

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 02/13/2020

Contract/Lease Control #: C17-2501-CT

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: COPY PRODUCTS COMPANY

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 12/22/2019

Expiration Date: 12/21/2021

Description of COPIER MAINTENANCE AGREEMENT

Department: CT

Department Monitor: HUCKABEE

Monitor's Telephone #: 850-689-5066

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

Closed:

Cc: BCC RECORDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2021

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. 19 West Garden Street Suite 300 Pensacola, FL 32502	CONTACT NAME: Lynne Tecu, CPCU, CIC	
	PHONE (A/C, No, Ext): (850) 444-7624	FAX (A/C, No): (601) 208-8341
E-MAIL ADDRESS: ltecu@fbbins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Company of America		25674
INSURER B: Phoenix Insurance Company		25623
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Copy Products Company dba CPC Office Technologies
 P.O. Box 12904
 Pensacola, FL 32591

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZLP21P26867	5/18/2021	5/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			BA4N218725	5/18/2021	5/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP6N500462	5/18/2021	5/18/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> 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	UB3P662324	1/1/2021	1/1/2022	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder and others as required by written contract are Additional Insureds in re
 Waiver of Subrogation applies in regard to General Liability, Auto Liability, Workers Com
 Liability and Auto Liability are Primary and Non-Contributory if required by written contr

CONTRACT#: C17-2501-CT
COPY PRODUCTS COMPANY
COPIER MAINTENANCE AGREEMENT
EXPIRES: 12/21/2021

CERTIFICATE HOLDER Okaloosa County BCC 1759 S. Ferdon Blvd Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2020

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PRODUCER Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street Suite 300 Pensacola, FL 32502	CONTACT NAME: Lynne Tecu, CPCU, CIC PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341 E-MAIL ADDRESS: ltecu@fbbins.com													
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Certificate Holder and others as required by written contract are Additional Insureds in regard to General Liability, Auto Liability and Umbrella. Blanket Waiver of Subrogation applies in regard to General Liability, Auto Liability, Workers Liability and Auto Liability are Primary and Non-Contributory if required by written c

CONTRACT#: C17-2501-CT
COPY PRODUCTS COMPANY
COPIER MAINTENANCE AGREEMENT
EXPIRES: 12/21/2021

CERTIFICATE HOLDER Okaloosa County Board of Commissioners Okaloosa County Purchasing Dept - Joanne Kublik 602-C North Pearl St Crestview, FL 32536	CA. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**CONTRACT#: C17-2501-CT
 COPY PRODUCTS COMPANY
 COPIER MAINTENANCE AGREEMENT
 EXPIRES: 12/21/2021**



EQUIPMENT ACQUISITION AGREEMENT
 3150 ADORA TEAL WAY CRESTVIEW, FL 32539
 P: 850-689-4300 F: 850-689-3491

WWW.CPCTEK.COM

Date 12/21/19	Purchase Order	Account Manager	Authorized Approval
------------------	----------------	-----------------	---------------------

Installation: Customer Information		Bill To: Customer Information	
Company Name Okaloosa County Pre Trial Services	Address 101 E. James Lee Blvd 2nd Floor Room 220	Company Name	Address
City, State Crestview, FL	Zip 32536	City, State	Zip
Phone# (850) 689-5066	Fax#	Phone#	Fax#
Contact Kelli Huckabee	E-mail khuckabee@myokaloosa.com	Key Operator/Meter Readings	E-mail

Quantity	Product Description- Make, Model, Serial No & Meter Read	Refurb	Unit Price	Total
	Maintenance Only	<input type="checkbox"/>		\$ 0.00
		<input type="checkbox"/>		\$ 0.00
	MXM465N 4500353Y Machine ID 29060	<input type="checkbox"/>		\$ 0.00
	Effective Date 12/21/2019	<input type="checkbox"/>		\$ 0.00
	Maintenance agreement Cost per Click @ .00792 to be billed	<input type="checkbox"/>		\$ 0.00
	quarterly unless otherwise requested. First Invoice under new rate	<input type="checkbox"/>		\$ 0.00
	would be in March 2020. New Rate locked in 2 years. Expires	<input type="checkbox"/>		\$ 0.00
	12/21/2021.	<input type="checkbox"/>		\$ 0.00
	Includes parts, labor, and Toner. Excludes Staples and paper.	<input type="checkbox"/>		\$ 0.00
		<input type="checkbox"/>		\$ 0.00
			Sub-Total	\$ 0.00

TRANSACTION TYPE: LEASE- CASH- RENTAL-

Tax	
Total	\$ 0.00

LEASE FINANCING PROVIDED BY: _____ TAX EXEMPT: YES- NO-

IT CONTACT NAME: _____ IT PHONE #: () _____ CERTIFICATE #:

CPC Service Programs: (Base Charge Amount should correlate to Billing Frequency)

BASE CHARGE	Black Images Included	Color Images Included	Black Excess Rate	Color Excess Rate	SERVICE CONTRACT DETAIL	CTS AGREEMENT
N/A	Cost per click	N/A	.00792	N/A	Contract Type: (Choose One) All Inclusive- <input checked="" type="checkbox"/> Parts & Labor- <input type="checkbox"/> Color Supplies Not Included- <input type="checkbox"/> Other- <input checked="" type="checkbox"/> Excludes staples/paper	Contract Coverage: YES- <input type="checkbox"/> NO- <input type="checkbox"/> Price: \$ _____ Term: _____ Months
Contract Start Date: 12/21/2019	Base Billing Frequency: Monthly- <input type="checkbox"/> Annual- <input type="checkbox"/> Quarterly- <input type="checkbox"/>		Overage/CPC Billing: Monthly- <input type="checkbox"/> Quarterly- <input checked="" type="checkbox"/> Bi-Annual- <input type="checkbox"/> Annual- <input type="checkbox"/>			

Special Instructions:
 You may choose your billing cycle. We prefer Quarterly but we can do monthly, bi-monthly, semi annual and yearly.

*By signing this document you acknowledge that the terms and conditions on the back of this document are an integral part of this agreement.
 This agreement shall not be binding on Copy Products Company until it is signed as accepted by a Manager.*

Customer Representative	CPC Representative
<u>Kelli M. Huckabee</u> 12/31/19	<u>Renee Salo</u> 12/3/2019
Authorized Signature Date	Authorized Signature Date
Printed Name & Title: <u>Kelli M. Huckabee Pretrial Mgr.</u>	Printed Name & Title: <u>Renee Salo Office Manager</u>

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12/22/2016

Contract/Lease Control #: C17-2501-CT
Bid #:

Contract/Lease Type: AGREEMENT

Award To/Lessee: COPY PRODUCTS COMPANY

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 12/22/2016

Expiration Date: 12/21/2019

Description of
Contract/Lease: COPIER MAINTENANCE AGREEMENT

Department: CT

Department Monitor: JOHNSON

Monitor's Telephone #: 850-689-5066

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

Closed:

Cc: Finance Department Contracts & Grants Office

Equipment Security Blanket Maintenance Agreement

Terms and Conditions

- 1. GENERAL SCOPE OF COVERAGE:** This agreement entitles the customer to inspection "as needed" and intervening emergency calls. This agreement covers the parts and labor required for normal use of the equipment, excluding any media material, staples or as hereinafter provided. Damage to the equipment or its parts arising out of misuse, abuse, negligence, or causes beyond our control are not covered. In addition, you will be responsible for all cost arising from the equipment being modified, damaged, altered, or serviced by personnel other than those employed by us, or if parts, accessories or components not authorized by us are fitted to the equipment. This agreement does not cover any service arising from any connectivity issues resulting from customer's network or any software used in connection with equipment. This service must be covered under a separate Connectivity Technical Support agreement. All service requested by customer relating to connectivity issues will be billed separately at the published hourly rate unless covered under a separate Connectivity Technical Support agreement.
- 2. SERVICE CALLS:** Service calls under this agreement will be made during normal business hours – 8:00 a.m. to 5:00 p.m. Monday-Friday – at the installation address shown on this agreement. Travel and labor time for service calls after normal hours, on weekends and on holidays, if and when available, will be charged at overtime rates in effect at the time the service call is made.
- 3. TERMS:** Customer agrees to all the terms and conditions in this agreement and any supplement which together is a complete statement of our agreement regarding the listed equipment and supersedes any purchase order or outstanding invoice. This agreement may be modified only by written agreement signed by an officer of Copy Products Company. This agreement becomes valid upon execution by Copy Products Company and will begin on the commencement date and will continue from the first day of the following month. Renewals will be negotiated at the end of each term. Effective upon Okaloosa County signing.
- 4. CHARGES:** The initial charge for maintenance under this agreement shall be the amount set forth above. The maintenance charge, with respect to any renewal term, will be the charge in effect at the time of the renewal. Customer understands that alterations, attachments of specification changed may require an increase in maintenance charges and agrees to pay such charges promptly when due.

Our copiers are designed to give excellent performance with our supplies, including paper, toner, and copy drum. If the customer uses other than our supplies and cause abnormally frequent service calls or service problems, then we may at our option, adjust the monthly service charge to cover the additional required service. It is not a condition of this agreement that the customer uses only our authorized supplies. We request that you use our supplies and from experience know that you will have fewer machine problems, better copy quality and that the equipment will last longer.

CONTINUOUS MAINTENANCE AGREEMENT: Provided the equipment referred to in this agreement has been continuously covered by our standard maintenance agreement for a period of 5 years or 1,000,000 copies (whichever comes first). Copy Products Company agrees to renew this annual agreement for 3 annual periods if we are authorized to perform such shop reconditioning of the equipment, as we deem necessary. A reconditioning cost estimate will be submitted but shall be limited to 110% of the current cost of our standard annual maintenance agreement. If the customer does not authorize the recondition, we will not be bound to extend this maintenance agreement; however, we will continue to provide service on a "per call" basis at the rates in effect at that time. The reconditioning charges are in addition to the maintenance agreement renewal price.

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: new contract Tracking Number: 2168-17
Contractor/Lessee Name: Copy Products Grant Funded: YES ___ NO ✓
Purpose: copy machine maintenance

Date/Term: yearly 1. GREATER THAN \$50,000
Amount: _____ 2. GREATER THAN \$25,000
Department: IT cart services 3. \$25,000 OR LESS
Dept. Monitor Name: Johnson Delores
Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:
DeRita Mason Date: 12-19-16
Purchasing Director or designee ~~Zan Fedorak, Charles Powell,~~ DeRita Mason

Risk Management Review

Approved as written: see email attached
Date: 12-19-17
Risk Manager or designee Laura Porter or Krystal King

County Attorney Review

Approved as written: see email attached
Date: 12-21-16
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contract & Grant

Document has been received:

Date: _____
Contracts & Grants Manager

DeRita Mason

From: Lynn Hoshihara
Sent: Wednesday, December 21, 2016 6:03 PM
To: DeRita Mason
Cc: Parsons, Kerry; Laura Porter
Subject: Re: Maintenance Contract

This is approved.

Lynn M. Hoshihara

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

From: DeRita Mason
Sent: Monday, December 19, 2016 12:17 PM
To: Lynn Hoshihara
Cc: Parsons, Kerry; Laura Porter
Subject: FW: Maintenance Contract

Please review and approve.

Thanks,

DeRita

DeRita Mason

From: Laura Porter
Sent: Monday, December 19, 2016 1:30 PM
To: DeRita Mason
Subject: RE: Maintenance Contract
Attachments: GENERAL SERVICES INSURANCE REQUIREMENTS 02-16.docx

DeRita: I will approve if they will provide a COI that meets our insurance requirements.

Laura J. Porter
Risk Manager
Risk Management Department
Okaloosa County Board of County Commissioners 5649-B Old Bethel Road Crestview, FL 32539
Office: (850) 689-5979 Fax: (850) 689-5973
Email: lporter@co.okaloosa.fl.us

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-----Original Message-----

From: DeRita Mason
Sent: Monday, December 19, 2016 11:18 AM
To: Lynn Hoshihara <lhoshihara@co.okaloosa.fl.us>
Cc: Parsons, Kerry <KParsons@ngn-tally.com>; Laura Porter <lporter@co.okaloosa.fl.us>
Subject: FW: Maintenance Contract

Please review and approve.

Thanks,

DeRita

USER NAME PASSWORD

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

SAM.gov will be down for a maintenance window this Thursday night, 12/22, from 8 PM to midnight (EST).

Search Results

Current Search Terms: copy* products* company*

Your search for "copy* products* company*" returned the following results...		Glossary														
<p>Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.</p>																
<table border="1"> <tr> <td>Entity</td> <td>Copy Products Company</td> <td>Status: Active</td> </tr> <tr> <td>DUNS: 199807652</td> <td>CAGE Code: 0ADL9</td> <td><input type="button" value="View Details"/></td> </tr> <tr> <td>Has Active Exclusion?: No</td> <td>DoDAAC:</td> <td></td> </tr> <tr> <td>Expiration Date: 09/09/2017</td> <td>Delinquent Federal Debt?: No</td> <td></td> </tr> <tr> <td colspan="3">Purpose of Registration: All Awards</td> </tr> </table>	Entity	Copy Products Company	Status: Active	DUNS: 199807652	CAGE Code: 0ADL9	<input type="button" value="View Details"/>	Has Active Exclusion?: No	DoDAAC:		Expiration Date: 09/09/2017	Delinquent Federal Debt?: No		Purpose of Registration: All Awards			<p>Search Results</p> <p>Entity</p> <p>Exclusion</p> <p>Search Filters</p> <p>By Record Status</p> <p>By Record Type</p>
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<table border="1"> <tr> <td>Entity</td> <td>Copy Atlanta Office Products & Printing, A Cwc Company, LLC</td> <td>Status: Active</td> </tr> <tr> <td>DUNS: 020128884</td> <td>CAGE Code: 611J5</td> <td><input type="button" value="View Details"/></td> </tr> <tr> <td>Has Active Exclusion?: No</td> <td>DoDAAC:</td> <td></td> </tr> <tr> <td>Expiration Date: 07/27/2017</td> <td>Delinquent Federal Debt?: No</td> <td></td> </tr> <tr> <td colspan="3">Purpose of Registration: All Awards</td> </tr> </table>	Entity	Copy Atlanta Office Products & Printing, A Cwc Company, LLC	Status: Active	DUNS: 020128884	CAGE Code: 611J5	<input type="button" value="View Details"/>	Has Active Exclusion?: No	DoDAAC:		Expiration Date: 07/27/2017	Delinquent Federal Debt?: No		Purpose of Registration: All Awards			
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SAM | System for Award Management 1.0

IBM v1.P.56.20161111-0945

WWW8

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.





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	PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341	
	E-MAIL ADDRESS: ltecu@fbbins.com	
INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904 Pensacola, FL 32591	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Depositors Insurance Company	42587
	INSURER B : Allied Insurance Company of America	10127
	INSURER C : Allied P&C Ins Co.	42579
	INSURER D : Technology Insurance Company, Inc.	42376
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP3016605528	05/18/2016	05/18/2017	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 \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			ACP3016605528	05/18/2016	05/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ACP3016605528	05/18/2016	05/18/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
D	<input checked="" type="checkbox"/> 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	TWC3521856	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured in regard to General Liability and Auto Liability if required by written contract. General Liability is primary and non-contributory if required by written contract. Auto Liability is primary for owned vehicles if required by written contract. Waiver of Subrogation applies in regard to General Liability, Auto Liability and Workers Compensation if required by written contract.

Should any of the above described policies be cancelled, non-renewed or materially changed before the expiration date thereof, 30 days written notice (10 days for non-payment) will be mailed to the Certificate Holder.

Holder includes respective agents, consultants, servants and employees of the Holder and all other entities as required by written contract.

CERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Rd Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>[Signature]</i>