

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/21/2022

Contract/Lease Control #: C09-1743-RM

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: LOCKARD & WILLIAMS INSURANCE SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2019

Expiration Date: 09/30/2023

Description of: GROUP FLEXIBLE BENEFITS PLAN

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-6977

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

Closed:

Cc: BCC RECORDS



CONTRACT/LEASE RENEWAL FORM

Lockard & Williams Insurance Services, Inc
 dba 90 Degree Benefits
 Attn: John Lockard
 1505 Jackson Ave
 Pascagoula MS 39567-1688
 RE: Adm. of Flexible Benefits Plan

CONTRACT: C09-1743-RM
 LOCKARD & WILLIAMS INSURANCE SERVICES
 GROUP FLEXIBLE BENEFITS PLAN
 EXPIRES: 09/30/2023

Dear Mr. Lockard,

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, #C09-1743-RM _____ for an additional term. The contract renewal period will be 10/01/2022 to 09/30/2023. The annual budgeted amount for this contract is \$80k - 85k. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director Kelly Bird
 Signature: _____
Digitally signed by Kelly Bird
 Date: 2022.09.19 15:35:04 -0500

Contractor: 90 Degree Benefits
John Lockard

Date: Jeffrey A Hyde
Digitally signed by Jeffrey A Hyde
 Date: 2022.09.20 15:14:26 -0500

Approved By: John T Richard

Approved By: Faye Douglas
 (as prescribed below on item 1)
Digitally signed by Faye Douglas
 Date: 2022.09.20 17:21:13 -0500

Date: _____

Approved By: John Hofstad
 (as prescribed below on item 1)
Digitally signed by John Hofstad
 Date: 2022.09.21 09:37:50 -0500

Title: C.O.O.

Date: _____

Date: 9-20-22

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Contracts and Lease Coordinator at Purchasing Department.
 If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970