



CONTRACT: C20-2953-FM
SYSTEM SPECIALIST, INC.
FACILITY TECHNOLOGY INTERGRATION
EXPIRES: 06/30/2022

**THIRD AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA
COUNTY, FLORIDA AND SCHNEIDER ELECTRIC BUILDING AMERICAS, INC.
(SYSTEMS SPECIALISTS, INC.)
CONTRACT NO. C20-2953-FM**

This Third Amendment to the Agreement between Okaloosa County, a political subdivision of the State of Florida (the "County"), and Schneider Electric Buildings Americas, Inc. (Systems Specialists, Inc.) (the "Contractor"), executed this 15th day of February, 2022, is made a part of the original Agreement dated August 4, 2020, Contract No. C20-2953-FM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **AMENDMENT.** The parties hereby wish to add the Destin-Ft. Walton Beach Airport and Destin Executive Airport to the maintenance contract. The items covered and rates are listed in attachment "A" hereto attached and made a part of the contract.

The parties also wish to add updated general insurance clauses, attached hereto as attachment "B" and made a part of the contract.

2. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated August 4, 2020 and any amendments thereto, shall remain in full force and effect.
3. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

**SCHNEIDER ELECTRIC BUILDINGS
AMERICAS, INC. (SYSTEMS SPECIALISTS, INC.):**

Jack D Bilby
Signature
JACK D Bilby
Print Name

TITLE: SERVICE Manager

ATTEST:

J.D. Peacock II
J.D. Peacock II, Clerk of Courts

OKALOOSA COUNTY, FLORIDA

BY: *Mei Ponder*
Mei Ponder, Chairman





Attachment "A"

Systems Specialists, Inc.

| 850-549-3013 | <http://www.ssifa.com> |
114 East Wright Street, Pensacola, FL.

Schneider
Electric

Certified
Partner

• Powered by
Niagara^{AX}
FRAMEWORK[®]

PROPOSAL SUBMITTED TO: Okaloosa County Airport	CUSTOMER #: PO#	DATE: 10/12/ 2021
ATTN: Patrick Milton 1701 State Road 85 N	JOB NAME: Destin Ft Walton Beach Airport Control Upgrade	
CITY, STATE AND ZIP : Eglin AFB, FL 32542-1498	JOB LOCATION: Eglin Air Force Base, FL 32542	
PHONE #: (850) 651-7160 Ext 1047 CELL #:	Email: pmilton@myokaloosa.com	FAX#: (xxx)-

We propose the following:

Systems Specialists Inc will perform a HVAC Control Systems upgrade including controllers for the 10 VAV Air handlers, three constant Volume Air handler Units, 2 Air Cooled Chillers, (3) constant speed Chilled Water Pumps, (2) boilers, (2) Constant speed Hot Water Pumps, (58) VAV Terminal units, (41) fan powered VAV Terminal units, (26) Exhaust Fans, (5) Ventilation Fans and (10) Unit Heaters. This will allow network access to the HVAC systems for Monitoring, Scheduling, adjust set points and operation of the System. All controllers will be connected for communication by CAT6 Network Cable.

The Controllers will be installed in the existing control panels and reuse the power sources (high and low) , existing conduit, cable and field devices (Valve and Damper Actuators, Safety devices) will be reused except for all Temperature Sensors which will be replaced. If the Equipment that is not currently DDC, new controls will not be installed.

The VAV terminal units and fan powered VAV Terminal units will have the air flow set based on the VAV Box size.

As Built Drawing will be provided at the end of the project.

All the above equipment with each individual I/O Points and 3D thermographic floor plans for each area will be programmed in the Automation Server. The network access will be password protected at the Automation Server and connected to the County's Server.

Systems verification will be performed prior to the start of the project to help protect the Owner and Contractor.

Destin Excutive Airport Controls:

* SSI will add two room controllers to the (2) heat pumps in the Cab and a controller with (6) remote sensor to monitor the rest of the buildings P-TAC Units. This will allow for alarming when the areas are out of range.

Page 1 of 2

TERMS: Payment will be billed upon completion of the above described work.

I have the authority to order the above described work. In the event this proposal is placed for collection, I agree to pay all cost of collection, including attorney's fees and interest as allowed under Florida Statute.

All work to be completed in a workmanlike manner according to standard practices. Warranty is one year from completion date.

Proposed by: Jack D Bilby

Date 12-Oct-21

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal -- The above prices and scope of work are satisfactory and are accepted. Payment will be made in accordance with terms outlined above.

Accepted by

Date

Systems Specialists, Inc.

| 850-549-3013 | <http://www.ssifa.com> |
114 East Wright Street, Pensacola, FL

Schneider
Electric



Certified
Partner

Powered by
niagara^{AX}
FRAMEWORK[®]

PROPOSAL SUBMITTED TO: Okaloosa County Airport	CUSTOMER #: PO#	DATE: 10/12/ 2021
ATTN: Patrick Milton 1701 State Road 85 N	JOB NAME: Destin Ft Walton Beach Airport Chiller Boiler Control Upgrade	
CITY, STATE AND ZIP : Eglin AFB, FL 32542-1498	JOB LOCATION: Eglin Air Force Base, FL 32542	
PHONE #: (850) 651-7160 Ext 1047 CELL #:	Email: pmilton@myokaloosa.com	FAX#: (xxx)-

We propose the following:

Systems Specialists Inc will integration (6) Genset Generators and (11) switch gears that will be monitoring by digital inputs. They will programmed in the Automaiton Server for monitoring their operation. The graphic screens will be created and there will be alarms emailed or texted when there are failures. The Generators that will be monitored are the Caterpillar Generator serving the Main Terminal with (5) Switch Gears, a Koler Generator in the Main Terminal with (1) Switch Gear, Kohler Generator in the Auto Rental with (1) Switch Gear, Generac Generator at the Fuel Area with (1) Switch Gear, (1) Generac Generator in the Maintenance Building with (1) Switch Gear and the Generator serving the Destin Executive Airport with (1) Switch Gear.

TOTAL: \$237,437.61 (Two Hundred Thirty Seven Thousand Four Hundred Thirty Seven Dollars and Sixty One Cents)

NOT INCLUDED IN THE PROPOSAL:

- Test and Balance
- Network connection or drops
- Conduit or wire except where listed
- Any Devices not listed above, any defficiencies will be reported
- No patching or painting where space sensor for other devices are replaced.

Page 2 of 2

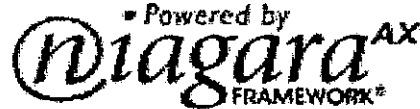
TERMS: Payment will be billed upon completion of the above described work.
I have the authority to order the above described work. In the event this proposal is placed for collection, I agree to pay all cost of collection, including attorney's fees and interest as allowed under Florida Statute.

All work to be completed in a workmanlike manner according to standard practices. Warranty is one year from completion date.

Proposed by: Jack D Bilby	Date 12-Oct-21
Note: This proposal may be withdrawn by us if not accepted within 30 days.	
Acceptance of Proposal -- The above prices and scope of work are satisfactory and are accepted. Payment will be made in accordance with terms outlined above.	
Accepted by	Date

Systems Specialists, Inc.

| 850-649-3013 | <http://www.ssiffa.com> |
114 East Wright Street, Pensacola, FL



PROPOSAL SUBMITTED TO: Destin Ft Walton Beach Airport	CUSTOMER #: PO#	DATE: 10/15/ 2021
ATTN: Patrick Milton 1701 State Road 85 N	JOB NAME: Destin Ft Walton Beach Airports Preventive Maintenance	
CITY, STATE AND ZIP : Eglin AFB, FL 32542-1498	JOB LOCATION: Eglin Air Force Base, FL 32542	
PHONE #: (850) 651-7160 ext 1047	Email: pmilton@myokaloosa.com	FAX#: (xxx)-

We propose the following:

Provide a Preventive Maintenance Contract for the Destin Ft Walton Beach Airport which will include maintenance for 10 VAV Air Handler Units, 3 Constant Volume Air Handler Units, 2 Air Cooled Chillers with 3 pumps, 2 Boilers with 2 pumps, 58 VAV Terminal Units, 41 Fan Powered VAV Terminal Units, 26 Exhaust Fans, 5 Ventilation Fans and 10 Unit Heaters. Each unit will be semi-annually during spring and fall tested to match its Sequence of Operation, Sensors will be tested for proper calibration and an annual database backup will be performed. The Generators will be verified thru the switch gear controls to ensure that when the Generators are tested or run the controls are monitoring and reading correctly. The Destin Executive Airport will be check semi-annually the (2) heat pumps in the cab and the (6) sensors monitoring the P-Tac unit to ensure proper operation. During the midseasons there will be a (40) hour computer check of the controls for both winter and summer seasons.

SSI will guarantee the labor and parts at the below rated for one year and only be changed base on the state wide contract.
 Normal Labor Rated: \$95.00 per hours
 Overtime Labor Rates: \$142.50 per hours
 Holiday Labor Rates: \$190.00 per hours
 Holidays: Christmas, New Years, Memorial Day, 4th of July, Labor Day and Thanksgiving
 Parts markup: On Schneider Electric Parts are \$0.36 off List
 On non Schneider Electric Parts are \$1.25 off cost

TOTAL: \$30,590.00 (Thirty Thousand Five Hundred Ninty Dollars and Zero Cents).

This does not include:

*Mechanical Equipment except for controls verification
Any controls not listed above*

TERMS: Payment will be billed upon completion of the above described work.

I have the authority to order the above described work. In the event this proposal is placed for collection, I agree to pay all cost of collection, including attorney's fees and interest as allowed under Florida Statute.

All work to be completed in a workmanlike manner according to standard practices. Warranty is one year from completion date.

Proposed by: Jack D Bilby

Date 15-Oct-21

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal -- The above prices and scope of work are satisfactory and are accepted. Payment will be made in accordance with terms outlined above.

Accepted by

Date



Attachment "B"

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance on all Workers Compensation Clauses.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.



WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.
4. Okaloosa County Board of County Commissioners shall be listed as an Additional Insured by policy endorsement on all policies applicable to this agreement except Worker's Compensation. A waiver of subrogation is required on all policies

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability



- 3.) Independent Contractors Liability
- 4.) Contractual Liability
- 5.) Products and Completed Operations Liability

3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor



and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County Board of County Commissioners, 302 N. Wilson St., Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10 days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.



Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C202953-FM Tracking Number: 444822
Procurement/Contractor/Lessee Name: SSI Grant Funded: YES ___ NO
Purpose: 3rd Amendment
Date/Term: 6-30-2022
Department #: 4202 / 4210
Account #: 540620 / 540620
Amount: \$30,500.00
Department: Airport Dept. Monitor Name: Stacy

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 11-12-21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: NO Federal funds Grant Name: _____
Date: _____
Grants Coordinator _____

Risk Management Review

Approved as written: see email attached Date: 11-10-21
Risk Manager or designee Lisa Price

County Attorney Review

Approved as written: see email attached Date: 11-19-21
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____

DeRita Mason

From: Karen Donaldson
Sent: Friday, November 19, 2021 4:09 PM
To: DeRita Mason
Subject: RE: C20-2953-FM amendment-UPDATED AMENDMENT

This is approved by risk management with the updated insurance attached.

Thank you

From: DeRita Mason
Sent: Tuesday, November 16, 2021 3:35 PM
To: Karen Donaldson <kdonaldson@myokaloosa.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Kerry Parsons <kparsons@myokaloosa.com>
Subject: RE: C20-2953-FM amendment-UPDATED AMENDMENT

Ladies,
Please see updated amendment for your review.
Thank you,

DeRita Mason



DeRita Mason, CFPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

"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: Karen Donaldson <kdonaldson@myokaloosa.com>
Sent: Tuesday, November 16, 2021 3:23 PM
To: DeRita Mason <dmason@myokaloosa.com>
Subject: RE: C20-2953-FM amendment

Yes, please

DeRita Mason

From: Karen Donaldson
Sent: Tuesday, November 16, 2021 3:02 PM
To: DeRita Mason
Subject: RE: C20-2953-FM amendment

DeRita

The amendment itself is approved by risk management HOWEVER there is no proof of any insurance in the file. Although vague, it is required. Please obtain insurance with Okaloosa as the additional insured.

Thank you

Karen Donaldson

Karen Donaldson
Claims Examiner
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.683.6207 / 850.585.8915 Cell
KDonaldson@myokaloosa.com



For all things Wellness please visit:

<http://www.myokaloosa.com/wellness>

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: DeRita Mason
Sent: Tuesday, November 16, 2021 1:51 PM
To: Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: RE: C20-2953-FM amendment

Sorry, see amendment attached.



SYSTSPE-01

CBORDEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2021

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

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

PRODUCER Fisher Brown Bottrell Insurance, Inc. 500 Grand Boulevard, Suite 220 Miramar Beach, FL 32550	CONTACT NAME: PHONE (A/C, No, Ext): (877) 244-5158	FAX (A/C, No): (850) 837-8894	
	E-MAIL ADDRESS:		
INSURED Systems Specialists, Inc. 114 E. Wright Street Pensacola, FL 32501-4898	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: FCCI Insurance Company		10178
	INSURER B: National Trust Insurance Company		20141
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER SUBJECT <input type="checkbox"/> LOC OTHER:		GL10004283403	4/1/2021	4/1/2022	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 - COMPIOP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA10001265005	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB10002462804	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> 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	N/A	WCO10006857701	4/1/2021	4/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation/Builder		CM10004283703	4/1/2021	4/1/2022	One Loc/Per Disaster 200,000
A	Installation/Builder		CM10004283703	4/1/2021	4/1/2022	Temp Loc/Transit 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder and others when required by written contract are Additional Insureds in regard to General Liability (including Products & Completed Operations), Auto Liability

Waiver of Subrogation applies in favor of Certificate Holder and others when required by written contract for General Liability, Auto Liability, Workers Compensation

General Liability is Primary & Non-Contributory if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County 5479A 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
---	--

ACORD 25 (2016/03)

The ACORD name and logo are registered

CONTRACT #: C20-2953-FM
SYSTEM SPECIALISTS, INC.
FACILITY TECHNOLOGY INTEGRATION
EXPIRES: 06/30/2022

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C202953-FM Tracking Number: 444822
Procurement/Contractor/Lessee Name: SSI Grant Funded: YES ___ NO X
Purpose: 3rd Amendment
Date/Term: 6-30-2022
Department #: 4802 / 4210
Account #: 546620 / 546620
Amount: 30,590.00
Department: Airport Dept. Monitor Name: Staje

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 11-12-21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: NO Federal funds Grant Name: _____
Date: _____
Grants Coordinator _____

Risk Management Review

Approved as written: see email attached Date: 11-16-21
Risk Manager or designee Lisa Price

County Attorney Review

Approved as written: see email attached Date: 11-19-21
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____

DeRita Mason

From: Karen Donaldson
Sent: Friday, November 19, 2021 4:09 PM
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Subject: RE: C20-2953-FM amendment-UPDATED AMENDMENT

This is approved by risk management with the updated insurance attached.

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From: DeRita Mason
Sent: Tuesday, November 16, 2021 3:35 PM
To: Karen Donaldson <kdonaldson@myokaloosa.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Kerry Parsons <kparsons@myokaloosa.com>
Subject: RE: C20-2953-FM amendment-UPDATED AMENDMENT

Ladies,
Please see updated amendment for your review.
Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGF-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

"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: Karen Donaldson <kdonaldson@myokaloosa.com>
Sent: Tuesday, November 16, 2021 3:23 PM
To: DeRita Mason <dmason@myokaloosa.com>
Subject: RE: C20-2953-FM amendment

Yes, please

DeRita Mason

From: Karen Donaldson
Sent: Tuesday, November 16, 2021 3:02 PM
To: DeRita Mason
Subject: RE: C20-2953-FM amendment

DeRita

The amendment itself is approved by risk management HOWEVER there is no proof of any insurance in the file. Although vague, it is required. Please obtain insurance with Okaloosa as the additional insured.

Thank you

Karen Donaldson

Karen Donaldson
Claims Examiner
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.683.6207 / 850.585.8915 Cell
KDonaldson@myokaloosa.com



For all things Wellness please visit:

<http://www.myokaloosa.com/wellness>

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From: DeRita Mason
Sent: Tuesday, November 16, 2021 1:51 PM
To: Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: RE: C20-2953-FM amendment

Sorry, see amendment attached.