

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:



DRUGFRE-01

D2KCUADRA

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).

PRODUCER License # L077730 AssuredPartners of Florida, Tampa 4600 West Cypress Street #550 Tampa, FL 33607	CONTACT NAME: Kelly Kersting PHONE (A/C, No, Ext): (813) 465-7939 FAX (A/C, No): (813) 983-2958 E-MAIL ADDRESS: kelly.kersting@assuredpartners.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Penn-America Insurance Company	NAIC # 32859
INSURER B : NorGUARD Insurance Company	NAIC # 31470
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Drug Free Workplaces USA LLC
 27 West Romana Street
 Pensacola, FL 32501

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PAV0222456	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	DRWC180723	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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**

Okaloosa County
 5479-B Old Bethel Road
 Crestview, FL 32536

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

AUTHORIZED REPRESENTATIVE



DRUGFRE-01

D2LMILES

CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER License # L077730 AssuredPartners of Florida, Tampa 4600 West Cypress Street #550 Tampa, FL 33607	CONTACT NAME: PHONE (A/C, No, Ext): (800) 950-1076	FAX (A/C, No): (813) 983-2958	
	E-MAIL ADDRESS:		
INSURED Drug Free Workplaces USA LLC 27 West Romana Street Pensacola, FL 32501	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Penn-America Insurance Company		32859
	INSURER B: NorGUARD Insurance Company		31470
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PAV0167523	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			DRWC077635	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

C07-1496-HR2

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County
 5479-B Old Bethel Road
 Crestview, FL 32536

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

AUTHORIZED REPRESENTATIVE

[Signature]



DRUGFRE-01

D2LMILES

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.

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PRODUCER License # L077730 AssuredPartners of Florida, Tampa 4600 West Cypress Street #550 Tampa, FL 33607	CONTACT NAME: PHONE (A/C, No, Ext): (800) 950-1076		FAX (A/C, No): (813) 983-2958
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Penn-America Insurance Company			32859
INSURER B : NorGUARD Insurance Company			31470
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED

Drug Free Workplaces USA LLC
 27 West Romana Street
 Pensacola, FL 32501

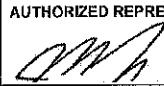
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAV0121361	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000	
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
		MED EXP (Any one person) \$ 5,000						
		PERSONAL & ADV INJURY \$ 1,000,000						
		GENERAL AGGREGATE \$ 2,000,000						
		PRODUCTS - COMP/OP AGG \$						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
								BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$	
							AGGREGATE \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	DRWC948255	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT \$ 100,000	
							E.L. DISEASE - EA EMPLOYEE \$ 100,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	

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 Okaloosa County 5479-B Old Bethel Road Crestview, FL 32536	CANCELLED
	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2016

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PRODUCER License # L077730 Dawson of Florida, Tampa 202 S. Rome Avenue, #175 Tampa, FL 33606	CONTACT NAME: Libby Miles PHONE (A/C, No, Ext): (813) 424-3290 FAX (A/C, No): (813) 983-2958 E-MAIL ADDRESS: lmiles@DawsonCompanies.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Penn-America Insurance Company</td> <td>32859</td> </tr> <tr> <td>INSURER B:</td> <td>Guarantee Insurance Company</td> <td>11398</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Penn-America Insurance Company	32859	INSURER B:	Guarantee Insurance Company	11398	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Penn-America Insurance Company	32859																			
INSURER B:	Guarantee Insurance Company	11398																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Drug Free Workplaces USA LLC 27 West Romana Street Pensacola, FL 32501																					

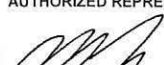
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAV0058619	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$	
							\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$	
							AGGREGATE \$	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	N / A	DRWC660498	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
								E.L. EACH ACCIDENT \$ 100,000
								E.L. DISEASE - EA EMPLOYEE \$ 100,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000

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

C 07-1496-HR

CERTIFICATE HOLDER Okaloosa County 601 B North Pearl Street Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



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 Hancock Insurance Agency 2185 Airport Boulevard Pensacola FL 32504		CONTACT NAME: Julie Morrill PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: julie.morrill@hancockinsurance.com															
INSURED Drug Free Workplaces Inc. Etal, DBA: Drug Free 27 West Romana Street Pensacola FL 32501		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Guard Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Guard Insurance Group		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Guard Insurance Group																	
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** CL145715521 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In Nh) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	DRWC54808	1/1/2014	1/1/2015	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

CERTIFICATE HOLDER Oakloosa County 1804 Lewis Turner Blvd Suite 200 Fort Walton, FL 32547	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Caitlin Oldenburg/CMO <i>Caitlin Oldenburg</i>

Additional Named Insureds

Other Named Insureds

Drug Free Workplaces , USA, LLC	Limited Liability Company, Doing Business As
Drug Free Workplaces USA LLC	Doing Business As

ADDITIONAL COVERAGES

Ref #	Description State surcharge 3	Coverage Code STSR3	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$34.00				
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$200.00				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				



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.

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 Hancock Insurance Agency 2185 Airport Boulevard Pensacola FL 32504	CONTACT NAME: Julie Morrill PHONE (A/C No. Ext): E-MAIL ADDRESS: julie.morrill@hancockinsurance.com	FAX (A/C No.):
INSURED Drug Free Workplaces Inc. Etal, DBA: Drug Free 27 West Romana Street Pensacola FL 32501	INSURER(S) AFFORDING COVERAGE INSURER A: Guard Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES CERTIFICATE NUMBER: CL145715521 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		DRWC54808	1/1/2014	1/1/2015	WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER Oakloosa County 1804 Lewis Turner Blvd Suite 200 Fort Walton, FL 32547	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Caitlin Oldenburg/CMO <i>Caitlin Oldenburg</i>
--	--

Additional Named Insureds

Other Named Insureds

Drug Free Workplaces , USA, LLC

Limited Liability Company, Doing Business As

Drug Free Workplaces USA LLC

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description State surcharge 3	Coverage Code STSR3	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	\$34.00
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	\$200.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	



**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:

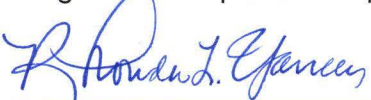
**Hair Testing - \$75.00
Aliquot- \$175.00
Split - \$175.00**

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.

ACCEPTED:
Drug Free Workplace Workplaces, Inc.



Rhonda L. Yancey- Vice President

8-15-13
Date

ACCEPTED:
Okaloosa County Board of County
Commissioners



Kay Godwin

8-29-13
Date



Purchasing Director Signed Name



RECEIVED
NOV 21 2012
HR NORTH



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

Date: 11/16/2012
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

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.

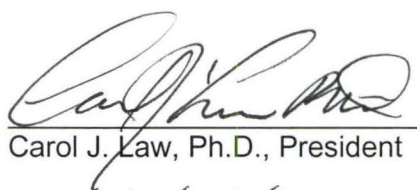
No other terms or conditions of the above mentioned contract shall be negated or changed as a result of this here stated addendum.

ACCEPTED:

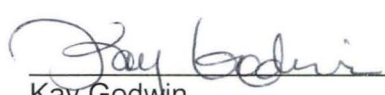
ACCEPTED:

Drug Free Workplace Workplaces, Inc.

Okaloosa County Board of County Commissioners



Carol J. Law, Ph.D., President



Kay Godwin

Date 11/19/12

Date 11/21/12



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").

Responsibilities of DFW: 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.

Terms of Agreement and Termination. 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.

Nondiscrimination Clause. 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.

Independent Contractor. 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.

Legal Action. 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.

Notices. 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

Severability. 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.

Titles. 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.

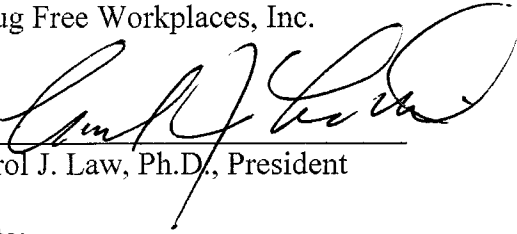
Fees for Services to be performed by DFW are:

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	No Charge
Drug Kits	No Charge
Custody & Control Forms	No Charge
Policy Updates	No Charge
Necessary Forms & Sample Letters	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:

Drug Free Workplaces, Inc.

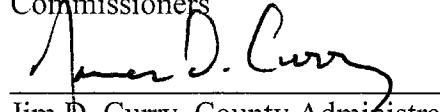


Carol J. Law, Ph.D., President

Date: _____

ACCEPTED:

Okaloosa County Board of County
Commissioners



Jim D. Curry, County Administrator

Date: 3/29/07