065 E-MAIL ADDRESS: SMills@btally.com	
INSURED Horizons of Okaloosa Co., Inc. dba The Arc of the Emerald Coast 123 Truxton Avenue Fort Walton Beach FL 32547		INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Insurance, Risk Retention Group NAIC # 10023 INSURER B: Bridgefield Employers Insurance Company 10701 INSURER C: INSURER D: INSURER E: INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 2020-21 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			202048415	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			202048415	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			202048415	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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 N	83056211	01/15/2021	01/15/2022	<input checked="" type="checkbox"/> 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
A	Professional Liability			202048415	07/01/2020	07/01/2021	Limit \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as an additional insured as required by written contract or agreement.

CONTRACT#: C00-0372-PW
HORIZONS
OFFICE RECYCLING
EXPIRES: 09/30/2021

CERTIFICATE HOLDER		CANCEL	
Okaloosa County 5479-A Old Bethel Road Crestview FL 32536		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 	

C00-0372-PW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2020

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<p>PRODUCER Brown & Brown of Florida, Inc. 3520 Thomasville Rd., Ste. 500 Tallahassee FL 32309</p>	<p>CONTACT NAME: Sierra Mills PHONE (A/C, No, Ext): (850) 656-3747 FAX (A/C, No): (850) 656-4065 E-MAIL ADDRESS: smills@bbtally.com</p>																					
<p>INSURED Horizons of Okaloosa Co., Inc. 123 Truxton Avenue Fort Walton Beach FL 32547</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Alliance of Nonprofits for Insurance, Risk Retention Group</td> <td>10023</td> </tr> <tr> <td>INSURER B :</td> <td>Bridgefield Employers Insurance Company</td> <td>10701</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Alliance of Nonprofits for Insurance, Risk Retention Group	10023	INSURER B :	Bridgefield Employers Insurance Company	10701	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Alliance of Nonprofits for Insurance, Risk Retention Group	10023																				
INSURER B :	Bridgefield Employers Insurance Company	10701																				
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES **CERTIFICATE NUMBER:** CL2063032603 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			202048415	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000		
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 500,000			
			MED EXP (Any one person)				\$ 20,000			
							PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000		
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 3,000,000		
	OTHER:							\$		
A	AUTOMOBILE LIABILITY				202048415	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	BODILY INJURY (Per person)				\$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY			BODILY INJURY (Per accident)				\$		
				PROPERTY DAMAGE (Per accident)				\$		
							PIP-Basic	\$ 10,000		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR	202048415	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 1,000,000		
			DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				83056211	01/15/2020	01/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				N/A	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Professional Liability			202048415	07/01/2020	07/01/2021	Limits	\$1,000,000		
							Aggregate	\$3,000,000		

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

Certificate Holder is included as an additional insured as required by written contract or agreement.

CONTRACT#: C00-0372-PW
HORIXONS
OFFICE RECYCLING
EXPIRES: 09/30/2021

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">Okaloosa County 5479-A Old Bethel Road Crestview FL 32536</p>	<p>CANC</p>
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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
Sierra Mills



CONTRACT/LEASE RENEWAL FORM

May 13, 2020
Horizons of Okaloosa County, Inc.
Attn: John Roper
123 Truxton Avenue
Fort Walton Beach, FL 32547
RE: Office Recycling

CONTRACT#: C00-0372-PW
HORIZONS
OFFICE RECYCLING
EXPIRES: 09/30/2021

Dear Sir:

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C00-0372-PW for an additional term. The contract renewal period will be 10/01/2020 to 9/30/2021. The annual budgeted amount for this contract is \$26,000.00. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: [Signature]

Contractor: Horizons of Okaloosa Co. Inc.

Date: 5/21/20

Approved By: [Signature]
(as prescribed below on item 1)

Approved By: [Signature]

Date: 05-28-20

Approved By: _____
(as prescribed below on item 1)

Title: CEO

Date: _____

Date: 5/14/2020

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Contracts and Lease Coordinator at Purchasing Department.
If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/10/15

Contract/Lease Control #: C00-0372-PW

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Lessor: _____

Effective Date: 10/1/99 \$ AS LER SKED ~~SM~~ 20,000 Annual

Term: 9/30/16 w/ renewals

Description of Contract/Lease: COLLECTION OF RECYCLED OFFICE PAPER

Department Manager: JIM REECE / John Hofstad

Department Monitor: 689-5772

Monitor's Telephone #: 689-5715

Monitor's FAX #: _____

Date Closed:

SEE APPENDED FILE PAYMENT 11/1/05 CH
SEE APPENDED REESTABLISHING CONTRACT 9/15/06
9/15/06 CH



HORIZ-2

OP ID: LT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/26/2019

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PRODUCER Brown & Brown of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	850-907-3163	CONTACT NAME: Lynda Turner PHONE (A/C, No, Ext): 850-907-3163 E-MAIL ADDRESS: ltturner@bbtally.com FAX (A/C, No): 850-656-4065																					
	INSURED Horizons of Okaloosa Co., Inc. The Arc of the Emerald Coast 123 Truxton Avenue Fort Walton Beach, FL 32547	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Alliance of Nonprofits for Ins</td> <td>10023</td> </tr> <tr> <td>INSURER B:</td> <td>Bridgefield Employers Ins Co</td> <td>10701</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Alliance of Nonprofits for Ins	10023	INSURER B:	Bridgefield Employers Ins Co	10701	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER B:	Bridgefield Employers Ins Co	10701																					
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INSURER F:																							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	201948415	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	201948415	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			201948415UMB	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	083056211	01/15/2019	01/15/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate holder is included as additional insured with respect to General Liability and Auto Liability as required by written contract. Primary and non-contributory wording applies to general liability. 30 day notice of cancellation applies except for 10 days for non payment per Florida Statute.

C00-6372-PW

CERTIFICATE HOLDER OKALO09 Okaloosa County Purchasing 602 N Pearl Street #C Crestview, FL 32536	CANCELLATION 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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CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 04/26/2019

Contract/Lease Control #: C00-0372-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2020

Description of Contract/Lease: OFFICE RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office



CONTRACT/LEASE RENEWAL FORM

CONTRACT#: C00-0372-PW
HORIZONS
OFFICE RECYCLING
EXPIRES: 09/30/2020

April 11, 2019

HORIZONS of Okaloosa County
Attn: John Roper
123 Truxton Avenue
Fort Walton Beach, FL 32547

RE: Office Recycling

Dear Sir:

The Okaloosa County Public Works Dept agrees to renew the subject contract/lease, #C00-0372-PW for an additional term. The contract renewal period will be October 1, 2019 to September 30, 2020. The annual budgeted amount for this contract is \$26,000.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: [Signature]
Jason Autrey, Public Works

Contractor: HORIZONS of Okaloosa County

Approved By: [Signature]
Jefferey Hyde, Purchasing

Approved By: [Signature]
John Roper

Approved By: [Signature]
(as prescribed below on item 1)

Title: Chief Executive Officer

Date: 4/22/19

Date: 4/22/19

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06-29-2018

Contract/Lease Control #: C00-0372-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2019

Description of Contract/Lease: OFFICE RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office



CONTRACT/LEASE RENEWAL FORM

June 21, 2018
HORIZONS of Okaloosa County
Attn: John Roper
123 Truxton Avenue
Fort Walton Beach, FL 32547
RE: Office Recycling

Contract # C07-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE RECYCLING
EXPIRES: 09/30/2019

Dear Sir:

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C00-0372-PW for an additional term. The contract renewal period will be 10-01-18 to 9-30-19. The annual budgeted amount for this contract is \$25,000.00. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: [Signature]
Date: 6/28/18

Contractor: Arc of EC
Horizons

Approved By: [Signature]
(as prescribed below on item 1)

Approved By: [Signature]

Date: 06/29/2018

Approved By: _____
(as prescribed below on item 1)

Title: CEO

Date: _____

Date: 6/21/18

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2018

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 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).

RECEIVED
JUL 03 2018
BY: P. R. C. H.

PRODUCER Brown & Brown of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	CONTACT NAME: Lynda Turner PHONE (A/C, No, Ext): 850-701-0442 E-MAIL ADDRESS: lturner@bbtally.com	FAX (A/C, No): 850-656-4065
	INSURER(S) AFFORDING COVERAGE	
INSURED Horizons of Okaloosa Co., Inc. The Arc of the Emerald Coast 123 Truxton Avenue Fort Walton Beach, FL 32547	INSURER A: Alliance of Nonprofits for Ins NAIC # 10023	
	INSURER B: Bridgefield Employers Ins Co 10701	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	201848415	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	201848415	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			201848415UMB	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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	N/A	083056211	01/15/2018	01/15/2019	<input checked="" type="checkbox"/> 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
A	Professional Liab			201848415	07/01/2018	07/01/2019	Per Occ 1,000,000 Aggregate 3,000,000

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

Certificate holder is included as additional insured with respect to General Liability and Auto Liability as required by written contract. Primary and non-contributory wording applies to general liability. 30 day notice of cancellation applies except for 10 days for non payment per Florida Statute.

COD-0372-PW/C16-2357-TDD/C16-2377-WS

CERTIFICATE HOLDER OKALO09 Okaloosa County Purchasing 602 N Pearl Street #C Crestview, FL 32536	CANCELLATION 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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NOTEPAD:

HOLDER CODE OKAL009
INSURED'S NAME Horizons of Okaloosa Co., Inc.

HORIZ-2
OP ID: LT

PAGE 2
Date 06/27/2018

for non-payment of premium which is 10 days.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2018

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 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 of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Oslecki	CONTACT NAME: Lynda Turner PHONE (A/C, No, Ext): 850-701-0442 E-MAIL ADDRESS: lturner@bbtally.com	FAX (A/C, No): 850-656-4065
	INSURER(S) AFFORDING COVERAGE	
INSURED Horizons of Okaloosa Co., Inc. The Arc of the Emerald Coast 123 Truxton Avenue Fort Walton Beach, FL 32547	INSURER A : Alliance of Nonprofits for Ins	NAIC # 10023
	INSURER B : Bridgefield Employers Ins Co	10701
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X X	201748415	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		201748415	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		2017-48415UMB	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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 N/A	083056211	01/15/2018	01/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab		201748415	07/01/2017	07/01/2018	Per Occ 1,000,000 Agg 3,000,000

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

Certificate Holder is included as an additional insured with regard to general liability coverage as required by written contract or agreement. A waiver of subrogation applies as indicated.

CERTIFICATE HOLDER

CANCELLATION

OKALO04 Okaloosa County 602-C North Pearl Street Crestview, FL 32536	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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CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08-28-2017

Contract/Lease Control #: C00-0372-PW

Bid #: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2018

Description of Contract/Lease: OFFICE RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JUTREY@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office



CONTRACT/LEASE RENEWAL FORM

August 9, 2017

HORIZONS of Okaloosa County
Attn: John Roper
123 Truxton Avenue
Fort Walton Beach, FL 32547

Contract # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE RECYCLING
EXPIRES: 09/30/2018

RE: Office Recycling

Dear Sir:

The Okaloosa County Public Works Dept agrees to renew the subject contract/lease, #C00-0372-PW for an additional term. The contract renewal period will be October 1, 2017 to September 30, 2018. The annual budgeted amount for this contract is \$24,000.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

Dept. Director
Signature: 
Jason Autrey, Public Works


Approved By: 
Greg Kisela, Purchasing

Approved By: _____
(as prescribed below on item 1)

Date: _____

AUTHORIZED COMPANY REPRESENTATIVE

Contractor: HORIZONS of Okaloosa County

Approved By: 
John Roper

Title: Chief Executive Officer

Date: 8/22/17

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.



C00-0372-PW

HORIZ-2

OP ID: LT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2017

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 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 of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	CONTACT NAME: Lynda Turner PHONE (A/C, No, Ext): 850-701-0442 E-MAIL ADDRESS: lturner@bbtally.com		FAX (A/C, No): 850-656-4065
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Horizons of Okaloosa Co., Inc. The Arc of the Emerald Coast 123 Truxton Avenue Fort Walton Beach, FL 32547	INSURER A: Alliance of Nonprofits for Ins		10701
	INSURER B: Bridgefield Employers Ins Co		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Lia GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		2017-48415 2017-48415	07/01/2017 07/01/2017	07/01/2018 07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			2017-48415	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2017-48415	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y / <input type="checkbox"/> N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	083056211	01/15/2017	01/15/2018	<input checked="" type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be)

Contract # C00-0372-PW
HORIZONS OF OKALOOSA CO. INC.
OFFICE PAPER RECYCLING
EXPIRES: 09/30/2017

CERTIFICATE HOLDER

OKALOOS

Okaloosa County
1759 South Ferdan Blvd
Crestview, FL 32356

CANCELLATION

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
Lynda Turner

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/16/2016

Contract/Lease Control #: C00-0372-PW

Bid #: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/1999

Expiration Date: 09/30/2017

Description of
Contract/Lease: PROVIDES OFFICE PAPER RECYCLING

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@CO.OKALOOSA.FL.US

Closed: _____

Cc: Finance Department Contracts & Grants Office

**RENEWAL AND AMENDMENT TO CONTRACT C00-0372-PW
HORIZONS of Okaloosa County for Office Paper Recycling**

This amendment and renewal entered into this 16 day of September, 2016, hereby amends and renews contract C00-0372-PW, dated October 1, 1999, by and between Okaloosa County, Florida, (hereinafter the "County") and HORIZONS of Okaloosa County (hereinafter the "Contractor").

WHEREAS, on October 1, 1999, the County and Contractor entered into a contract, C00-0372-PW, which provides office paper recycling; and

WHEREAS, the term of C00-0372-PW shall expire on September 30, 2016, however, the contract provides for renewal; and

WHEREAS, the parties desire to amend the contract to include language in the contract pertaining to Public Records as has recently been amended by the Florida Legislature in the 2016 Laws of Florida Chapter 20.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the parties hereby agree to renew and amend C00-0372-PW as follows:

1. C00-0372-PW is hereby renewed for one (1) year. The contract renewal period shall begin October 1, 2016 and will expire September 30, 2017.
2. C00-0372-PW is hereby amended to include the following additional provision:

Public Records

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 5479 OLD BETHEL ROAD CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@co.okaloosa.fl.us.

Contractor must comply with the public records laws, Florida Statute Chapter 119, specifically Contractor must:


1. Keep and maintain public records required by the County to perform the service.
2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119 Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.
4. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.
3. All other provisions of the Contract shall remain in full force and effect through the duration of the renewal.

IN WITNESS WHEREOF, the parties hereto have executed this renewal and amendment as of the day and year first written.

(Intentionally Left Blank)

HORIZONS of Okaloosa County



Signature

JULIA J. McNabb

Print Name

Date: 9/14/16

WITNESS



Signature

Patricia Cowart

Print Name

OKALOOSA COUNTY, FLORIDA



Zan Fedorak, Purchasing Manager

Date: 9/16/16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2015

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 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 of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	CONTACT NAME: Lynda Turner PHONE (A/C, No, Ext): 850-656-3747 FAX (A/C, No): 850-656-4065 E-MAIL ADDRESS: lturner@bbtally.com <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity</td> <td style="text-align: center;">18058</td> </tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Philadelphia Indemnity	18058														
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INSURER E :															
INSURER F :															
INSURED Horizons of Okaloosa County, Inc., The ARC of Santa Rosa, Inc. and The Arc of the Emerald Coast 123 Truxton Ave Fort Walton Beach, FL 32547															

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____		PHPK1366094	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$		
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1362719	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB507070	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE OTH-ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: right;">Y / N</td> <td style="width: 30%; text-align: center;">N / A</td> </tr> </table>	Y / N	N / A					E L. EACH ACCIDENT \$ E L. DISEASE - EA EMPLOYEE \$ E L. DISEASE - POLICY LIMIT \$
Y / N	N / A							
A	Crime		PHPK1366094	07/01/2015	07/01/2016	Empl Dish 100,000 Ded. 1,000		

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

05-23-16A10:15 RCVD

0372

CERTIFICATE HOLDER <div style="text-align: center; margin-bottom: 20px;">OKALO07</div> Okaloosa County, Florida Chris Holley, Manager 1804 Lewis Turner Blvd., #400 Fort Walton Beach, FL 32547	CANCELLATION 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2016

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.

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PRODUCER Brown & Brown of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	CONTACT NAME: Lynda Turner	FAX (A/C, No): 850-656-4065
	PHONE (A/C, No, Ext): 850-656-3747	E-MAIL ADDRESS: lturner@bbtally.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Horizons of Okaloosa County, Inc. and The ARC of Santa Rosa Inc 123 Truxton Ave Fort Walton Beach, FL 32547	INSURER A: Philadelphia Indemnity	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		PHPK1366094	07/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1362719	07/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB507070	07/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PHPK1366094	07/01/2015	05/01/2016	Empl Dish 100,000 Ded. 1,000

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

0372

33-31-18P12154 RCVD

CERTIFICATE HOLDER OKALO04 Okaloosa County 602-C North Pearl Street Crestview, FL 32536	CANCELLATION 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 <i>Lynda Turner</i>
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Joanne Kublik

From: Lynn Hoshihara
Sent: Wednesday, October 14, 2015 10:25 AM
To: Joanne Kublik
Subject: Fw: Name change
Attachments: CORPORATE NAME CHANGE C97-0066.docx; CORPORATE NAME CHANGE C00-0372-PW.docx; CORPORATE NAME CHANGE C03-0996-AP.docx; CORPORATE NAME CHANGE C08-1592-TDC.docx

Lynn M. Hoshihara

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Lynn Hoshihara
Sent: Tuesday, October 13, 2015 4:45 PM
To: Joanne Kublik
Cc: 'Parsons, Kerry'
Subject: FW: Name change

Jo – following up from our discussion yesterday, Kerry prepared the attached contract amendments based on your email below and belief that Finance would not issue payment without the official name change. As we discussed, Horizons has not officially changed its name. It merely added the fictitious name of The Arc of the Emerald Coast. Therefore, I do not believe that the attached amendments are necessary. However, I would recommend that you get with Finance and confirm that they will continue issuing payment to Horizons of Okaloosa County, Inc.

Thanks,
Lynn

From: Joanne Kublik [<mailto:jkublik@co.okaloosa.fl.us>]
Sent: Friday, September 11, 2015 3:49 PM
To: Parsons, Kerry; Lynn Hoshihara
Cc: Dave Miner; Amber Atkinson; 'Mindy Kovalsky'; Zan Fedorak; Olivia Tanner
Subject: FW: Name change

Kerry/Lynn – Please see the attached. Horizons has changed their name and Finance cannot pay unless the name change is properly annotated in the contract file. I'm concerned because this appears to be an application and I don't know if this document is sufficient to change the contract file. Please advise as soon as possible. Thanks, Jo

Joanne Kublik, Contracts and Lease Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536
(850) 689-5960
jkublik@co.okaloosa.fl.us

CONTRACT # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE PAPER RECYCLING
EXPIRES: 9/30/2016

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From: Amber Atkinson
Sent: Wednesday, September 09, 2015 8:41 AM
To: Joanne Kublik
Cc: Dave Miner; Tracy Stage
Subject: FW: Name change

Good morning,

I have reached out to Olivia in finance and she stated I would need to send the attached registration of name change through the Purchasing Department. If you could please read below.

Please contact me if you have any questions.

Thank you,

Amber

Amber Atkinson
Airports Financial Specialist
Okaloosa County Airports
Phone: (850) 651-7160 ext 1043
Fax: (850) 651-7164
aatkinson@co.okaloosa.fl.us

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From: Olivia Tanner [<mailto:otanner@okaloosaclerk.com>]
Sent: Wednesday, September 09, 2015 8:17 AM
To: Amber Atkinson
Subject: RE: Name change

Hi Amber,

The registration of name change document should be routed through Purchasing, so that the contract may be updated. This should be done before submitting the next contract payment form.

I have sent a request to Sandra for a W9, so I can determine if we need to create a new vendor number. I will let you know once I receive the W9.

Thank you,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2015

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PRODUCER Brown & Brown of FL, Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki	CONTACT NAME: Matt Osiecki	PHONE (A/C, No, Ext): 850-656-3747	FAX (A/C, No): 850-656-4065
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Horizons of Okaloosa County, Inc. The ARC of Santa Rosa Inc 123 Truxton Ave Fort Walton Beach, FL 32547	INSURER A: Philadelphia Indemnity		18058
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		PHPK1362713	07/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1362719	07/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB507070	07/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is listed as an additional insured for general liability when required by written contract.

CERTIFICATE HOLDER OKALOOS9 Okaloosa County Purchasing Attn: Jack Allen 602C N Pearl Street Crestview, FL 32536	CANCELLATION 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 <i>COO-0372-fw [Signature]</i>



CONTRACT/LEASE RENEWAL FORM

Date: 3/16/15

HORIZONS of Okaloosa County
Attn: Dr Julia McNabb
123 Truxton Avenue
Fort Walton Beach, FL 32547

**CONTRACT # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE PAPER RECYCLING
EXPIRES: 9/30/2016**

RE: Office Recycling

Dear Madame:

The Okaloosa County Public Works Dept agrees to renew the subject contract/lease, #C00-0372-PW for an additional term. The contract renewal period will be October 1, 2015 to September 30, 2016. The annual budgeted amount for this contract is \$24,000.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: [Signature]
Jason Autrey, Public Works

Contractor: HORIZONS of Okaloosa County

Approved By: [Signature]
Zan Fedorak, Purchasing

Approved By: [Signature]
Julia J. McNabb, Ed. D.

Approved By: _____
(as prescribed below on item 1)

Title: Chief Executive Officer

Date: _____

Date: 3/12/15

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/9/14

Contract/Lease Control #: C00-0372-pw

Bid #: N/A Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Lessor: _____

Effective Date: 10/1/99 \$ AS-LER-SKED 20,000 Annual

Term: 9/30/2015 Indefinite

Description of Contract/Lease: COLLECTION OF RECYCLED OFFICE PAPER

Department Manager: JIM REECE / John Hofstad

Department Monitor: 689-5772

Monitor's Telephone #: 689-5715

Monitor's FAX #: _____

Date Closed: See APPENDIX FIVE Payment 11/1/05 CH
See APPENDIX REESTABLISHING CONTRACT 9/5/06
9/15/06 CH

Joanne Kublik

To: Marcella B. Eubanks
Cc: John Hofstad; Zan Fedorak; Jack Allen; Kathy Carroll
Subject: RE: Question on Renewal C00-0372-PW

Marcella – per our conversation and direction from Greg Stewart Contract C00-0372-PW should be listed as an indefinite contract. Please pull the contract renewal form for 10/1/14 – 9/30/15. Renewals will not be required for this contract.
Thanks, Jo

Joanne Kublik, Contracts and Lease Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536
(850) 689-5960
jkublik@co.okaloosa.fl.us

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Marcella B. Eubanks [<mailto:MEubanks@clerkofcourts.cc>]
Sent: Thursday, April 10, 2014 2:41 PM
To: Joanne Kublik
Cc: Zan Fedorak; Ashley S. Endris
Subject: Question on Renewal C00-0372-PW

Good afternoon, we are in receipt of the attached Renewal Form under contract C00-0372-PW.

The Last Amendment #1 is labeled Indefinite, the last paragraph reads, "This agreement may be terminated by either party upon thirty days written notice".

We are wondering, do we need Renewals?

Thank you for your help.



CONTRACT/LEASE RENEWAL FORM

Date: April 1, 2014

HORIZONS of Okaloosa County
Attn: Dr Julia McNabb
123 Truxton Avenue
Fort Walton Beach, FL 32547

RE: Office Recycling

Dear Madame:

The Okaloosa County Public Works Dept agrees to renew the subject contract/lease, #C00-0372-PW for an additional term. The contract renewal period will be October 1, 2014 to September 30, 2015. The annual budgeted amount for this contract is \$20,000.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

Dept. Director
Signature: 
John Hofstad, Public Works

Approved By: 
Zan Fedorak, Purchasing 4/9/14

Approved By: _____
(as prescribed below on item 1)

Date: _____

AUTHORIZED COMPANY REPRESENTATIVE

Contractor: HORIZONS of Okaloosa County

Approved By: 
Julia J. McNabb, Ed. D.

Title: Chief Executive Officer

Date: 4/1/14

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

**CONTRACT # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE PAPER RECYCLING
EXPIRES: 09/30/2015**

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/9/14

Contract/Lease Control #: C00-0372-PW

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Lessor: _____

Effective Date: 10/1/99 \$ AS LER SKED - CM 20,000 Annual

Term: 9/30/2015

Description of Contract/Lease: COLLECTION OF RECYCLED OFFICE PAPER

Department Manager: JIM REECE / John Hofstad

Department Monitor: 689-5772

Monitor's Telephone #: 689-5715

Monitor's FAX #: _____

Date Closed: See APPENDIX FIVE PAEMENT 11/1/05 CM
See APPENDIX FIVE CONTRACT 9/15/06
9/15/06 CM

0372

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 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 59338 / Brown & Brown of Florida, Inc. 3520 Thomasville Road Suite 500 Tallahassee, FL 32309	CONTACT NAME:	
	PHONE (A/C No, Ext):	FAX (A/C No):
E-MAIL ADDRESS:		
INSURED Horizons of Okaloosa County Inc. Horizons Foundation of Okaloosa County, Inc. 123 Truxton Avenue Fort Walton Beach, FL 32547	INSURER(S) AFFORDING COVERAGE	
	INSURER A: MARKEL INSURANCE COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
		NAIC # 38970

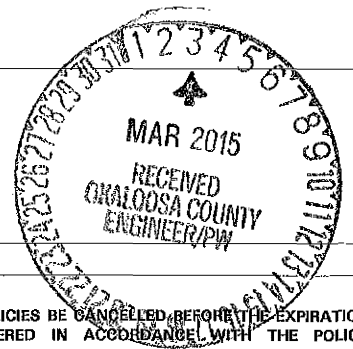
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8502SS377043-2	07-01-2014	07-01-2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<input type="checkbox"/>	<input type="checkbox"/>				

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

Certificate holder is included as additional insured for operations conducted by the named insured.



CERTIFICATE HOLDER Okaloosa County 1759 South Ferdan Blvd. Crestview, FL 32536	CANCELLATION 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 Bruce A. Kay	JCO 10
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EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 7/31/13

Contract/Lease Control #: C00-0372-^{pw}

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: HORIZONS

Lessor: _____

Effective Date: 10/1/99 \$ 14,400 Annual ~~AS LER SKED~~ Ch

Term: 9/30/2014

Description of Contract/Lease: COLLECTION OF RECYCLED OFFICE PAPER

Department Manager: JIM REECE / John Hofstad

Department Monitor: 689-5772

Monitor's Telephone #: 689-5715

Monitor's FAX #: _____

Date Closed: SEE APPROVED PAID PREVIOUS 11/1/05 Ch
SEE APPROVED REESTABLISHING CONTRACT 9/5/06
9/15/06 Ch



CONTRACT/LEASE RENEWAL FORM

Date: 7-23-13

HORIZONS of Okaloosa County
Attn: Dr Julia McNabb
123 Truxton Avenue
Fort Walton Beach, FL 32547

CONTRACT # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE PAPER RECYCLING
EXPIRES: 09/30/2014

RE: Office Recycling

Dear Madame:

The Okaloosa County Public Works Dept agrees to renew the subject contract/lease, #C00-0372-PW for an additional term. The contract renewal period will be October 1, 2013 to September 30, 2014. The annual budgeted amount for this contract is \$20,000.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: [Signature]
John Hofstad, Public Works

Contractor: HORIZONS of Okaloosa County

Approved By: [Signature]
Richard Brannon, Purchasing

Approved By: [Signature]
Julia J. McNabb, Ed, D.

Approved By: _____
(as prescribed below on item 1)

Title: Chief Executive Officer

Date: 07-25-13

Date: 7/23/13

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

AMENDMENT # 1

to
COOPERATIVE AGREEMENT FOR COLLECTION OF OFFICE RECYCLING
between
OKALOOSA COUNTY, FLORIDA
and
HORIZONS OF OKALOOSA COUNTY, INC.

Chapter 403, Florida Statutes requires counties to develop and implement recycling programs within their jurisdictions to return valuable materials to productive use, to conserve energy and resources, and to protect capacity at solid waste management facilities. For every ton of paper recycled seventeen (17) trees are conserved.

Paper products such as corrugated and office/copy paper as well as aluminum cans, cell phones, and toner cartridges have consistently proven to be a profitable commodity in the recycling industry as well as a major component in the solid waste stream.

NOW, THEREFORE, in furtherance of the purposes of Chapter 403, Florida Statutes, Okaloosa County, Florida, hereinafter referred to as the County, and Horizons of Okaloosa County, Inc., hereinafter referred to as Horizons, agree to:

The County will make recyclables including toner cartridges and cell phones available at selected locations throughout County office buildings and complexes for recycling collection. The County Recycling Coordinator will provide program oversight and education/promotion. The County will provide collection bins/containers for office personnel to deposit recyclables in. The County agrees to pay Horizons' "recipients" an hourly rate consistent with the current minimum wage for their services. Additionally, the County will reimburse Horizons for mileage incurred, at a rate consistent with County travel policies, in the performance of the recycling services.

Horizons will collect the materials on a weekly basis and deliver them to a recycling center selected by the County. Horizons will submit a bill for labor and mileage log sheets monthly to the County Recycling Office for reimbursement. Any revenue derived by Horizons from the sale of recyclables will be deducted from the monthly bill to the County. This agreement is effective December 1, 2012.

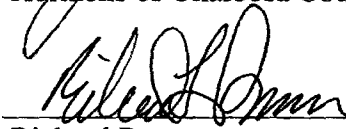
This agreement may be terminated by either party upon thirty days written notice.

11/16/2012
date

11/21/12
date



Horizons of Okaloosa County, Inc.



Richard Brannon,
Purchasing Director
Okaloosa County, Florida

COOPERATIVE AGREEMENT FOR COLLECTION OF OFFICE PAPER

between

OKALOOSA COUNTY, FLORIDA

and

HORIZONS OF OKALOOSA COUNTY, INC.

Chapter 403, Florida Statutes requires counties to develop and implement recycling programs within their jurisdictions to return valuable materials to productive use, to conserve energy and resources, and to protect capacity at solid waste management facilities. For every ton of paper recycled seventeen (17) trees are conserved.

Paper products such as corrugated and office/copy paper have consistently proven to be a profitable commodity in the recycling industry as well as a major component in the solid waste stream.

NOW, THEREFORE, in furtherance of the purposes of Chapter 403, Florida Statutes, Okaloosa County, Florida, hereinafter referred to as the County, and Horizons of Okaloosa County, Inc., hereinafter referred to as Horizons, agree to:

The County will make corrugated paper products and office paper products available at selected locations throughout County office buildings and complexes for recycling collection. The County Recycling Coordinator will provide program oversight and education/promotion. The County will provide collection bins/containers for office personnel to deposit recyclables in. The County will reimburse Horizons for mileage incurred, at a rate of 29 cents per mile, in the performance of the recycling services.

Horizons will collect the materials on a weekly basis and deliver them to a recycling center selected by the County. Horizons will submit mileage log sheets monthly to the County Recycling Office for reimbursement. This agreement is effective October 1, 1999.

This agreement may be terminated by either party upon thirty days written notice.

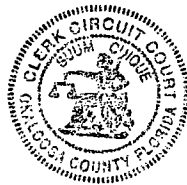
3-7-2000

date

ATTEST:

Gary J. Stanford

Gary Stanford
Deputy Clerk of Courts

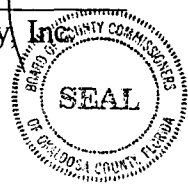


M. E. Atch

Horizons of Okaloosa County, Inc.

Paula Riggs

Paula Riggs
Chairman
Okaloosa Board of County Commissioners



CONTRACT: OFFICE PAPER RECYCLING
CONTRACT NO.: C00-0372-SWI-22
HORIZONS
EXPIRES: INDEFINITE