EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/2/2007

Contract/Lease Control #: C07-1496-PCI-40

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: DRUG FREE WORKPLACE, INC.

Lessor:

Effective Date: 3/29/2007 \$25,000.00

Term: INDEFINITE

Description of Contract/Lease: DRUG TESTING SERVICES

Department Manager: HUMAN RESOURCES

Department Monitor: KAY GODWIN

Monitor's Telephone #: 689-5870

Monitor's FAX #: 689-5889

Date Closed:

Client#: 1006889 08DRUGFRE3

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:						
McGriff Insurance Services	PHONE (A/C, No, Ext): 770 214-1991	FAX (A/C, No): 888-75	51-2997				
110 Dixie Street	E-MAIL ADDRESS:						
Carrollton, GA 30117	INSURER(S) AFFORDING	COVERAGE	NAIC #				
770 214-1991	INSURER A : Evanston Insurance (Genese	e)	35378				
INSURED No. 1 Control of the Control	INSURER B :						
Drug Free Workplaces USA LLC	INSURER C:						
27 West Romana Street	INSURER D :						
Pensacola, FL 32502	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	PEVISION	ON NUMBER:					

CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T	IT, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY T	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (POLICY EXP	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY	INGK WYD		(Minipo)	(MIMI DOI 1 1 1 1)	EACH OCCURRENCE	S			
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	S			
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						PERSONAL & ADV INJURY	S			
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	OTHER:						\$			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO		*			BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	S			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
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	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	DED RETENTION\$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
Α	Professional		SM938722	12/08/2020	12/08/2021	\$1,000,000 Each Claim				
						\$3,000,000 Aggrega	te			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	D 101, Additional Remarks Schedule, may	be attached if mo	ore space is requi	ired)				
Cov	vered Operations/Services: Medic	cal Revie	w Services, Drug & Alcohol	Testing Ser	vices, Trair	ning/Consulting				
on	Drug & Alcohol Testing, Fingerpi	rinting, O	ordering Background & MVR	Checks, DI	NA Testing,	TB Testing				
	I HIV Testing Service; Claims Ma			(2)	80					
Phy	/sicians: Morris Simhachalam, D	O; Medic	cal Review Officer Services	Only; Retro	Date: 12/08	8/16 (Term date				
09	27/17); Schedule of Insured Phys	sicians: F	Richard Albert Weaver, MD;	Medical Rev	/iew /	111111 1111	110			
(Se	e Attached Descriptions)				O					
CEF	RTIFICATE HOLDER		CANC	CELLA C	ONTRAC	T#: C07-1496-H	IR			
			1		RIIGERI	EE MODEDI AC	T 1104 116			

DRUG FREE WORKPLACE USA, LLC SHOULD A THE EXP ACCORDA EXPIRES: INDEFINITE AUTHORIZED REPRESENTATIVE Paula D. Sayton

D2KCUADRA

ACORÍ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2019

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.

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 Kelly Kersting PRODUCER License # L077730 AssuredPartners of Florida, Tampa 4600 West Cypress Street #550 Tampa, FL 33607 PHONE (A/C, No, Ext): (813) 465-7939 FAX (A/C, No):(813) 983-2958 ADDRESS: kelly.kersting@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Penn-America Insurance Company 32859 INSURED INSURER B : NorGUARD Insurance Company 31470 **Drug Free Workplaces USA LLC** INSURER C: 27 West Romana Street INSURER D: Pensacola, FL 32501 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS 1.000.000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE OCCUR PAV0222456 1/1/2020 1/1/2021 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY 13237 Loc PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE FYCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION S В WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X | PER STATUTE DRWC180723 1/1/2020 1/1/2021 100,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 100,000 E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CONTRACT#: C07-1496-HR DRUGFREE WORKPLACE USA, LLC DRUG TESTING SERVICES **EXPIRES: INDEFINITE** CERTIFICATE HOLDER CAN SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Okaloosa County** 5479-B Old Bethel Road Crestview, FL 32536 AUTHORIZED REPRESENTATIVE

D2LMILES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2018

APPARISHMENT NAME NAT ACCIDI	IATIVELY OR N INSURANCE DO	F INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICA EGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED DES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURE TIFICATE HOLDER.	DI HIELOFIOIEG

RE	PRESENTATIVE OR PRODUCER, AN	D TH	E CE	RTIFICATE HOLDER.		,				
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UH	ucer License # L077730	ulo.	~ 43 a F # 1	indication of the	CONTAC	ĭ				
Assu	redPartners of Florida, Tampa				PHONE (AIC, No, Ext): (800) 950-1076 FAX (A/C, No):(813) 983-2958				983-2958	
4600	West Cypress Street #550				A MAIL	2.				
ıamp	pa, FL 33607				AUURES		IRER(S) AFFOR	DING COVERAGE		NAIC #
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48.004.00				yy				nce Company	********	31470
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	Drug Free Workplaces USA I 27 West Romana Street	.L.C			INSURE					
	Pensacola, FL 32501					***************************************				
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[MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
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8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y.I.N.	1 '	1	mmia/moveme		01/01/2019	01/01/2020			100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		DRWC077635		0110112013	01/01/2020	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	1	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	ļ	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$	
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DESC	PRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 181, Additional Remarks Sched	iule, may t	e attached if mo	re epace is requi	red)		
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CE	RTIFICATE HOLDER		**********	***************************************	UAN	CELLATION				
					SHO	OULD ANY OF	THE ABOVE I	DESCRIBED POLICIES BE C	ANCE	LLED BEFORE
	Okalonea County				THE	EXPIRATIO	N DATE T	HEREOF, NOTICE WILL CY PROVISIONS.	BE (DELIVERED IN
	Okaloosa County 5479-B Old Bethel Road				ACI	JUKUANGE W	iin ine fyll	o i Lucatolnias		
	Crestview, FL 32536				VITATIO	RIZEO REPRES	FNTATIVE			,
					Ausai	- 24 /				
					10	M				
L	OPD 25 /2046/02)					<u> </u>	188-2015 AC	ORD CORPORATION.	All r	ghts reserved.

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2018

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.

	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN				JTE A C	ONTRACT	BETWEEN	THE ISSUING INSURER	(S), A	JTHORIZED
If	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	t to	the	terms and conditions of	the police	cy, certain	policies may			
000	nis certificate does not confer rights to DUCER License # L077730) the	cert	inicate noider in lieu of su	CONTAC		<u> </u>			
	suredPartners of Florida, Tampa				PHONE	(000) (E0 4070	FAX	(04.2)	983-2958
460	0 West Cypress Street #550 npa, FL 33607				(A/C, No. E-MAIL ADDRESS	Ext); (800) 9	150-1076	(A/C, No)	(873)	983-2958
ıanı	ipa, FL 33007				ADDRESS			ANNO COUEDADE		1100 11
								rding coverage urance Company		NAIC #
INSU	IDEN				11.14.4.1			nce Company		31470
INSC							AND IIISUIA	rice Company		31470
	Drug Free Workplaces USA I 27 West Romana Street	LLL			INSURER					
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	t	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PAV0121361	- 10	01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC				1			PRODUCTS - COMP/OP AGG	\$	
	OTHER:		ļ					COMPINED SINCLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR				1			EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		i					AGGREGATE	\$ \$	
В	DED RETENTION \$							X PER OTH-	3	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DEPORTS OF TABLETY OF THE PROPERTY OF THE P		DRWC948255		01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$	100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEI	 * · · ·	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	1	500,000
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (#	ACORD) 101, Additional Remarks Schedu	ile, may be	attached if mor	e space la requir	ed)		
						DRU(SFREE TESTI	07-1496-HR WORKPLACE NG SERVICES DEFINITE		N, LLC
CE	RTIFICATE HOLDER				CANU.					
	Okaloosa County 5479-B Old Bethel Road Crestview, FL 32536			SHOU THE ACCO	LD ANY OF EXPIRATION RDANGE WI	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			
						AUTHORIZED REPRESENTATIVE				

DRUGFRE-01

D2LMILES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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certificate holder in lie	u of such endorsement(s).									
PRODUCER License # L0	77730	CONTACT Libby Miles								
Dawson of Florida, Tamp 202 S. Rome Avenue, #1		PHONE (A/C, No, Ext): (813) 424-3290	13) 983-2958							
Tampa, FL 33606		E-MAIL ADDRESS: Imiles@DawsonCompan	ies.com							
		INSURER(S) AFFORDING C	NAIC#							
		INSURER A : Penn-America Insurance	32859							
INSURED		INSURER B: Guarantee Insurance Co	11398							
Drug Free V	Vorkplaces USA LLC	INSURER C:								
	mana Street	INSURER D:								
Pensacola,	FL 32501	INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER:	REVIS	SION NUMBER:							
	HAT THE POLICIES OF INSURANCE LISTED BE STANDING ANY REQUIREMENT, TERM OR CON									

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.

CLAIMS-MADE	X OCCUR	0					EACH OCCURRENCE	\$	4 000 000	
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							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
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ANY AUTO							BODILY INJURY (Per person)	\$		
AUTOS AUTOS						BODILY INJURY (Per accident)	\$			
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PROPRIETOR/PARTNER	EXECUTIVE TIN	N / A	DRWC660498		01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	100,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. DISEASE - EA EMPLOYEE	\$	100,000	
							E.L. DISEASE - POLICY LIMIT	\$	500,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

C07-1496-HR

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County 601 B North Pearl Street	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

07-1496-HR

DRUGFRE-01

CERTIFICATE OF LIABILITY INSURANCE

D2LMILES

12/15/2016

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 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 Libby Miles PRODUCER License # L077730 Dawson of Florida, Tampa PHONE (A/C, No, Ext): (813) 424-3290 (A/C, No): (813) 983-2958 202 S. Rome Avenue, #175 Tampa, FL 33606 E-MAIL ADDRESS: Imiles@DawsonCompanies.com INSURER(S) AFFORDING COVERAGE NAIC # 32859 INSURER A: Penn-America Insurance Company INSURER B: NorGUARD Insurance Company 31470 INSURED Drug Free Workplaces USA LLC INSURER C : 27 West Romana Street INSURER D : Pensacola, FL 32501 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 POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) NSR POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 100,000 01/01/2017 01/01/2018 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR PAV0087573 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 5 ANY AUTO BODILY INJURY (Per person) 5 SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$
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CERTIFICATE OF LIABILITY INSURANCE

1494

DATE (MM/DD/YYYY) 5/7/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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CE	rtificate holder in lieu of such endor	seme	ent(s)	J.						
PRO	DUCER				CONTACT Julie Morrill					
Hai	cock Insurance Agency			f	PHONE FAX (A/C, No): E-MAL julie morrill@hancockingurance com					
	35 Airport Boulevard				E-MAL ADDRESS: julie.morrill@hancockinsurance.com					
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	Suite 200	-			AUTHO	RIZED REPRESE	NTATIVE			
	Fort Walton, FL 3254									

Caur Olduburg

Caitlin Oldenburg/CMO

Additional Named Insureds								
Other Named Insureds								
Drug Free Workplaces , USA, LLC	Limited Liability Company, Doing Business As	0 =						
Drug Free Workplaces USA LLC	Doing Business As							
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CERTIFICATE OF LIABILITY INSURANCE

1496

DATE (MM/DD/YYYY) 5/7/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER					CONTACT Julie Morrill						
Hancock Insurance Agency						PHONE FAX (A/C, No, Ext): (A/C, No):					
218	35 Airport Boulevard	l				E-MAIL ADDRESS; julie.morrill@hancockinsurance.com					
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Oakloosa County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1804 Lewis Turner Blvd										

ACORD 25 (2010/05)

Suite 200

Fort Walton, FL 32547

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Cauce Oranburg

AUTHORIZED REPRESENTATIVE

Caitlin Oldenburg/CMO

Other Named Insureds Drug Free Workplaces , USA, LLC Limited Liability Company, Doing Business As	
Binates Diability Company, boing Business As	
Drug Free Workplaces USA LLC Doing Business As	
OFAPPINF (02/2007) COPYRIGHT 2007, AMS SE	BAICES INC

ADDITIONAL COVERAGES										
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Limit 1	Limit 1 Limit 2 Limit 3			Deductible Amount	Deduc	ctible Type	Premium \$34.00			
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OFADTLCV Copyright 2001, AMS Services, Inc.										



CONTRACT# C07-1496-HR DRUG FREE WORKPLACE DRUG TESTING SERVICES EXPIRES: INDEFINITE

Date: 08/15/2013 Re: Addendum

Contract: Drug Screening Services
Contract No: C07-1496-PCI-40 HR

Addendum to an Existing Contract between Drug Free Workplaces, Inc. 27 W Romana St. Pensacola, Fl. 32502 and Okaloosa County Board of County Commissioners.

Fees for Services to be performed by DFW to include:

Hair Testing - \$75.00 Aliquot- \$175.00 Split - \$175.00

ACCEPTED:

These tests were not included on the original contract and can be requested by the below parties for Okaloosa County Board of County Commissioners.

May it be known that the undersigned parties, for good consideration, do hereby agree to make the following changes and/or additions that are outlined above. These additions shall be made valid as if they are included in the original stated contract.

No other terms or conditions of the above mentioned contract shall be negated or changed as a result of this here stated addendum.

R	Aonda J. Efances
Rhor	nda L. Yancey- Vice President
	8-15-13
Date	

Drug Free Workplace Workplaces Inc.

Nay Godwin

8-29-13

Date

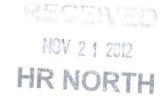
Purchasing Director Signed Name

ACHAM MANA

Okaloosa County Board of County

ACCEPTED:

Commissioners





DRUG FREE WORKPLACE
DRUG TESTING SERVICES
EXPIRES: INDEFINITE

Re: Addendum

Contract: Drug Screening Services Contract No: C07-1496-PCI-40

Addendum to an Existing Contract between Drug Free Workplaces, Inc. 27 W Romana St. Pensacola, Fl. 32502 and Okaloosa County Board of County Commissioners.

Fees for Services to be performed by DFW to include:

D/L Isomer Testing on DOT & Non-DOT results when the Certifying Scientist reports a positive Methamphetamine.

\$50.00 per test

CONTRACT# C07-1496-HR

This test was not included on the original contract and is needed to complete confirmation testing on Methamphetamines.

May it be known that the undersigned parties, for good consideration, do hereby agree to make the following changes and / or additions that are outlined above. These additions shall be made valid as if they are included in the original stated contract.

No other terms or conditions of the above mentioned contract shall be negated or changed as a result of this here stated addendum.

ACCEPTED:

Drug Free Workplace Workplaces, Inc.

Carol J. Law, Ph.D., President

Date

ACCEPTED:

Okaloosa County Board of County Commissioners

Jary

Date

Richard L. Brannon, Purchasing Director

DRUG TESTING SERVICE AGREEMENT

This Agreement is made by and between Drug Free Workplaces, Inc. whose principal business office is located in Pensacola, Florida (hereafter referred to as "DFW"), and Okaloosa County Board of County Commissioners, (hereafter referred to as the "Customer").

<u>Responsibilities of DFW</u>: DFW hereby agrees to provide the Customer with services to include the following:

- A. Testing all individuals referred to DFW by Customer for drugs and/or alcohol;
- B. Providing facilities and procedures for sample collection;
- C. Using chain-of-custody procedures to ensure proper record-keeping, handling, labeling and identification of all specimens tested;
- D. Collecting, storing and testing specimens to be tested;
- E. Testing by a licensed or certified laboratory as required;
- F. Conducting initial and confirmation standard 5-panel and 7-panel tests for:
 - Amphetamines
 - Cannabinoids
 - Cocaine
 - Opiates
 - Phencyclidine
 - Barbiturates
 - Benzodiazepines;
- G. Insuring records and specimens are preserved as required;
- H. Furnishing a Medical Review Officer (MRO) who shall not be employed or contracted by the testing laboratory, who is licensed and qualified to perform the obligations imposed on a MRO by the AAMRO;
- I. Advise the Customer on needed internal protocols for adherence to standards promulgated by the Drug-Free Workplace Act of 1988, DOT regulations, FTA regulations and the 1990 amendments to the Florida Worker's Compensation Law;
- J. Provide information for and review the Customer's workplace drug testing policy on an annual basis;

CONTRACT: DRUG SCREENING SERVICES CONTRACT NO.: C07-1496-PCI-40 DRUG FREE WORKPLACES, INC. EXPIRES: INDEFINITE

- K. Provide updated licensure certifications of the MRO & drug testing laboratories upon expiration;
- L. Offer programs annually on substance abuse topics to increase employee awareness and to meet applicable requirements;
- M. Provide electronic reporting of testing results;
- N. Assist the Customer in networking with satellite service providers for urine specimen collections and breath alcohol tests;
- O. Generate random selections of employees for testing;
- P. Provide quality assurance monitoring of laboratory.

<u>Terms of Agreement and Termination</u>. The term of this Agreement shall be ongoing, unless written notice of termination is given by either party at least 30 days prior to termination.

Confidentiality. DFW warrants that DFW, its officers, employees, subcontractors and agents will hold in strictest confidence all information in any way related to Customer and Customer's employees, including, but not limited to names, addresses, telephone numbers, medical history, test results and all other information regarding Customer or Customer's employees. DFW warrants that DFW, its officers, employees, subcontractors and agents will not use such information for any purpose other than to provide the services set forth in this Agreement. DFW warrants that DFW, its officers, employees, subcontractors and agents will not provide any information about Customer or Customer's employees to any third party without Customer's prior written consent. It is the express intent of the parties that these warranties of confidentiality be construed broadly and comprehensively. All warranties set forth in this section shall survive termination of this Agreement for any reason. For the purpose of this section, the term "employee" or "employees" includes Customer's applicants for employment, individuals whose employment with Customer is dependent on the results of the drug test and any individual sent by Customer to be tested by DFW.

<u>Nondiscrimination Clause</u>. In accordance with the Fair Employment Practices, DFW agrees that neither it nor any of its subcontractors shall discriminate against an employee, or applicant for employment to be employed in the performance of the Agreement, with respect to hire, tenure, terms, conditions, or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

<u>Independent Contractor</u>. Both parties are and shall be independent contractors with respect to terms, provisions and operation of this Agreement. Nothing contained herein and no act done pursuant to this Agreement is intended to or shall be construed to create a partnership, joint venture, employment, principal-agent or similar relationship between DFW and Customer. In no event shall either party have the right or power (whether

express or implied) to make any representation or warranty (express or implied) on behalf of the other party or otherwise to bind the other party in any way whatsoever. DFW shall employ and direct such personnel as it requires to perform its obligation under this agreement, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability and other federal, state, county and municipal laws, ordinances, rules, regulations and license requirements required of an employer providing services as contemplated by this Agreement.

Insurance and Indemnification. DFW will maintain the following insurance:

- A. General liability with a per occurrence coverage of \$1,000,000.
- B. Automobile coverage of \$1,000,000
- C. Workers' Compensation of \$500,000

Each party ("liable party") shall be fully liable to the other party for any direct damages caused by (a) any breach of contract, (b) any breach of any term, condition, warranty, representation or any other portion of this Agreement, and (c) negligence or willful misconduct of the liable party (or any of its employees, subcontractors or agents) in connection with any matter relating to this Agreement. The liable party shall indemnify and hold harmless the other party (and its affiliates and their respective employees and agents) against any claims, actions, damages, losses or liabilities to the extent arising from any such breach, negligence or willful misconduct of the liable party (or any of its employees or agents).

Assignment. This Agreement will be binding on the parties and their respective successors and assigns. Customer's right to assign this Agreement shall be subject to the written consent of DFW and such consent shall not be unreasonably withheld. Customer may, without the necessity of obtaining consent, assign this Agreement to any entity that directly or indirectly controls or is controlled by Customer, which acquires all or substantially all of its assets or into which it is merged or reorganized. DFW may not assign its rights under the Agreement (except for the right to receive money) nor shall controlling interest in DFW be sold, transferred or assigned to any party not currently a shareholder of DFW or a trust with a shareholder of DFW as trustee, without Customer's written consent and without Customer first being given an option to terminate this Agreement.

Governing Law. This Agreement and all transactions under this Agreement are governed by federal laws and regulations as amended from time to time. Any disputes regarding this Agreement shall be within the jurisdiction of the court of the county in which the Customer's principal place of doing business is located.

<u>Legal Action</u>. In the event legal action is necessary to enforce this Agreement, the prevailing party has the right, subject to applicable law, to payment by the other party of reasonable attorney's fees and costs, including any appeal and any post-judgment actions, as applicable.

<u>Notices.</u> All notices required by this Agreement shall be provided in writing and mailed by certified mail, postage prepaid, to the other party at the address listed herein:

Okaloosa County Board of County Commissioners 601B North Pearl Street Crestview, FL 32536

Carol J. Law, Ph.D., President Drug Free Workplaces, Inc. 27 West Romana Street Pensacola, FL 32502

<u>Severability</u>. The unenforceability or invalidity of any one or more provisions of this Agreement shall not affect the validity or enforceability of any other provisions of this Agreement.

<u>Titles.</u> Titles of paragraphs of this Agreement are for convenience only and shall not affect, control or limit the meaning of applicability of any such paragraph.

Fees for Services to be performed by DFW are:

DOT & Non-DOT Drug Testing (Includes Emit, GC/MS)	\$37.00 per test
DOT & Non-DOT Alcohol Testing	\$37.00 per test
Collections (Third Party Collections have additional fees)	No Charge
Medical Review Drug Kits Custody & Control Forms Policy Updates Necessary Forms & Sample Letters	No Charge No Charge No Charge No Charge No Charge
Random Selection Pool	\$20.00 each month
Legal Testimony	\$150 per hour (not to exceed \$800 per day, plus reasonable travel and related expenses)
Education & Training	\$150 per hour (not to exceed \$800 per day plus reasonable travel and related expenses)

Entire Agreement. This document constitutes the sole and entire Agreement between the Okaloosa County Board of County Commissioners and Drug Free Workplaces, Inc. Fees for services quoted are on an annual basis and are automatically renewed and shall not be modified except by subsequent agreement in writing 90 days prior to renewal, duly signed by the authorized representatives of both parties.

ACCEPTED:	ACCEPTED:
Drug Free Workplaces, Inc. Carol J. Law, Ph.D., President Date:	Okaloosa County Board of County Commissioners Jim D. Curry, County Administrator Date: 3/29/07