# CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06/15/2021

Contract/Lease Control #: C00-0372-PW

Procurement#: <u>NA</u>

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: <u>HORIZONS</u>

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>10/01/1999</u>

Expiration Date: <u>09/30/2022</u>

Description of: OFFICE RECYCLING

Department: <u>PW</u>

Department Monitor: <u>AUTREY</u>

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: <u>JAUTREY@MYOKALOOSA.COM</u>

Closed:

Cc: BCC RECORDS





# 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.

is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

| If          | SUBROGATION IS WAIVED, subject to<br>is certificate does not confer rights to  | the terr           | ns and conditions of the pol   | licy, ce                                | rtain policies                                | may require                             | an endorsement. A state                            | ement o        | on .                                   |
|-------------|--|--------------------|--|---|---|---|--|----------------|--|
| _           | DUCER  |                    | and the second s | CONTAC<br>NAME:                         |   | S                                       |  |                |  |
|             | wn & Brown of Florida, Inc.  |                    | , and the second se   | PHONE                                   | (850) 65                                      | 66-3747                                 | FAX<br>(A/C, No):                                  | (850) 6        | 56-4065                                |
| A-0000000   | 0 Thomasville Rd., Ste. 500  |                    |  | E-MAIL                                  | smills@bb                                     | tally.com                               | [ (A/C, NO).                                       | , T.           |  |
| 002         | o monastilo na., etc. eee  |                    | ADDRESS:   |   |   |   |  |                |  |
| Tall        | ahassee  |                    | FL 32309   | 000000000000000000000000000000000000000 | A 111   |   | or Insurance, Risk Retention                       | Group          | NAIC #                                 |
| 119.500.0   | ***************************************  |                    | FL 32309   | INSURE                                  | Daideaca                                      |   | nsurance Company                                   | Огоар          |  |
| INSU        |  | _                  |  | INSURE                                  | NB.   | id Employers i                          | risulance Company                                  |                |  |
|             | Horizons of Okaloosa County, In  | C.                 |  | INSURE                                  | RC:   |   |  |                |  |
|             | 123 Truxton Avenue   |                    |  | INSURE                                  | RD:   |   |  |                |  |
|             | SASS SUSSESSMENT SAME 1850   |                    |  | INSURE                                  | RE:   |   |  |                |  |
| -           | Fort Walton Beach  |                    | FL 32547   | INSURE                                  | RF:   |   |  |                |  |
|             |  |                    | E NUMBER: 21-22  |   |   |   | REVISION NUMBER:                                   |                |  |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIES OF I<br>IDICATED. NOTWITHSTANDING ANY REQUIF<br>ERTIFICATE MAY BE ISSUED OR MAY PERTA<br>SUCKLOSIONS AND CONDITIONS OF SUCH PO | REMENT,<br>JN, THE | TERM OR CONDITION OF ANY INSURANCE AFFORDED BY THE LIMITS SHOWN MAY HAVE BEEN  | CONTRA<br>E POLICI                      | ACT OR OTHER<br>ES DESCRIBEI<br>ED BY PAID CL | R DOCUMENT V<br>D HEREIN IS S<br>LAIMS. | WITH RESPECT TO WHICH T<br>UBJECT TO ALL THE TERMS | HIS<br>,       |  |
| INSR<br>LTR | TYPE OF INSURANCE  | INSD W             | D POLICY NUMBER  |   | POLICY EFF<br>(MM/DD/YYYY)                    | POLICY EXP<br>(MM/DD/YYYY)              | LIMIT  |                | 0.000                                  |
|             | COMMERCIAL GENERAL LIABILITY   |                    |  |   |   |   | EACH OCCURRENCE<br>DAMAGE TO RENTED                | \$ 1,00        |  |
|             | CLAIMS-MADE X OCCUR  |                    |  |   |   |   | PREMISES (Ea occurrence)                           | \$ 500,        | 2000                                   |
| 1550        |  |                    | **************************************   |   |   |   | MED EXP (Any one person)                           | \$ 20,0        |  |
| Α           |  |                    | 202148415PKG   |   | 07/01/2021                                    | 07/01/2022                              | PERSONAL & ADV INJURY                              | Ψ              | 0,000                                  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                    |  |   |   |   | GENERAL AGGREGATE                                  | 9              | 0,000                                  |
|             | POLICY PRO-<br>JECT LOC  |                    |  |   |   |   | PRODUCTS - COMP/OP AGG                             | 9              | 0,000                                  |
| L.,         | OTHER:   |                    |  |   |   |   | Employee Benefits                                  | \$ 1,00        | 0,000                                  |
|             | AUTOMOBILE LIABILITY   |                    |  |   |   |   | COMBINED SINGLE LIMIT<br>(Ea accident)             | \$ 1,00        | 0,000                                  |
|             | X ANY AUTO   |                    |  |   |   |   | BODILY INJURY (Per person)                         | \$             |  |
| Α           | OWNED SCHEDULED AUTOS ONLY   |                    | 202148415PKG   |   | 07/01/2021                                    | 07/01/2022                              | BODILY INJURY (Per accident)                       | \$             |  |
|             | HIRED NON-OWNED AUTOS ONLY   |                    |  |   |   |   | PROPERTY DAMAGE<br>(Per accident)                  | \$             |  |
|             | AUTOS ONET   |                    |  |   |   |   | PIP-Basic  | \$ 10,0        | 00                                     |
| h-17-11     | ➤ UMBRELLA LIAB OCCUR  |                    |  |   |   |   | EACH OCCURRENCE                                    | s 1,00         | 0,000                                  |
| Α           | EXCESS LIAB CLAIMS-MADE  |                    | 202148415UMB   |   | 07/01/2021                                    | 07/01/2022                              | AGGREGATE  | s 1,00         | 0,000                                  |
|             | DED RETENTION \$ 10,000  |                    |  |   |   |   | 1001100110   | s              |  |
|             | WORKERS COMPENSATION   |                    |  |   |   |   | ➤ PER OTH-   | _              |  |
| 200         | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  |                    |  |   |   |   | E.L. EACH ACCIDENT                                 | s 1,00         | 0,000                                  |
| В           | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                | 83056211   |   | 01/15/2021                                    | 01/15/2022                              | E.L. DISEASE - EA EMPLOYEE                         | -              | 0,000                                  |
|             | If yes, describe under   |                    |  |   |   |   | E.L. DISEASE - POLICY LIMIT                        | _              | 0,000                                  |
| -           | DÉSCRIPTION OF OPERATIONS below  |                    |  |   |   |   | Limit  |                | 000,000                                |
| А           | Professional Liability   |                    | 202148415PKG   |   | 07/01/2021                                    | 07/01/2022                              | Aggregate  | \$3,0          | 000,000                                |
|             |  |                    |  |   | 020000000000000000000000000000000000000       | S9-CD 98- 04/20 97 D- 24/91 77          |  |                |  |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE   | S /ACOR            | D 101 Additional Remarks Schedule  | may be a                                | ttached if more si                            | nace is required)                       |  |                |  |
|             | nual Contract Renewal. Certificate Holder is i   |                    |  |   |   |   |  |                |  |
|             | eement.  | Holada             | as an additional modera with res   | gara to g                               | ,0110/011100                                  | oo oo ago ao o                          |  |                |  |
|             |  |                    |  |   |   | E 3234500 TE                            |  |                |  |
|             |  |                    |  |   | CONTR   | ACT#: C                                 | 00-0372-PW   |                |  |
|             |  |                    |  |   | HORIZO  | ONS                                     |  |                |  |
|             |  |                    |  |   | <b>OFFICE</b>                                 | RECYC                                   | LING   |                |  |
|             |  |                    |  | _                                       |   | S: 09/30                                |  |                |  |
| CE          | RTIFICATE HOLDER   | -                  |  | C/                                      | -// II/L                                      | J. U3/3U                                | 12022  |                | -                                      |
|             |  |                    |  | SHC                                     | OULD ANY OF T                                 | HE ABOVE DE                             | SCRIBED PULICIES DE CAI                            | <b>I</b> OELLE | D DET ONE                              |
|             |  |                    |  | THE                                     | EXPIRATION I                                  | DATE THEREO                             | F, NOTICE WILL BE DELIVER                          |                | , no seu d'actroire retroire de Bartol |
|             | Okaloosa County Recycling Offi   | ce                 |  | ACC                                     | ORDANCE WI                                    | TH THE POLIC                            | Y PROVISIONS.                                      |                |  |
|             | 84 Ready Avenue  |                    |  |   |   |   |  |                |  |
|             |  |                    |  | AUTHO                                   | RIZED REPRESE                                 | NIATIVE                                 |  |                |  |
|             | Ft Walton Beach  |                    | FL 32548   | 1                                       | 50  |   | mo   | 00             |  |



CONTRACT#: C00-0372-PW June 10, 2021 HORIZONS Horizons of Okaloosa County, Inc. OFFICE RECYCLING EXPIRES: 09/30/2022 Attn: John Roper 123 Truxton Avenue Fort Walton Beach, FL 32547 RE: Office Recycling 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  $10/\overline{01/2021}$  to  $9/30/\overline{2022}$  . 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). AUTHORIZED COMPANY REPRESENTATIVE COUNTY REPRESENTATIVES Dept. Director Jason T. Autrey, Signature: P.E., C.P.M. Date: 2021.06.14 0809:59:05700" Signature: P.E., C.P.M. Faye Douglas Digitally signed by Faye Douglas Date: 2021.06.15 09:06:44 -05'00' Approved By: \_\_ (as prescribed below on item 1) Date:

#### **County Department Instructions:**

(as prescribed below on item 1)

Approved By: \_\_\_\_\_

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).

Date: 6-10-2021

- 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: <u>06/01/2020</u>

Contract/Lease Control #: C00-0372-PW

Procurement#: NA

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: HORIZONS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>10/01/1999</u>

Expiration Date: <u>09/30/2021</u>

Description of OFFICE RECYCLING

Department: <u>PW</u>

Department Monitor: <u>AUTREY</u>

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

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.

|                                | PORTANT: If the configure holder in   |                            | _                          |   | udina) e           | wat have AF  | IDITIONAL IN                  | ICUDED providelene er be  |                                   |         |  |
|--------------------------------|---|----------------------------|----------------------------|---|--------------------|--|-------------------------------|---|-----------------------------------|---------|--|
| If S                           | PORTANT: If the certificate holder is<br>SUBROGATION IS WAIVED, subject to<br>s certificate does not confer rights to                                     | the 1                      | terms                      | and conditions of the po  | licy, ce           | rtain policies   |                               |   |                                   |         |  |
| PROD                           |   |                            |                            |   | CONTAC<br>NAME:    |  | ls                            |   |                                   |         |  |
|                                | n & Brown of Florida, Inc.  |                            |                            |   | PHONE              | (050) 0  | 56-3747                       | FAX<br>(A/C, No):   | (850) 6                           | 56-4065 |  |
| 3520 Thomasville Rd., Ste. 500 |   |                            |                            |   |                    | CASIL-OL   |                               | (A/C, No):  | (000) 0                           |         |  |
| 3020 Homasvine Rd., Ste. 500   |   |                            |                            |   |                    | (AIC, No, Ext): (650) 650-3/47 (AIC, No): (650) 650-4065  E-MAIL ADDRESS: SMills@bbtafly.com  INSURER(S) AFFORDING COVERAGE NAIC # |                               |   |                                   |         |  |
| Tallahassee FL 32309           |   |                            |                            |   |                    |  |                               | or Insurance, Risk Retention  | Group                             | 10023   |  |
| INSURED                        |   |                            |                            |   |                    | RB: Bridgefie  | eld Employers                 | Insurance Company   |                                   | 10701   |  |
|                                | Horizons of Okaloosa Co., Inc.  |                            |                            |   | INSURER C          |  |                               |   |                                   |         |  |
|                                | dba The Arc of the Emerald Coa  | ıst                        |                            |   | INSURER D :        |  |                               |   |                                   |         |  |
|                                | 123 Truxton Avenue  |                            |                            |   | INSURE             | RE:  |                               |   |                                   |         |  |
|                                | Fort Walton Beach   |                            |                            | FL 32547  | INSURE             | RF: :  |                               | <del></del>   | <u></u>                           | ·—-     |  |
| COV                            | ERAGES CER  | TIFIC                      | ATE I                      | NUMBER: 2020-21   |                    |  |                               | REVISION NUMBER:  |                                   |         |  |
| IND<br>CEI                     | IS IS TO CERTIFY THAT THE POLICIES OF<br>IICATED. NOTWITHSTANDING ANY REQUI<br>RTIFICATE MAY BE ISSUED OR MAY PERTI<br>CLUSIONS AND CONDITIONS OF SUCH PO | REMÉ<br>AIN, TI<br>DLICIE: | NT, TE<br>HE INS<br>S. LIM | ERM OR CONDITION OF ANY<br>SURANCE AFFORDED BY THE<br>ITS SHOWN MAY HAVE BEEN | CONTRA<br>E POLICI | CT OR OTHER<br>ES DESCRIBEI<br>ED BY PAID CI   | R DOCUMENT '<br>D HEREIN IS S | WITH RESPECT TO WHICH T   | HIS                               |         |  |
| NSR<br>LTR                     | TYPE OF INSURANCE   | INSD                       | SUBR<br>WVD                | POLICY NUMBER   |                    | POLICY EFF<br>(MM/DD/YYYY)   | (MM/DD/YYYY)                  | LIMIT   |                                   |         |  |
|                                | CLAIMS-MADE OCCUR   |                            |                            |   |                    |  |                               | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)             | \$ 1,000<br>\$ 500,0              |         |  |
| <u> </u>                       |   | [                          | 1 1                        |   | 1                  |  |                               | MED EXP (Any one person)  | \$ 20,00                          |         |  |
| ^ _                            |   |                            |                            | 202048415   |                    | 07/01/2020   | 07/01/2021                    | PERSONAL & ADV INJURY   | \$ 1,000                          |         |  |
| L                              | GEN'L AGGREGATE LIMIT APPLIES PER:  | ] .                        | , ,                        |   | j                  |  |                               | GENERAL AGGREGATE   | s 3,000                           | 0,000   |  |
| L                              | POLICY PROJECT LOC  |                            |                            |   | ļ                  |  |                               | PRODUCTS - COMP/OP AGG  | \$ 3,000                          | 0,000   |  |
|                                | OTHER:  |                            |                            |   |                    |  |                               |   | \$                                |         |  |
| L                              | AUTOMOBILE LIABILITY  | }                          | }                          |   | - 1                |  |                               | COMBINED SINGLE LIMIT<br>(Ea accident)                                | \$ 1,000                          | 0,000   |  |
| Ľ                              | X ANY AUTO  |                            |                            |   |                    |  |                               | BODILY INJURY (Per person)  | \$                                |         |  |
| A                              | OWNED SCHEDULED AUTOS ONLY AUTOS  |                            |                            | 202048415   |                    | 07/01/2020   | 07/01/2021                    | BODILY INJURY (Per accident)  | \$                                |         |  |
|                                | HIRED NON-OWNED AUTOS ONLY  |                            | 1 1                        | 1   |                    | ł  | }                             | }   | PROPERTY DAMAGE<br>(Per accident) | \$      |  |
|                                |   |                            |                            |   |                    | _  |                               | PIP-Basic   | s 10,00                           | 00      |  |
|                                | UMBRELLA LIAB OCCUR   |                            |                            |   |                    |  |                               | EACH OCCURRENCE   | \$ 1,000                          | 0,000   |  |
| A [                            | EXCESS LIAB CLAIMS-MADE   |                            | il                         | 202048415   | ſ                  | 07/01/2020   | 07/01/2021                    | AGGREGATE   | \$ 1,000                          | 0,000   |  |
|                                | DED RETENTION \$ 10,000   |                            |                            |   |                    |  |                               |   | \$                                |         |  |
|                                | NORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                            |                            |   |                    |  | -                             | ➤ PER STATUTE ER  |                                   |         |  |
| - J                            | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                        |                            | - 830 <del>562</del> 11 · · ·   |                    | 01/15/2021   | - 01/15/2022                  | E.L. EACH ACCIDENT  | \$ 1,000                          |         |  |
| - 10                           | Mandatory in NH)  | "'^                        | ]                          |   |                    | U 17 10/2021   | i - 4 17 10/2022              | É.L. DISEASE - EA EMPLOYEE  | \$ 1,000                          | 0,000   |  |
| ["                             | f yes, describe under<br>DESCRIPTION OF OPERATIONS below  | li                         | <u> </u>                   |   |                    |  | 1                             | E.L. DISEASE - POLICY LIMIT   | s 1,000                           | 0,000   |  |
|                                | Professional Liability  |                            |                            |   |                    |  |                               | Limit   | \$1,00                            | 00,000  |  |
| A                              | F1018551011di Elability   |                            |                            | 202048415   |                    | 07/01/2020   | 07/01/2021                    | Aggregate   | \$3,00                            | 000,00  |  |
| DESCR                          | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE   | S (AC                      | ORD 1                      | 01, Additional Remarks Schedule,  | may be at          | tached if more sp  | pace is required)             | <u> </u>  |                                   |         |  |
| Certif                         | îcate Holder is included as an additional in  | sured                      | as rec                     | quired by written contract or a   | agreeme            |  |                               |   |                                   |         |  |
|                                |   |                            |                            |   |                    | CON  | NTRACT                        | #: C00-0372-PW  | l .                               |         |  |
|                                |   |                            |                            |   |                    |  | RIZONS                        |   |                                   |         |  |
|                                |   |                            |                            |   |                    | _  |                               | CYCLING   |                                   |         |  |
|                                |   |                            |                            |   |                    | • • •  |                               | CYCLING   |                                   |         |  |
|                                | - <u></u>   |                            |                            |   |                    | _ EXP  | ires: 0                       | 9/30/2021   |                                   |         |  |
| CER                            | TIFICATE HOLDER   |                            |                            |   | CANC               | EL   | <u> </u>                      |   |                                   |         |  |
|                                | Okaloosa County   |                            |                            |   | THE                | EXPIRATION D   | ATE THEREO                    | SCRIBED POLICIES BE CAN<br>F, NOTICE WILL BE DELIVER<br>Y PROVISIONS. |                                   | BEFORE  |  |
|                                | 5479-A Old Bethel Road  |                            |                            |   | <u> </u>           |  |                               |   |                                   |         |  |
|                                |   |                            |                            |   | AUTHOR             | NZED REPRESEN  | ITATIVE                       |   |                                   |         |  |
|                                | Crestview   |                            |                            | FL 32536  | }                  | STO  | 1                             | a Mi  | 00                                | ددے     |  |

C00-0372-PW

# ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2020 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). CONTACT Sierra Mills FAX (A/C, No): (850) 656-4065 PHONE (A/C, No, Ext): E-MAIL ADDRESS: Brown & Brown of Florida, Inc. (850) 656-3747 3520 Thomasville Rd., Ste. 500 smills@bbtally.com NAIC # INSURER(S) AFFORDING COVERAGE Alliance of Nonprofits for Insurance, Risk Retention Group 10023 FL 32309 Tallahassee INSURER A Bridgefield Employers Insurance Company INSURED INSURER B : Horizons of Okaloosa Co., Inc. INSURER C 123 Truxton Avenue INSURER D INSURER E Fort Walton Beach FL 32547 INSURER F CL 2063032603 REVISION NUMBER: COVERAGES **CERTIFICATE 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 500,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence 20.000 MED EXP (Any one person) 202048415 07/01/2020 07/01/2021 1,000,000 PERSONAL & ADV INJURY 3.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 PRO-JECT X LOC POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) s 1,000,000 AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED 07/01/2021 202048415 07/01/2020 BODILY INJURY (Per accident) S AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE AUTOS ONLY AUTOS ONLY PIP-Basic s 10,000 1,000,000 UMBRELLA LIAB EACH OCCURRENCE OCCUR 1.000,000 **EXCESS LIAB** 202048415 07/01/2020 07/01/2021 AGGREGATE CLAIMS-MADE DED | RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 83056211 01/15/2020 01/15/2021 N N/A 1,000,000 F L DISEASE - EA EMPLOYEE (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 Limits Professional Liability \$3,000,000 202048415 07/01/2020 07/01/2021 Aggregate A 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

| 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  |
| Sterra Mills   |
|  |



May 13, 2020 CONTRACT#: C00-0372-PW Horizons of Okaloosa County, Inc. **HORIZONS** Attn: John Roper OFFICE RECYCLING 123 Truxton Avenue FXPIRES: 09/30/2021 Fort Walton Beach, FL 32547 RE: Office Recycling 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 Contractor: Horizons of Okaloosa Co. Inc. Signature: Approved By: (as prescribed below on item 1) Date: 05, 28, 20 Approved By: \_\_\_\_\_

#### County Department Instructions:

Date:

(as prescribed below on item 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).

Date:

- 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: 4110115_             |  |
|----------------------------|--|
| Contract/Lease Control #   | #: <u>C00-0372-1PW</u>                     |
| Bid #: <u>N/A</u>          | Contract/Lease Type: AGREEMENT             |
| Award To/Lessee: HORE      | ZONS                                       |
| Lessor:                    | <del></del>                                |
| Effective Date: 10/1/99 \$ | SASLER SKED UM 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:               | BOC APPENSO FINE PAGNICUT 11/105 CM.       |
|                            | BCE APPROVED REESMACHTER CONTENET 9/5/06   |
|                            | 9115/00 PB                                 |

OP ID: LT

# **CERTIFICATE OF LIABILITY INSURANCE**

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

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.

|           | DUCER   |  | 850          | -907-3163  | CONTACT Lynda T   |   |   |  |          |  |
|-----------|---|--|--------------|--|---|---|---|--|----------|--|
|           | wn & Browπ of FL , Inc.<br>3 Thomasville Rd #500  |  |              |  | PHONE (A/C, No, Ext): 850-907-3163 (A/C, No): 850-656-4 |   |   |  |          |  |
| alla      | shassee, FL 32309   |  |              |  | E-MAIL<br>ADDRESS: hturner@                             | bbtally.cor                                 | m   |  |          |  |
| ıat       | : Osiecki   |  |              |  | <u></u>   | SURER(S) AFFOR                              | RDING COVERAGE  | NAIC #                                 |          |  |
|           |   |  |              |  | INSURER A : Allianc                                     |   |   | 10023                                  |          |  |
| 4SU       | RED Horizons of Okaloosa Co., Inc.  |  |              |  | INSURER B : Bridge                                      | field Emplo                                 | yers Ins Co   | 10701                                  |          |  |
|           | The Arc of the Emerald Coast 123 Truxton Avenue   |  |              |  | INSURER C :   |   |   |  |          |  |
|           | Fort Walton Beach, FL 32547   |  |              |  | INSURER D :   |   |   |  |          |  |
|           |   |  |              |  | INSURER E :   |   |   |  |          |  |
|           |   |  |              |  | INSURER F :   |   | <del></del>   |  |          |  |
|           |   |  |              | NUMBER:  |   |   | REVISION NUMBER:  |  |          |  |
| C         | HIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY<br>KCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT<br>POLIC                           | AIN,<br>CIES | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF ANY CONTRACTED BY THE POLICIE BEEN REDUCED BY        | FOR OTHER I<br>ES DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPECT<br>D HEREIN IS SUBJECT TO A                   | TO WHICH THIS                          |          |  |
| ISR<br>IR | TYPE OF INSURANCE   | INSD   | SUBR         | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)                              | POLICY EXP<br>(MM/DD/YYYY)                  | LIMITS  | 1 000 000                              |          |  |
| Α         | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   |  |              | 0040445  |   | AT 10 / 1005 -                              | EACH OCCURRENCE \$  | 1,000,000<br>500,00                    |          |  |
|           | CLAIMS-MADE X OCCUR   | Y  | Y            | 201948415  | 07/01/2019  | 07/01/2020                                  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                        | 20,00                                  |          |  |
|           | <del></del>   | ļ  |              |  |   |   | MED EXP (Any one person) \$   | 1,000,00                               |          |  |
|           |   |  |              |  |   | ,   | PERSONAL & ADV INJURY \$  | 3,000,00                               |          |  |
|           | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: LOC  | ĺ  |              | }  |   | }   | PRODUCTS - COMP/OP AGG \$   | 3,000,00                               |          |  |
|           | OTHER:  |  |              |  |   |   | Emp Ben. s  | 1,000,00                               |          |  |
| A         | AUTOMOBILE LIABILITY  | İ  |              |  |   |   | ,   | COMBINED SINGLE LIMIT (Ea accident) \$ | 1,000,00 |  |
|           | ANY AUTO OWNED SCHEDULED  | Y  | Υ            | 201948415  | 07/01/2019  | 07/01/2020                                  | BODILY INJURY (Per person) \$                                       |  |          |  |
|           | AUTOS ONLY AUTOS  |  |              |  |   |   | BODILY INJURY (Per accident) \$                                     |  |          |  |
|           | X HIRED ONLY X NON-SWINED   |  |              |  |   |   | PROPERTY DAMAGE (Per accident) \$                                   |  |          |  |
| Α.        | <del>                                     </del>  | ļ- <u>-</u> -                                    |              |  |   | ļ   | <u> </u>  | 1,000,00                               |          |  |
| A         | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE   |  |              | 201948415UMB   | 07/01/2019  | 07/01/2020                                  | EACH OCCURRENCE \$  | 1,000,000                              |          |  |
|           | 40.000  | 4  |              | 2515161156115  | 3110112   | 0110112020                                  | AGGREGATE \$  |  |          |  |
| В         | DED TO THE TENTION  | <del>                                     </del> |              | <del></del>  |   |   | PER OTH-  |  |          |  |
| _         | WORKERS COMPENSATION AND EMPLOYERS' L'ABILITY  ANY PROPRIETORIFACTORIES (EXECUTATES)  | Ì  |              | 083056211  | 01/15/2019  | 01/15/2020                                  |   | 1,000,00                               |          |  |
|           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A  | }            |  |   |   | E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$                | 1,000,00                               |          |  |
|           | If yes, describe under DESCRIPTION OF OPERATIONS below  |  |              |  |   |   | E.L. DISEASE - POLICY LIMIT \$                                      | 1,000,00                               |          |  |
|           | DESCRIPTION OF OFCIATIONS BOILD   |  |              | <del> </del>   |   |   | E.L. DISEASE - FOLIGITEIMITE S                                      |  |          |  |
|           |   |  |              |  |   | i '   |   |  |          |  |
|           |   |  | '            |  |   |   |   |  |          |  |
| ES        | CRIPTION OF OPERATIONS / LOCATIONS / VEHICE   | LES (A   | CORD         | 101, Additional Remarks Schedu   | le, may be attached if mo                               | re space is requir                          | ed)   |  |          |  |
| er        | tificate holder is included as addi   | tion   | al in:       | sured with respect to (  | General   |   |   |  |          |  |
| iat       | oility and Auto Liability as require<br>-contributory wording applies to  | ed by  | / Writ       | tten contract. Primary   | and   |   |   |  |          |  |
| 0 c       | lay notice of cancellation applies  | GXC  | ept f        | for 10 days for non pay  | ment per  |   |   |  |          |  |
| loi       | tda Statute.  |  | •            |  | •   |   |   |  |          |  |
|           |   |  |              |  |   |   | C00-6312  | -PW                                    |          |  |
| F         | RTIFICATE HOLDER  |  |              | <del></del>  | CANCELLATION  | <del></del>                                 |   | <del></del>                            |          |  |
| لسلة      | THE TOLDER  |  |              | OKALOO9  | CANCELLATION  |   |   |  |          |  |
|           |   |  |              |  |   | N DATE THE                                  | ESCRIBED POLICIES BE CANC<br>EREOF, NOTICE WILL BE<br>CYPROVISIONS. |  |          |  |
|           | Okaloosa County Purcha  | sing   |              | !  |   |   |   |  |          |  |
|           | 602 N Pearl Street #C<br>Crestview, FL 32536  |  |              |  | AUTHORIZED REPRESI                                      | NTATIVE                                     |   |  |          |  |
|           | ∪16914.6M, FL 32330   |  |              |  | $\sim$ $\sim$   |   |   |  |          |  |

ACORD 25 (2016/03)

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# CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:

04/26/2019

Contract/Lease Control #: C00-0372-PW

Procurement#:

<u>NA</u>

Contract/Lease Type:

<u>AGREEMENT</u>

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: <u>JAUTREY@MYOKALOOSA.COM</u>

Closed:

Cc:

Finance Department Contracts & Grants Office



April 11, 2019

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

RE: Office Recycling

Dear Sir:

CONTRACT#: C00-0372-PW HORIZONS
OFFICE RECYCLING

EXPIRES: 09/30/2020

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:                           | Contractor: HORIZONS of Okaloosa County |
| Jason Autrey, Public Works                          | 100                                     |
| Approved By: July Haying  Jefferey Hyde, Purchasing | Approved By:  John Roper                |
| Jefferey Hyde, Purkhasing                           | John Roper                              |
| Approved By: (as prescribed below on item 1)        | Title: Chief Executive Officer          |
|   | 4 10119                                 |
| Date: +\ALLG  | Date: //a 1 1                           |

#### **County Department Instructions:**

- 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 #: <u>C00-0372-PW</u>

Procurement#:

<u>NA</u>

Contract/Lease Type:

<u>AGREEMENT</u>

Award To/Lessee:

**HORIZONS** 

Owner/Lessor:

OKALOOSA COUNTY

Effective Date:

<u> 10/01/1999</u>

Expiration Date:

09/30/2019

Description of

Contract/Lease:

OFFICE RECYCLING

Department:

<u>PW</u>

Department Monitor:

<u>AUTREY</u>

Monitor's Telephone #:

850-689-5772

Monitor's FAX # or E-mail: <u>JAUTREY@MYOKALOOSA.COM</u>

Closed:

Cc:

Finance Department Contracts & Grants Office



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:                                      | Contractor: Arc of EC Horizons    |
| Date:  | 100                               |
| Approved By: (as prescribed below on item 1)  Date: 06/29/2018 | Approved By:                      |
| Approved By: (as prescribed below on item 1)                   | Title:CFo                         |
| Date:  | Date: 6/2/1/18                    |
| County Department Instructions:                                | ·                                 |

- 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

HORIZ-2

OP ID: LT

DATE (MM/DD/YYYYY) 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 endorsements. PRODUCER CONTACT Lynda Turner Brown & Brown of FL, Inc. JUL 0 3 2018 PHONE (A/C, No, Ext): 850-701-0442 FAX (A/C, No): 850-656-4065 3520 Thomasville Rd #500 Tallahassee, FL 32309 ADDRESS: Iturner@bbtally.com BY PURCH Matt Osiecki INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Alliance of Nonprofits for Ins 10023 INSURED Horizons of Okaloosa Co., Inc. INSURER B: Bridgefield Employers Ins Co 10701 The Arc of the Emerald Coast INSURER C: 123 Truxton Avenue Fort Walton Beach, FL 32547 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<br>LTR |      | TYPE OF INSURANCE                                 | ADDL    | SUBF | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | S  |           |
|-------------|------|---|---------|------|---------------|----------------------------|----------------------------|--|----|-----------|
| Α           | X    | COMMERCIAL GENERAL LIABILITY                      |         |      |               |                            | · ·                        | EACH OCCURRENCE                              | S  | 1,000,000 |
|             |      | CLAIMS-MADE X OCCUR                               | Χ       | Х    | 201848415     | 07/01/2018                 | 07/01/2019                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | S  | 500,000   |
|             |      |   |         |      |               |                            |                            | MED EXP (Any one person)                     | \$ | 20,000    |
|             |      |   |         |      |               |                            |                            | PERSONAL & ADV INJURY                        | s  | 1,000,000 |
|             | GE   | N'L AGGREGATE LIMIT APPLIES PER:                  |         |      |               |                            |                            | GENERAL AGGREGATE                            | S  | 3,000,000 |
|             |      | POLICY PRO-<br>JECT X LOC                         |         |      |               |                            |                            | PRODUCTS - COMP/OP AGG                       | S  | 3,000,000 |
|             |      | OTHER:  |         |      |               |                            |                            | Emp Ben.                                     | s  | 1,000,000 |
|             | -    | TOMOBILE LIABILITY                                |         |      |               |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)       | S  | 1,000,000 |
| Α           | X    | ANY AUTO  | X       | Х    | 201848415     | 07/01/2018                 | 07/01/2019                 | BODILY INJURY (Per person)                   | S  |           |
|             |      | ALL OWNED SCHEDULED AUTOS                         |         | ĺ    |               |                            |                            | BODILY INJURY (Per accident)                 | s  |           |
|             | X    | HIRED AUTOS X NON-OWNED AUTOS                     |         |      |               |                            |                            | PROPERTY DAMAGE<br>(Per accident)            | s  |           |
|             |      |   |         |      |               |                            |                            | PIP  | \$ | 10,000    |
|             | X    | UMBRELLA LIAB X OCCUR                             |         |      |               |                            |                            | EACH OCCURRENCE                              | S  | 1,000,000 |
| A           |      | EXCESS LIAB CLAIMS-MADE                           |         |      | 201848415UMB  | 07/01/2018                 | 07/01/2019                 | AGGREGATE                                    | \$ | 1,000,000 |
|             |      | DED X RETENTIONS 10,000                           | 9       |      |               |                            |                            |  | S  |           |
|             |      | RKERS COMPENSATION ) EMPLOYERS' LIABILITY  Y / N  |         |      |               |                            |                            | X PER OTH-                                   |    |           |
| В           | ANY  | PROPRIETOR/PARTNER/EXECUTIVE                      | N/A     |      | 083056211     | 01/15/2018                 | 01/15/2019                 | E.L. EACH ACCIDENT                           | S  | 1,000,000 |
| - 1         | (Mar | ndatory in NH)                                    | 1215.00 |      |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                   | s  | 1,000,000 |
|             | DE3  | s, describe under<br>CRIPTION OF OPERATIONS below |         |      |               |                            |                            | E.L. DISEASE - POLICY LIMIT                  | 3  | 1,000,000 |
| Α           | Pro  | fessional 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                                  | CANCELLATION  |
|---|---|
| Okaloosa County Purchasing<br>602 N Pearl Street #C | OKALOO9  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Crestview, FL 32536                                 | AUTHORIZED REPRESENTATIVE  Lyda During  |

NOTEPAD:

HOLDER CODE

OKALOO9

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

HORIZ-2 OP ID: LT

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)

|   | ne terms and conditions of the policy,<br>ertificate holder in lieu of such endors   |                      |  |  | ndorsement. A sta  | tement on th                              | is certificate does not  | confer | rights to the |
|---|--|----------------------|--|--|--|---|--|--------|---------------|
| PRO   | DUCER  |                      |  |  | CONTACT Lynda T  | urner                                     |  |        |               |
|   | wn & Brown of FL, Inc.   |                      |  |  | PHONE (A/C, No, Ext): 850-701-0442 FAX (A/C, No): 850-656-4065 |   |  |        |               |
| 3520 Thomasville Rd #500<br>Tallahassee, FL 32309 |  |                      |  |  | E-MAIL NO, EXT. SOURCE ADDRESS: Iturner@bbtally.com            |   |  |        | 1000          |
|   | t Oslecki  |                      |  |  |  |   |  |        | T             |
|   |  |                      |  |  |  |   | RDING COVERAGE   |        | NAIC#         |
| INSURED Horizons of Okaloosa Co., Inc.            |  |                      |  |  | INSURER A : Allianc  | 10023                                     |  |        |               |
| lisor   | RED Horizons of Okaloosa Co<br>The Arc of the Emerald C  | o, INI               | G.<br>F  |  | INSURER B : Bridget  | iela Emplo                                | yers ins Co  |        | 10701         |
|   | 123 Truxton Avenue   | -                    | •  |  | INSURER C:   | *   |  |        |               |
|   | Fort Walton Beach, FL 32   | 547                  |  |  | INSURER D :  |   |  |        |               |
|   |  |                      |  |  | INSURER E :  |   |  |        |               |
|   | 40.7.7   |                      |  |  | INSURER F:   |   |  |        |               |
|   |  |                      |  | NUMBER:  |  |   | REVISION NUMBER:   |        |               |
| 1N<br>C<br>E                                      | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY BE ACCUSIONS AND CONDITIONS OF SUCH | QUIF<br>PERT<br>POLI | REME<br>AIN,                                     | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF ANY CONTRACT<br>ED BY THE POLICIE<br>BEEN REDUCED BY        | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT 1                   | ECT TO | WHICH THIS    |
| INSR<br>LTR                                       | TYPE OF INSURANCE  | INSD                 | WVD  | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)                                     | POLICY EXP<br>(MM/DD/YYYY)                | LIMI   | TS     |               |
| Α   | X COMMERCIAL GENERAL LIABILITY   |                      |  |  |  |   | EACH OCCURRENCE  | \$     | 1,000,000     |
|   | CLAIMS-MADE X OCCUR  | X                    | Х  | 201748415  | 07/01/2017   | 07/01/2018                                | DAMAGE TO RENTED<br>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     |
|   | POLICY PRO- X LOC  |                      | [  |  |  | [   | PRODUCTS - COMP/OP AGG   | \$     | 3,000,000     |
|   | OTHER:   |                      |  |  |  |   | Emp Ben.   | \$     | 1,000,000     |
|   | AUTOMOBILE LIABILITY   |                      |  |  | 07/01/2017   |   | COMBINED SINGLE LIMIT<br>(Ea accident)                         | \$     | 1,000,000     |
| Α   | X ANY AUTO   |                      |  | 201748415  |  | 07/01/2018                                | BODILY INJURY (Per person)                                     | \$     |               |
|   | ALLOWNED SCHEDULED   |                      |  |  |  |   | BODILY INJURY (Per accident                                    | ) \$   |               |
|   | X HIRED AUTOS X AUTOS NON-OWNED  |                      |  |  |  |   | PROPERTY DAMAGE<br>(Per accident)                              | \$     |               |
|   | A HIRED AUTOS AUTOS  |                      |  |  |  |   | PIP  | s      | 10,000        |
|   | X UMBRELLA LIAB X OCCUR  |                      |  |  |  |   | EACH OCCURRENCE  | \$     | 1,000,000     |
| Α   | H 3000K  |                      |  | 2017-48415UMB  | 07/01/2017   | 07/01/2018                                |  |        | 1,000,000     |
| ^   | OLAIWIO-WIADL  |                      |  | 2017-4041301415  | 0110112011   | 0710112010                                | AGGREGATE  | \$     | 1,000,000     |
|   | DED   X   RETENTION \$ 10,000  |                      | <del>                                     </del> |  |  |   | V PER 1 OTH-   | \$\$   |               |
| _   | AND EMPLOYERS' LIABILITY   |                      | ĺ  | 002050044  | 04/45/0040   | 04/45/0040                                | X PER OTH-<br>STATUTE ER                                       |        | 4 000 000     |
| В   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A                  |  | 083056211  | 01/15/2018   | 01/15/2019                                | E.L. EACH ACCIDENT   | \$     | 1,000,000     |
|   | (Mandatory in NH)  |                      |  |  | ŀ  |   | E.L. DISEASE - EA EMPLOYE                                      | -      | 1,000,000     |
|   | DESCRIPTION OF OPERATIONS below  |                      | ļ  |  |  |   | E.L. DISEASE - POLICY LIMIT                                    | \$     | 1,000,000     |
| Α   | Professional Liab  |                      |  | 201748415  | 07/01/2017   | 07/01/2018                                | Per Occ  |        | 1,000,000     |
|   |  |                      |  |  |  |   | Agg  |        | 3,000,000     |
|   |  |                      |  |  |  |   |  |        |               |
|   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL  |                      |  |  |  | e space ls requir                         | ed)  |        |               |
| Cer   | tificate Holder is included as an a  | ddit                 | iona   | l insured with regard t  | lo<br>lont A   |   |  |        |               |
| ger.<br>wai                                       | ieral liability coverage as required<br>ver of subrogation applies as indi   | cate                 | wiiti<br>id.                                     | en contract or agreem  | ent. A   |   |  |        | :             |
| •••   | To: Of Gubiogunon applied at man   |                      |  |  |  |   |  |        |               |
|   |  |                      |  |  |  |   |  |        |               |
|   |  |                      |  |  |  |   |  |        |               |
|   |  |                      |  |  |  |   |  |        |               |
| CE  | RTIFICATE HOLDER   |                      |  |  | CANCELLATION   |   |  |        |               |
| <u> </u>  | IN BOATE HOLDER  |                      |  | OKALO04  | CANOLLEATION   |   |  |        |               |
|   | Okaloosa County  |                      |  | OKALOUT  |  | N DATE TH                                 | ESCRIBED POLICIES BE (<br>EREOF, NOTICE WILL<br>:Y PROVISIONS. |        |               |
|   | 602-C North Pearl Street   |                      |  |  | AUTHODITES SESSES  | NIT A TINE                                | <del></del>  |        |               |
|   | Crestview, FL 32536  |                      |  |  | AUTHORIZED REPRESE   | A INTALIVE                                |  |        |               |

# CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:

<u>08-28-2017</u>

Contract/Lease Control #: <u>C00-0372-PW</u>

Bid #:

<u>NA</u>

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee:

<u>HORIZONS</u>

Owner/Lessor:

OKALOOSA COUNTY

Effective Date:

10/01/1999

Expiration Date:

09/30/2018

Description of

Contract/Lease:

OFFICE RECYCLING

Department:

PW

Department Monitor:

<u>AUTREY</u>

Monitor's Telephone #:

<u>850-689-5772</u>

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

Closed:

Cc:

Finance Department Contracts & Grants Office



August 9, 2017

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

RE: Office Recycling

Dear Sir:

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

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          | <u>AUTHORIZED COMPANY REPRESENTATIVE</u> |
|---------------------------------|--|
| Dept. Director<br>Signature:    | Contractor: HORIZONS of Okaloosa County  |
| Jason Autrey, Public, Works     |  |
| Approved By:                    | Approved By:                             |
| Greg Kisela, Purchasing         | John Roper                               |
| Approved By:                    | Title: Chief Executive Officer           |
| (as prescribed below on item 1) |  |
| Date:                           | Date: 8/22/17                            |
|                                 |  |

# **County Department Instructions:**

- 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

DATE (MM/DD/YYYY)

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

| FY THAT THE POLICI<br>WITHSTANDING ANY<br>' BE ISSUED OR MA   | ES OF INS<br>REQUIREM<br>Y PERTAIN                         | TE NUMBER:  URANCE LISTED BELOW HAVE BENT, TERM OR CONDITION OF I, THE INSURANCE AFFORDED S. LIMITS SHOWN MAY HAVE BE BER POLICY NUMBER  2017-48415 | F ANY CONTRACT<br>BY THE POLICIE   | THE INSURE<br>OR OTHER I<br>S DESCRIBEI                      | DOCUMENT WITH RESPECT TO LIMIT EACH OCCURRENCE     | OT TO W  | HICH THIS<br>IE TERMS,  |
|---|--|---|--|--|--|--|---|
| WITHSTANDING ANY BE ISSUED OR MA CONDITIONS OF SUC OF INSURANCE GENERAL LIABILITY WADE X OCCUR nal Lia  | REQUIREM<br>Y PERTAIN<br>H POLICIE:<br>ADDL SUI<br>INSD WV | IENT, TERM OR CONDITION OF THE INSURANCE AFFORDED S. LIMITS SHOWN MAY HAVE BE POLICY NUMBER  2017-48415   | F ANY CONTRACT D BY THE POLICIE EEN REDUCED BY POLICY EFF (MM/DD/YYYY)  07/01/2017                       | OR OTHER IS DESCRIBEIN PAID CLAIMS.  POLICY EXP (MM/DD/YYYY) | DOCUMENT WITH RESPECT TO LIMIT EACH OCCURRENCE     | CT TO W<br>D ALL TH  | HICH THIS<br>IE TERMS,  |
| GENERAL LIABILITY  MADE X OCCUR  TO A STATE OF THE STATE | INSD WV  | POLICY NUMBER 2017-48415  | 07/01/2017   | (MM/DD/YYYY)   | EACH OCCURRENCE                                    |  | 4 000 00  |
| MADE X OCCUR nal Lia  E LIMIT APPLIES PER:  |  | 2017-48415  |  | 07/01/2018   |  | e e  | 4 000 00  |
| E LIMIT APPLIES PER   | _ x  | speciments accept the speciment   |  | 07/01/2018   |  | φ  | 1,000,00  |
| E LIMIT APPLIES PER   | _  | 2017-48415  | 07/01/2017   | 0110112010   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)       | \$   | 100,00  |
|   | _  |   | 0770172017   | 07/01/2018   | MED EXP (Any one person)                           | \$   | 5,00  |
|   |  |   |  |  | PERSONAL & ADV INJURY                              | \$   | 1,000,00  |
| PRO- X LOC  |  |   |  |  | GENERAL AGGREGATE                                  | \$   | 3,000,00  |
|   |  |   |  | V  | PRODUCTS - COMP/OP AGG                             | \$   | 3,000,00  |
|   |  |   |  |  | Emp Ben.   | S  | 1,000,00  |
| ILITY   |  |   |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)             | \$   | 1,000,00  |
|   |  | 2017-48415  | 07/01/2017   | 07/01/2018   | BODILY INJURY (Per person)                         | S  |   |
| SCHEDULED   |  |   |  |  | BODILY INJURY (Per accident)                       | \$   | 10.00 W   |
| X NON-OWNED   |  |   |  |  | PROPERTY DAMAGE<br>(Per accident)                  | \$   |   |
|   |  |   |  |  | PIP  | \$   | 10,00   |
| AB X OCCUR  |  |   |  |  | EACH OCCURRENCE                                    | \$   | 1,000,00  |
| CLAIMS-MA   | DE   | 2017-48415  | 07/01/2017   | 07/01/2018   | AGGREGATE  | \$   | 1,000,00  |
| ETENTIONS 10,00   | 00   |   |  |  | [ F]   | \$   |   |
|   |  |   |  |  | X PER OTH-   |  |   |
| ARTNER/EXECUTIVE  |  | 083056211   | 01/15/2017   | 01/15/2018   | E.L. EACH ACCIDENT                                 | \$   | 1,000,00  |
| EXCLUDED?   | _  N/A   |   |  |  | E.L. DISEASE - EA EMPLOYEE                         | \$   | 1,000,00  |
|   |  |   |  |  | E.L. DISEASE - POLICY LIMIT                        | \$   | 1,000,00  |
| r<br>DPERATIONS below   |  |   | ***  |  |  |  |   |
|   | CLAIMS-MAI   | CLAIMS-MADE  SETENTION \$ 10,000  VISATION LIABILITY VARTNER/EXECUTIVE EXCLUDED?  N/A   | CLAIMS-MADE 2017-48415  SETENTION \$ 10,000  SSATION LIABILITY ARTNER/EXECUTIVE N/A  SCLUDED?  O83056211 | CLAIMS-MADE   2017-48415   07/01/2017                        | CLAIMS-MADE   2017-48415   07/01/2017   07/01/2018 | CLAIMS-MADE   2017-48415   07/01/2017   07/01/2018   AGGREGATE | CLAIMS-MADE   2017-48415   07/01/2017   07/01/2018   AGGREGATE   \$ |

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   |         | CANCELLATION  |
|--|---------|---|
| Okaloosa County<br>1759 South Ferdan Blvd<br>Crestview, FL 32356 | OKALOOS | 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 |

# CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date:                              | 09/16/2016                      |
|------------------------------------|---------------------------------|
| Contract/Lease Control #           | <u>C00-0372-PW</u>              |
| Bid #:                             | NA                              |
| Contract/Lease Type:               | AGREEMENT                       |
| Award To/Lessee:                   | HORIZONS                        |
| Owner/Lessor:                      | OKALOOSA COUNTY                 |
| Effective Date:                    | 10/01/1999                      |
| Expiration Date:<br>Description of | 09/30/2017                      |
| 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

CONTRACT # C00-0372-PW
HORIZONS OF OKALOOSA COUNTY
OFFICE PAPER RECYCLING
EXPIRES: SEPTEMBER 30, 2017

#### RENEWAL AND AMENDMENT TO CONTRACT C00-0372-PW

HORIZONS of Okaloosa County for Office Paper Recycling

This amendment and renewal entered into this day of whee 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

Date: 9/14/16

WITNESS

OKALOOSA COUNTY, FLORIDA

# CERTIFICATE OF LIABILITY INSURANCE

HORIZ-2

OP ID: LT

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 Lynda Turner                        |                   |  |  |  |  |
|---|---|---|-------------------|--|--|--|--|
|   |   | PHONE (A/C, No, Ext): 850-656-3747 FAX (A/C | No): 850-656-4065 |  |  |  |  |
|   |   | E-MAIL ADDRESS: Iturner@bbtally.com         |                   |  |  |  |  |
|   |   | INSURER(S) AFFORDING COVERAGE               | NAIC #            |  |  |  |  |
|   |   | INSURER A: Philadelphia Indemnity           | 18058             |  |  |  |  |
| Inc., The ARC of S<br>Inc. and The Arc o<br>Emerald Coast<br>123 Truxton Ave                    | Horizons of Okaloosa County,                            | INSURER B:                                  |                   |  |  |  |  |
|   | Inc., The ARC of Santa Rosa,<br>Inc. and The Arc of the | INSURER C:                                  |                   |  |  |  |  |
|   |   | INSURER D :                                 |                   |  |  |  |  |
|   | 123 Truxton Ave<br>Fort Walton Beach, FL 32547          | INSURER E :                                 |                   |  |  |  |  |
|   |   | INSURER F:                                  |                   |  |  |  |  |
| COVERA  | GES CERTIFICATE NUMBER:                                 | REVISION NUMBE                              | R:                |  |  |  |  |

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. ADDL SUBR INSR LTR LIMITS TYPE OF INSURANCE POLICY NUMBER A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE 5 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR PHPK1366094 07/01/2015 07/01/2016 100,000 5 500 MED EXP (Any one person)

1,000,000 PERSONAL & ADV INJURY 3 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3 POLICY X PRO-X LOC 3,000,000 PRODUCTS - COMP/OP AGG 3 3 OTHER: COMBINED SINGLE LIMIT 3 1,000,000 AUTOMOBILE LIABILITY (Ea accident) 07/01/2015 07/01/2016 BODILY INJURY (Per person) A PHPK1362719 3 X ANY AUTO SCHEDULED ALL OWNED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE (Per accident) 5 X HIRED AUTOS 3 UMBRELLALIAB 1,000,000 X EACH OCCURRENCE OCCUR **EXCESS LIAB** PHUB507070 07/01/2015 07/01/2016 1,000,000 A AGGREGATE 3 CLAIMS-MADE 10,000 DED X RETENTIONS 3 WORKERS COMPENSATION OTH-ER PER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT 3 E L. DISEASE - EA EMPLOYEE \$

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

PHPK1366094

05-23-16A10:15 RCVD

0372

100,000

1,000

E.L. DISEASE - POLICY LIMIT

| CERT | IFICA | TE  | HO | LD | ER |
|------|-------|-----|----|----|----|
|      |       | -17 |    |    |    |

Okaloosa County, Florida

Fort Walton Beach, FL 32547

Crime

OKALO07

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Chris Holley, Manager AUTHORIZED REPRESENTATIVE 1804 Lewis Turner Blvd., #400

CANCELLATION

07/01/2015 | 07/01/2016 | Empl Dish

Ded.

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# CERTIFICATE OF LIABILITY INSURANCE

HORIZ-2

OP ID: LT 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.

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

| PRODUCER Brown & Brown of FL , Inc. 3520 Thomasville Rd #500 Tallahassee, FL 32309 Matt Osiecki |                                       | CONTACT Lynda Turner                             | CONTACT Lynda Turner |  |  |  |  |
|---|---------------------------------------|--|----------------------|--|--|--|--|
|   |                                       | PHONE (A/C, No, Ext): 850-656-3747 (A/C, No): 85 | 50-656-4065          |  |  |  |  |
|   |                                       | E-MAIL ADDRESS: Iturner@bbtally.com              |                      |  |  |  |  |
|   |                                       | INSURER(S) AFFORDING COVERAGE                    | NAIC #               |  |  |  |  |
|   |                                       | INSURER A: Philadelphia Indemnity                | 18058                |  |  |  |  |
| INSURED   | Horizons of Okaloosa County,          | INSURER B:                                       |                      |  |  |  |  |
| Inc. and  | Inc. and<br>The ARC of Santa Rosa Inc | INSURER C:                                       |                      |  |  |  |  |
|   | 123 Truxton Ave                       | INSURER D:                                       |                      |  |  |  |  |
| Fort Walton   | Fort Walton Beach, FL 32547           | INSURER E :                                      |                      |  |  |  |  |
|   |                                       | INSURER F:                                       |                      |  |  |  |  |
| COVERA  | GES CERTIFICATE NUMBE                 | R: REVISION NUMBER:                              |                      |  |  |  |  |

| co          | VEF           | RAGES                                      | CER                        | TIFIC         | CAT          | ENUMBER:  |                              |                            | REVISION NUMBER:                             |       |             |
|-------------|---------------|--|----------------------------|---------------|--------------|---|------------------------------|----------------------------|--|-------|-------------|
| C           | IDIC/<br>ERTI | ATED. NOTWITHST<br>IFICATE MAY BE IS       | FANDING ANY RESSUED OR MAY | EQUIF<br>PERT | REME<br>AIN, | RANCE LISTED BELOW HAVE BE<br>ENT, TERM OR CONDITION OF AI<br>THE INSURANCE AFFORDED BY<br>LIMITS SHOWN MAY HAVE BEEN | NY CONTRACT<br>Y THE POLICIE | OR OTHER I                 | DOCUMENT WITH RESPECT TO                     | CT TO | WHICH THIS  |
| INSR<br>LTR |               | TYPE OF INSUR                              | RANCE                      | ADDL          | SUBF         |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | S     |             |
| Α           | X             | COMMERCIAL GENER                           | AL LIABILITY               |               | HOROSOFO.    |   |                              |                            | EACH OCCURRENCE                              | s     | 1,000,000   |
|             |               | CLAIMS-MADE                                | X OCCUR                    | Х             |              | PHPK1366094   | 07/01/2015                   | 05/01/2016                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | 3     | 100,000     |
|             |               |  |                            |               |              |   |                              | 1                          | MED EXP (Any one person)                     | S     | 500         |
|             | 0.00          |  |                            |               |              |   |                              | 1                          | PERSONAL & ADV INJURY                        | s     | 1,000,000   |
|             | GEN           | N'L AGGREGATE LIMIT A                      | APPLIES PER:               |               | É            |   |                              | 1                          | GENERAL AGGREGATE                            | S     | 3,000,000   |
|             |               | POLICY X PRO-<br>JECT                      | X LOC                      |               |              |   |                              |                            | PRODUCTS - COMP/OP AGG                       | S     | 3,000,000   |
|             |               | OTHER:                                     |                            |               |              |   |                              |                            |  | S     |             |
|             | AUT           | OMOBILE LIABILITY                          |                            |               |              |   | 9<br>7                       |                            | COMBINED SINGLE LIMIT<br>(Ea accident)       | s     | 1,000,000   |
| Α           | X             | ANY AUTO                                   | _                          |               |              | PHPK1362719   | 07/01/2015                   | 05/01/2016                 | BODILY INJURY (Per person)                   | s     |             |
|             |               | ALL OWNED<br>AUTOS                         | SCHEDULED<br>AUTOS         |               |              |   |                              |                            | BODILY INJURY (Per accident)                 | S     |             |
|             | X             | HIRED AUTOS X                              | NON-OWNED<br>AUTOS         |               |              |   |                              |                            | PROPERTY DAMAGE<br>(Per accident)            | s     |             |
|             |               | Wilderfoll, VAST In MITTER SURV            |                            |               |              |   |                              |                            |  | S     |             |
|             | Х             | UMBRELLA LIAB                              | X OCCUR                    |               |              |   |                              |                            | EACH OCCURRENCE                              | s     | 1,000,000   |
| Α           |               | EXCESS LIAB                                | CLAIMS-MADE                |               |              | PHUB507070  | 07/01/2015                   | 05/01/2016                 | AGGREGATE                                    | s     | 1,000,000   |
|             |               | DED X RETENTION                            | 000,000 and                |               |              |   |                              |                            |  | s     |             |
|             |               | RKERS COMPENSATION<br>EMPLOYERS' LIABILITY |                            |               |              | 10<br>10<br>10<br>10<br>10<br>10  |                              |                            | PER OTH-                                     |       |             |
|             | ANY           | PROPRIETOR/PARTNER/                        | EXECUTIVE TIN              | N/A           | 1            |   |                              |                            | E.L. EACH ACCIDENT                           | s     |             |
|             | (Man          | CER/MEMBER EXCLUDES<br>Idatory in NH)      |                            | NIA           |              |   |                              |                            | E.L. DISEASE - EA EMPLOYEE                   | 3     |             |
|             | If yes        | s, describe under<br>CRIPTION OF OPERATIO  | ONS below                  |               |              |   |                              |                            | E.L. DISEASE - POLICY LIMIT                  | S     | 30000000000 |
| Α           | Crin          | ne   |                            |               |              | PHPK1366094   | 07/01/2015                   | 05/01/2016                 | Empl Dish                                    |       | 100,000     |
|             |               |  |                            |               |              |   |                              |                            | Ded.   |       | 1,000       |
|             |               |  |                            |               |              |   |                              |                            |  |       | -           |
| DES         | RIPT          | ION OF OPERATIONS / L                      | OCATIONS / VEHICL          | ES (A         | GORD         | 0 101, Additional Remarks Schedule, may   | be attached if mor           |                            | 03   | 7     | 2           |

CERTIFICATE HOLDER

Okaloosa County

CANCELLATION

OKALO04

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

602-C North Pearl Street AUTHORIZED REPRESENTATIVE Crestview, FL 32536

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#### Joanne Kublik

From:

Lynn Hoshihara

Sent:

Wednesday, October 14, 2015 10:25 AM

To: Subject: Joanne Kublik 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

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: 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

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: 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

HORIZ-2 OP ID: JL

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.

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

| 3           | IMPORTANT: If the certificate holder<br>the terms and conditions of the policy<br>certificate holder in lieu of such endor   | , cer                      | tain         | policies may require an er  | policy(ie<br>ndorsem  | s) must be<br>ent. A sta            | e endorsed.<br>tement on th             | If SUBROGATION IS Vois certificate does not d  | /AIVE<br>confe | D, subject to rights to the |
|-------------|--|----------------------------|--------------|---|---|-------------------------------------|---|--|----------------|-----------------------------|
| PR          | ODUCER   | 30111                      | onit         | P.  | CONTACT<br>NAME:  | Matt Os                             | iocki                                   |  |                |                             |
| 352         | Brown & Brown of FL , Inc.<br>3520 Thomasville Rd #500<br>Tallahassee, FL 32309  |                            |              |   | PHONE (A/C, No. Ext): 850-656-3747 FAX (A/C, No.): 850-656-4065 |                                     |   |  |                |                             |
|             | tt Osiecki   |                            |              |   | E-MAIL<br>ADDRESS   | 170.00                              |   |  |                | 1                           |
|             |  |                            |              |   | Va. potropisto como i   |                                     |   | RDING COVERAGE   |                | NAIC #                      |
| INS         | Horizons of Okaloosa Co  | unt                        | V            |   |   |                                     | lphia Inder                             | mnity  |                | 18058                       |
|             | Inc. The ARC of Santa Re   |                            |              |   | INSURER B :   |                                     |   |  |                |                             |
|             | 123 Truxton Ave  |                            |              |   | INSURER C:  |                                     |   |  |                |                             |
|             | Fort Walton Beach, FL 3:   | 2547                       | 58           |   | INSURER D:  |                                     |   |  |                |                             |
|             |  |                            |              |   | INSURER I   | NAME OF TAXABLE PARTY.              |   |  |                |                             |
| CC          | OVERAGES CER   | TIFI                       | СДТ          | E NUMBER:   | INSURER   | F !                                 |   | REVISION NUMBER:   |                |                             |
| C           | THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH  | OF<br>QUIF<br>PERT<br>POLI | INSU<br>REME | RANCE LISTED BELOW HAN<br>NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | OF ANY (<br>ED BY TH<br>BEEN RE                                 | CONTRACT<br>HE POLICIE:<br>DUCED BY | OR OTHER<br>S DESCRIBEI<br>PAID CLAIMS. | ED NAMED ABOVE FOR T<br>DOCUMENT WITH RESPE  | CT TO          | MUICH THIS                  |
| INSF<br>LTR |  | INSD                       | WVD          | POLICY NUMBER   | (N  | POLICY EFF<br>MM/DD/YYYY)           | POLICY EXP<br>(MM/DD/YYYY)              | LIMIT  | S              |                             |
| А           | X COMMERCIAL GENERAL LIABILITY   |                            |              | DUDIMAGGGGG   |   |                                     |   | EACH OCCURRENCE  | \$             | 1,000,000                   |
|             | CLAIMS-MADE X OCCUR  | X                          |              | PHPK1362713   | 0   | 7/01/2015                           | 05/01/2016                              | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$             | 100,000                     |
|             |  |                            |              |   |   |                                     |   | MED EXP (Any one person)   | \$             | 5,000                       |
|             | CONCERNO STANDARD MATERIAL MAT |                            |              |   |   |                                     |   | PERSONAL & ADV INJURY  | \$             | 1,000,000                   |
|             | GEN'L AGGREGATE LIMIT APPLIES PER  |                            |              |   |   |                                     |   | GENERAL AGGREGATE  | \$             | 3,000,000                   |
|             | POLICY JECT LOC  |                            |              |   |   |                                     |   | PRODUCTS - COMPIOP AGG   | \$             | 3,000,000                   |
| -           | AUTOMOBILE LIABILITY   |                            |              |   |   |                                     |   | Emp Ben. COMBINED SINGLE LIMIT   | \$             | 1,000,000                   |
| Α           | V  |                            |              | DUDIC4202740  |   | 7/04/2045                           | 0.5 (0.4 (0.0.4.0                       | (Ea accident)  | \$             | 1,000,000                   |
| _           | ALL OWNED SCHEDULED  |                            |              | PHPK1362719   | U   | 7/01/2015                           | 05/01/2016                              | BODILY INJURY (Per person)   | \$             |                             |
|             | AUTOS AUTOS NON-OWNED  |                            |              |   |   |                                     |   | BODILY INJURY (Per accident) PROPERTY DAMAGE   | \$             |                             |
|             | HIRED AUTOS AUTOS  |                            |              |   |   |                                     |   | (Per accident)   | \$             |                             |
|             | X UMBRELLA LIAB X OCCUP  |                            | -            | S. Welloux  |   |                                     |   | No opposition and a second sec | \$             | 4 000 000                   |
| А           | - SVOTOO LLAS  |                            |              | PHUB507070  | 0.  | 7/01/2015                           | 05/01/2016                              | EACH OCCURRENCE  | \$             | 1,000,000                   |
| _           | DED X RETENTION \$ 10000   |                            |              | 1108307070  | 0   | 770172013                           | 03/01/2016                              | AGGREGATE  | \$             | 1,000,000                   |
|             | WORKERS COMPENSATION   |                            |              |   |   | - maidadh si                        |   | PER OTH-<br>STATUTE ER   | \$             |                             |
|             | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N  |                            |              |   |   |                                     |   | Salar Germany Management Co.   |                |                             |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | NIA                        |              |   |   |                                     |   | E L. EACH ACCIDENT   | \$             |                             |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                            |              |   |   |                                     |   | EL DISEASE - EA EMPLOYEE   |                |                             |
|             | DESCRIPTION OF OPERATIONS BEIOW  |                            |              |   |   |                                     |   | E L. DISEASE - POLICY LIMIT  | \$             |                             |
|             |  |                            |              |   |   |                                     |   |  |                |                             |
| 'he         | ECRIPTION OF OPERATIONS / LOCATIONS / VEHICLE  C CERTIFICATE holder is lis  Ability when required by wr  | ted                        | as           | an additional insu  | e, may be at<br>ured fo   | tached if more                      | space is require<br>al                  | sd)  |                |                             |
| CF          | RTIFICATE HOLDER   |                            |              |   | CANCE   | LLATION                             |   |  |                |                             |
|             |  |                            |              | OKALOO9   | SANCEL  | LLATION                             |   | Samurani (marana 1941) - Marana a Iliana a Ilian |                |                             |
|             | Okaloosa County<br>Purchasing  |                            |              | UNALGGS   | THE E   | XPIRATION                           | DATE THE                                | ESCRIBED POLICIES BE CAREOF, NOTICE WILL E<br>Y PROVISIONS.  |                |                             |
|             | Attn: Jack Allen   |                            |              |   |   | ED REPRESEN                         |   |  |                |                             |
|             | 602C N Pearl Street<br>Crestview, FL 32536   | 0                          | 0            | -0372-PW  | Act   | Elttiski                            | W                                       |  |                |                             |

ACORD 25 (2014/01)

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Date: 3/16/15

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

RE: Office Recycling

Dear Madame:

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

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<br>Signature:                | Contractor: HORIZONS of Okaloosa County |
| Jason Autrey, Public Works                  |   |
| Approved By: Zun Fedorak, Purchasing        | Approved By: 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:**

- 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 #   | #: <u>C00-0372-1PW</u>                        |
| Bid #: <u>N/A</u>          | Contract/Lease Type: AGREEMENT                |
| Award To/Lessee: HORL      | ZONS  |
| Lessor:                    | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Effective Date: 10/1/99 \$ | AS LER SKED UM 20,000 Annual                  |
| Term: 4/30/2015 I          |   |
| 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:               | BOE APPENDO PARA PARAMENT 11/105 CM.          |
|                            | BCE APPROVED REESTABLISHING CONTURER 9/5/06   |
|                            | a(15)000 B                                    |

#### 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.



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).

| 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:**

- 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       | #: <u>C00-0372-</u> 3PW                     |
| Bid #: <u>N/A</u>            | Contract/Lease Type: AGREEMENT              |
| Award To/Lessee: <u>HORI</u> | ZONS  |
| Lessor:                      | <del></del>                                 |
|                              | AS LER SKED UM 20,000 Annual                |
| Term: <u>9/30/2015</u>       |   |
| 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:                 | BOE APPENDO PARE PARMENT 11/1/05 (M)        |
|                              | BCE APPROVOTI PEESMOCISHING CINTURET 9/5/06 |
|                              | 9/15/06 Da                                  |

#### *ACORD*

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02-23-2015 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). CONTACT NAME: 59338 / Brown & Brown of Florida, Inc. PHONE FAX (A/C No): 3520 Thomasville Road (A/C No, Ext): Suite 500 E-MAIL ADDRESS: Tallahassee, FL 32309 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: MARKEL INSURANCE COMPANY 38970 INSURED **INSURER B:** Horizons of Okaloosa County Inc. INSURER C: Horizons Foundation of Okaloosa County, Inc. 123 Truxton Avenue INSURER D: Fort Walton Beach, FL 32547 INSURER E: INSURER F: **COVERAGES REVISION NUMBER: CERTIFICATE 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. ADDL|SUBR POLICY EXP INSR POLICY EFF INSR WVD TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) LIMITS LTR (MM/DD/YYYY) EACH OCCURRENCE 1,000,000 **GENERAL LIABILITY** DAMAGE TO RENTED X COMMERCIAL GENERAL LIABILITY X 100,000 PREMISES (Ea occurrence) CLAIMS-MADE X occur 5,000 MED EXP (Any one person) 8502SS377043-2 07-01-2014 07-01-2015 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 3.000,000 JECT POLICY COMBINED SINGLE LIMIT П П AUTOMOBILE LIABILITY (Ea accident) L LANY AUTO BODILY INJURY (Per person) \$ ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS AUTOS PROPERTY DAMAGE NON-OWNED \$ HIRED AUTOS (Per accident) AUTOS \$ OCCUR UMBRELLA LIAB EACH OCCURRENCE CLAIMS-MADE **EXCESS LIAB** AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-∐ отн-AND EMPLOYERS' LIABILITY TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE N/A E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below \$ 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. RECEIVED CHALOOSA COUNTY ENGINEERIPW **CERTIFICATE HOLDER** CANCELLATION Okaloosa County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORETHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY 1759 South Ferdan Blvd. PROVISIONS. Crestview, FL 32536 JCO AUTHORIZED REPRESENTATIVE Bruce A. Kav 10

# **EXHIBIT B**

# CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date: 7/31/13          |   |
|------------------------|---|
| Contract/Lease Control | #: <u>C00-0372-</u> PW  |
| Bid #: <u>N/A</u>      | Contract/Lease Type: AGREEMENT  |
| Award To/Lessee: HORI  | ZONS  |
| Lessor:                | & 14,400 Awgute<br>AS LER SKED TA   |
| Term: <u>9/30/2014</u> |   |
|                        | 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:           | BOE APPENDO PIUR PARPUGNIT IIII/OS (TV) BOE APPROVOTA DEESTASCISHTAL CINTERRET 9/5/06 |
|                        | BCE APPROVED DEESTASCISHING CINTURET 9/5/06   |
|                        | 9/15/06 B   |



Date: 7-23-13

HORIZONS of Okaloosa County Attn: Dr Julia McNabb 123 Truxton Avenue

Fort Walton Beach, FL 32547

RE: Office Recycling

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

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:                                   | Contractor: HORIZONS of Okaloosa County |
| John Hofstad, Public Works                                  |   |
| Approved By: White Approved By: Richard Brannon, Purchasing | Approved By:  Julia J. McNabb Ed. D.    |
| Approved By: (as prescribed below on item 1)                | Title: Chief Executive Officer          |
| Date: 07-31-17  | Date: 7 23/13                           |
|   |   |

- **County Department Instructions:**
- 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 OFFICE PAPER RECYCLING EXPIRES: INDEFINITE

#### AMENDMENT # 1

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# 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

Horizons of Okaloosa County, Inc.

date

Richard Brannon, Purchasing Director

Okaloosa County, Florida

## COOPERATIVE AGREEMENT FOR COLLECTION OF OFFICE PAPER

## OKALOOSA COUNTY, FLORIDA

## 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.

ATTEST:

Deputy Clerk of Courts

Chairman

Okaloosa Board of County Commissioners

CONTRACT: OFFICE PAPER RECYLING

**CONTRACT NO.: C00-0372-SWI-22** 

HORIZONS

EXPIRES: INDEFINITE