

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: January 10, 2012

Contract/Lease Control #: #C12-1927-PS

Bid #: N/A Contract/Lease Type: MOU

Award To/Lessee: PAWS

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 01/09/2012

Expiration Date: INDEFINITE

Description of Contract/Lease: OPERATIONS OF FACILITIES AS PET FRIENDLY SHELTER

Department Manager: PS

Department Monitor: D. VILLANI

Monitor's Telephone #: 651-7150

Monitor's FAX # OR E-Mail: DVILLANI@CO.OKALOOSA.FL.US

Date Closed: _____

Remarks:

Cc: Finance Dept Contracts & Grants Division

C12-1927-WS



Travelers Casualty and Surety Company of America
Hartford, CT 06183

**Continuation Certificate
For use with Annual Bond Form**

Bond No. 106593234

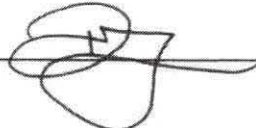
In consideration of \$7,011.00 dollars renewal premium, the term of Bond No. 106593234 in the amount of \$492,000.00, dated August 01, 2016 issued on behalf of PANHANDLE ANIMAL WELFARE SOCIETY, INC., in favor of OKALOOSA COUNTY, FLORIDA in connection with Annual Performance Bond is hereby extended to August 1, 2020.

This Certificate is subject to the same terms and conditions as set forth in the aforementioned Bond.

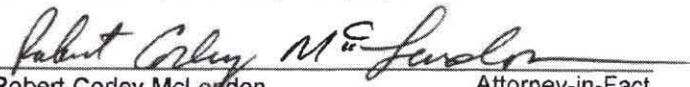
This continuation certificate is executed upon the express condition that the surety's liability under said bond, and any and all continuation certificates, shall not be cumulative and shall in no event exceed the amount of said bond, as herein set forth, regardless of the number of periods the bond is extended. The referenced bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified.

SIGNED, SEALED AND DATED this 26th day of July, 2019.

PANHANDLE ANIMAL WELFARE SOCIETY, INC.

By:  _____ Principal

Travelers Casualty and Surety Company of America

By:  _____
Robert Corley McLendon Attorney-in-Fact
and Licensed Resident Agent

CONTRACT#: C12-192-WS
PAWS
OPERATIONS OF FACILITIES AS PET
FRIENDLY SHELTER
EXPIRES: INDEFINITE



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Robert Corley McLendon** of **PENSACOLA Florida**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law. **IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, 2017.



State of Connecticut
City of Hartford ss.

By: 
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021




Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **26th** day of **July**, 2018




Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**



PANHANI-01

BLUNDQUIST

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/15/2018

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 Fisher Brown Bottrell Insurance, Inc. 500 Grand Boulevard, Suite 220 Miramar Beach, FL 32550	CONTACT NAME:	
	PHONE (A/C, No, Ext): (877) 244-5159	FAX (A/C, No): (850) 837-8894
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Scottsdale Insurance Company	
	INSURER B : Progressive Express Insurance Company	
INSURED Panhandle Animal Welfare Society 752 Lovejoy Road Fort Walton Beach, FL 32548	NAIC #	
	INSURER C : Zenith Insurance Company	
	INSURER D : Old Republic Surety Company	
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS3054619	06/16/2018	06/16/2019	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			03980739-3	05/10/2018	11/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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		Y/N N/A	Z069202911	08/20/2017	08/20/2018	<input 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
D	Fidelity Bond			OFL0433204	07/27/2017	07/27/2020	Employee Dishonesty \$ 10,000

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

C12-1927-PS / C16-2428-PS

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 REPRESENTATIVE
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Property Limits and Locations

Panhandle Animal Welfare Society, Inc.

Insuring Company Aspen Specialty Insurance Company
Policy Term 6/16/2017 - 6/16/2018

Loc	Bld	Address	Subject of Insurance	Amount	Coins.	Val.
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Business Income with Extra Expense	\$150,000		
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Business Personal Property	\$150,000	90%	R
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Building	\$500,000	90%	R
2	1	179 North Eglin Pkwy Fort Walton Beach, FL 32548	Business Income with Extra Expense	\$280,000		
2	1	179 North Eglin Pkwy Fort Walton Beach, FL 32548	Business Personal Property	\$100,000	90%	R
2	1	179 North Eglin Pkwy Fort Walton Beach, FL 32548	Building	\$400,000	90%	R
3	1	3731 Ebenezer Rd Laurel Hill, FL 32567	Business Personal Property	\$50,000	90%	R
4	1	760 Lovejoy Rd Fort Walton Beach, FL 32548	Business Personal Property	\$50,000	90%	R
4	1	760 Lovejoy Rd Fort Walton Beach, FL 32548	Modular Building	\$38,000	90%	R

Deductibles:

- \$1,000 per occurrence deductible
- 3% Wind and Hail deductible for 179 N Eglin Pkwy., Fort Walton Beach, FL 32548 and 3731 New Ebenezer Rd., Laurel Hill, FL 32567
 Subject to a minimum deductible per occurrence of \$5,000
 Wind and Hail deductible applies per total insured value per location

This policy does not provide wind or hail at 752 Lovejoy Rd. or 760 Lovejoy Rd., Fort Walton Beach, FL 32548.

Valuation

- | | | |
|---|---------------------------------|-------------------------------------|
| (A) Actual Cash Value | (G) Guaranteed Replacement Cost | (R) Replacement Cost |
| (B) Business Income Changes – Time Period | (I) Invoice Cost | (S) Stated Amount |
| (C) Agreed Amount (waived coinsurance) | (L) Actual Loss Sustained | (T) Total Insured Value |
| (D) Reproduction | (M) Market Value | (U) Full Value Replacement Cost |
| (E) Agreed Amount | (O) Other | (V) Agreed Value |
| (F) Functional Replacement Cost | (P) Selling Price | (X) Extended Value Replacement Cost |

The property values illustrated are estimates only and are based upon the information you have furnished. Fisher Brown Bottrell Insurance, Inc. assumes no responsibility for the accuracy of these values. If you are not sure of the accuracy of the values stated, a property appraisal should be obtained from a qualified, licensed real estate appraiser or contractor.

*Exclusions: Flood coverage is excluded. Coverage quotes available upon request.
Earthquake coverage is excluded. Coverage quotes available upon request.*

Endorsements included but not limited to:

CP1033	Theft Exclusion
CP1054	Wind and Hail Exclusion
ASPCO002	Service of Suit
ASPCO023	Nuclear, Biological, Chemical or Radiological Terrorism Exclusion
ASPCO1114	Policyholder Disclosure Notice of Terrorism Insurance Coverage
ASPPR001	Occurrence Limit of Liability Endorsement
ASPPR072	Minimum Earned Premium Clause Percentage
ASPPR081	Exclusion Seepage Pollution Contamination
ASPPR082	Exterior Insulation and Finishing Systems
ASPPR089	Fungus Exclusion and Limited Additional Coverage
ASPPR100	Policyholder's Guide to Reporting a Property Claim
ASPPR142	FL Declaration Aspen Specialty
ASPPR145	Commercial Property Coverage Part Declarations
CP0090	Commercial Property Conditions
CP1033	Causes of Loss - Special Form
CP0126	Florida Changes
IL0017	Common Policy Conditions
IL0935	Exclusion of Certain Computer Related Losses
ASPCO023	NBCR Terrorism Exclusion
IL 09 53	Exclusion of Certified Acts Of Terrorism

25% Minimum Earned Premium

Wind Limits and Locations

Panhandle Animal Welfare Society, Inc.

Insuring Company	Lloyds of London
Policy Term	6/16/2017 - 6/16/2018

Loc	Bld	Address	Subject of Insurance	Amount	Coins.	Ded	Val.
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Business Personal Property	\$150,000	90%	5%	R
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Business Income ¼ monthly	\$150,000			
1	1	752 Lovejoy Road Fort Walton Beach, FL 32548	Building	\$500,000	90%	5	R

Deductible: 5% Windstorm & Hail per occurrence percentage deductible.

The property values illustrated are estimates only and are based upon the information you have furnished. Fisher Brown Bottrell Insurance, Inc. assumes no responsibility for the accuracy of these values. If you are not sure of the accuracy of the values stated, a property appraisal should be obtained from a qualified, licensed real estate appraiser or contractor.

*Exclusions: Flood coverage is excluded. Coverage quotes available upon request.
Earthquake coverage is excluded. Coverage quotes available upon request.*

Endorsements included but not limited to:

- 2001AML00001 Chemical, Biological and Nuclear Explosion, Pollution or Contamination Exclusion Clause
- AME Absolute Micro Organism Exclusion (AMLIN)
- IL0935 Certain Computer Related Losses
- ILP001 0104 U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
- NMA1191 Radioactive Contamination Exclusion Clause - Physical Damage - Direct
- NMA2342 Seepage and/or Pollution and/or Contamination Exclusion U.S.A. & Canada
- NMA2915 Electronic Data Endorsement B
- NMA2918 War & Terrorism Exclusion Endorsement
- CP0090 Commercial Property Conditions
- CP1032 Water Exclusion Endorsement
- FL-PHN Florida Policy Holder Notice (contains form LSW1661, LSW1682)
- LMA5020 Service of Suit Clause
- LMA5021 Applicable Law (U.S.A)
- LSW 1661 Florida Guaranty Act Notice
- LSW 1662 Florida Rates and Forms Notice
- LSW1001 Several Liability Notice
- LSW1135 Privacy Statement
- NMA1331 Cancellation Notice or applicable state form
- PFSLC3 Policy Jacket
- PFSLC3DEC Declarations Page
- 90% Co-Insurance Clause
- Minimum Earned Premium Endorsement
- Schedule of Properties
- Wind Deductible Endorsement
- W00010 Windstorm or Hail Causes of Loss Endorsement
- All Wind or Hail Deductible Applies as Follows:
- Per Total Insured Value
- 2001 AML00036 Marijuana and Schedule / Controlled Substance Exclusion

General Liability

Panhandle Animal Welfare Society, Inc.

Insuring Company
Policy Term

Scottsdale Insurance Company
6/16/2017 - 6/16/2018

Description	Limits
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Excluded
Personal/Advertising Injury Limit Each Occurrence	\$1,000,000 \$1,000,000
Fire Damage Limit	\$100,000
Medical Expense Limit	\$5,000
Employee Benefits	Not Included
Deductibles	
Property Damage	\$500
Bodily Injury	\$500

25% Minimum Earned Premium

Hazard Schedule

Loc #	Bldg #	Class Code	Classification	Rating Basis	Annual Exposure
1	1	99851	Veterinarian Or Veterinary Hospitals	Payroll - Per \$1,000/Pay	\$151,121
1	1	45450	Kennels-breeding, Boarding Or Sales	Unit - Per Unit	58
2	1	18437	Profit - Stores - Noc - No Food Or Drink	Gross Sales - Per \$1,000/Sales	\$100,000
3	1	45450	Kennels-breeding, Boarding Or Sales	Other	16
4	1	61226	Profit - Buildings Or Premises - Other - Noc	Area - Per 1,000/Sq Ft	2128
4	1	45450	Kennels-breeding, Boarding Or Sales	Other	26

Forms and Endorsements included but not limited to:

CG 21 16	Exclusion - Designated Professional Services "Any and all professional exposures"
CG 21 49	Total Pollution Exclusion
GLS-28s	Stable Liability Exclusion
GLS-55s	Property Damage Extension (Care, Custody and Control) (\$500 per occurrence / \$1,000 aggregate)
GLS-149s	Injury to Volunteers Exclusion
GLS-150s	Blanket Additional Insured Endorsement
UTS-180g	Communicable Disease Exclusion
CG 21 39	Contractual Liability Limitation
GLS-175s	Limitation of Coverage to Designated Premises
CG 21 58	Exclusion - Professional Veterinary Services
UTS-COVPG	Cover Page
OPS-D-1	Common Policy Declarations
UTS-SP-2	Schedule of Forms and Endorsements
UTS-SP-3	Schedule of Locations
CLS-SD-1L	Commercial General Liability Coverage Part Supplemental Declarations
CLS-SP-1L	Commercial General Liability Coverage Part Extension of Supplemental Declarations
CG 00 01	Commercial General Liability Coverage Part
CG 21 73	Exclusion of Certified Acts of Terrorism
CG 24 26	Amendment of Insured Contract Definition
GLS-289s	Known Injury or Damage Exclusion - Personal and Advertising Injury
UTS-128s	Optional Provisions Endorsement
GLS-47s	Minimum and Advance Premium Endorsement
GLS-94s	Deductible Endorsement

Subject to Audit

The proposed premium is based on the above estimates of annual exposures. This policy is subject to an Annual audit. A deposit premium will be collected at the time of inception. Adjustments in the premium will be done when the policy expires.

Uninsured Subcontractors who are unable to provide evidence of insurance will be picked up on your final audit and premium will be charged. Insured Subcontractors should be included in the appropriate subcontractor code.

Business Automobile

Panhandle Animal Welfare

Issuing Company
Policy Term

Progressive Express Insurance Company
5/10/2017 - 11/10/2017

AUTOMOBILE LIABILITY COVERAGE SYMBOLS

Symbol (1) ANY AUTO	Symbol (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	Symbol (7) AUTOS SPECIFIED ON SCHEDULE
Symbol (2) ALL OWNED AUTOS	Symbol (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	Symbol (8) HIRED AUTOS
Symbol (3) OWNED PRIVATE PASSENGER AUTOS	Symbol (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	Symbol (9) NON-OWNED AUTOS

Liability Limits

Coverage	Symbol(s)	Limit/Deductible
Liability	7	\$1,000,000 CSL
Medical payments	7	\$5,000 Ea person
Comprehensive/OTC	7	Per Schedule
Collision	7	Per Schedule
	7	\$0 Deductible
		Named insured Deductible only applies to \$10,000 Ea accident

Hired Auto Liability
Non Owned Liability
Hired Physical Damage

Comprehensive Deductible:
Collision Deductible:

Forms and Endorsements included but not limited to:

Form Number	Endorsement Name

Vehicle Schedule

ID	No.	Year	Make/Model	VIN	Gar. Loc.	Liab	Med	UM	Comp	Coll	Cost New
1	2002		Chevrolet / Tahoe C1500/K15	1GNEK13VF23309522		X	X		No Cov.	No Cov.	\$31,731
2	2006		Chevrolet / Express G2500	1GCGG25V861145798		X	X		No Cov.	No Cov.	
3	2011		Chevrolet / Express G2500	1GCWGFA5B1108852		X	X		\$250	\$250	\$27,300
4	2012		GMC / Savana G2500	1GTW7FCA6C1123460		X	X		\$250	\$250	\$29,500
5	1990		Dodge / D100/D150/W100/	3B7GE13Z2LM040632		X	X		No Cov.	No Cov.	\$10,000
7	2015		Ford / Transit Connect	NM0GE9E76F1210662		X	X		\$250	\$250	\$13,751

Worker's Compensation

Panhandle Animal Welfare Society, Inc.

Insuring Company Zenith Insurance Company
Policy Term 8/20/2017 - 8/20/2018

Coverage A Limits: Statutory
States Covered: FL

*In Ohio, Washington, North Dakota and Wyoming. The state itself is the ONLY Workers' Compensation insurer; if you have employees in any of these states, you are required to purchase Workers' Compensation coverage through that state's workers' Compensation insurance fund.

Employers Liability – Bodily Injury by Accident (Each Accident)	\$1,000,000
Employers Liability – Bodily Injury by Disease (Policy Limit)	\$1,000,000
Employers Liability – Bodily Injury by Disease (Each Employee)	\$1,000,000

		Individuals Included/Excluded				
Name		Title		Include/Exclude		
Classifications						
ST	Loc	Class Code	Description	Estimated Payroll	Rate	Estimated Premium
FL						
FL	1	8810S	Clerical Office Employees NOC	\$116,624	0.26	\$ 303
FL	1	8831S	Hospital-Veterinary & Drivers	\$690,243	2.33	16,083
			Increased Limits		1.40	
			Employers Liability			
			Waiver of Subrogation			
			Experience Mod		83%	(\$2,915.00)
			Schedule Debit/Credit			
			Drug Free Workplace			
			Premium Discount		-2.5%	(\$345.00)
			TRIA			
			Expense Constant			\$200.00
			Total			\$13,326.00

Experience Modification

A modification is applied based on the loss experience for the past four (4) years. The Experience Modification used in preparing this quote was: 81%

Directors' & Officer's Liability Limits

Panhandle Animal Welfare Society, Inc.

Insuring Company	CNA Insurance Company
Policy Term	6/4/2017 - 6/4/2018
Aggregate Limit	\$1,000,000
Per Claim Limit	\$1,000,000
Retention	\$2,500
Retroactive Date	06/04/2007

Retroactive Date: Subject to the prior acts dates and all conditions and exclusions set forth in the policy form.

Name	Entity Type	Affiliation
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Additional Coverages included but not limited to:

- Employment Practices Liability Aggregate Limit \$1,000,000
Deductible: \$5,000

Forms and Endorsements included but not limited to:

Coverage Parts and Endorsements:

Epack Extra - Employment Practices Liability Coverage Part	GSL12040XX	03/2010
Epack Extra - Directors & Officers Liability Coverage Part	GSL24342XX	01/2011
Wage and Hour Law Claims Defense Cost Coverage Endorsement	GSL11160XX	03/2010
Professional Services Exclusion	GSL24356XX	01/2011
Absolute Bodily Injury / Property Damage Exclusion	GSL24375XX	01/2011
Amendatory Endorsement Florida	GSL-46199-FL	10/2011
Cancellation/Non-Renewal Endorsement Florida	GSL-7541-FL	09/2011
Amend Defense Settlement And Consent	GSL-57799-XX	02/2012
Cap On Losses From Certified Acts Of Terrorism Endorsement	CNA-81751-XX	03/2015
Independent Contractors Coverage Endorsement	GSL24362XX	01/2011
Notice Offer Of Terrorism Coverage Disclosure Of Premium Confirmation Of Acceptance	CNA-81758-XX	03/2015

General Conditions

Confirmation the insured's has written anti-harassment, Anti-discrimination, and American's with Disabilities Act policies/procedures in place.

What were the changes to the board and why did they occur?

ID	No.	Year	Make/Model	VIN	Gar. Loc.	Liab	Med	UM	Comp	Coll	Cost New
	8	2015	Ford / Transit Connect	NM0GE9E70F1209698		X	X		\$250	\$250	\$13,751



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2015

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PRODUCER Fisher Brown Bottrell Insurance, Inc. 36468 Emerald Coast Pky #6102 Destin, FL 32541	CONTACT NAME: PHONE (A/C, No, Ext): (877) 244-5159 FAX (A/C, No): (850) 837-8894 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Panhandle Animal Welfare Society 752 Lovejoy Road Fort Walton Beach, FL 32548	INSURER A : Scottsdale Insurance Company	
	INSURER B : Auto-Owners Insurance Company	
	INSURER C : Zenith Insurance Company	
	INSURER D :	
	INSURER E :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	ADD'L SUBR INSP WVP	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:		CPS2212062	06/16/2015	06/16/2016	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 \$	
						\$	
B	<input checked="" type="checkbox"/> 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		9647795100	07/03/2015	07/03/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
						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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
C	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 <input type="checkbox"/>	N/A	Z069202908	08/15/2014	08/15/2015	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							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)

C12-1927-PS

CERTIFICATE HOLDER City of Fort Walton Beach Helen Spencer, City Clerk 107 Miracle Strip Parkway SW Fort Walton Beach, FL 32548	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
--	--

EXHIBIT D

RECEIVED NOV 28 2011
12

**CONTRACT & LEASE
INTERNAL COORDINATION SHEET**

Contract/Lease Number: _____ Tracking Number: 373-11

Contractor/Lessee Name: PAWS

Purpose: Pet Shelter MOU for Shelter Operators

Date/Term: Indefinite 1. GREATER THAN \$50,000


Amount: N/A 2. GREATER THAN \$25,001

Department: Public Safety 3. \$25,000 OR LESS

Dept. Monitor Name: D. Villani

Purchasing Review

Procurement requirements are met: _____ Date: 11/23/11


Contracts & Lease Coordinator

Risk Management Review

Approved as written: _____ Date: 11-28-11


Risk Management Director

County Attorney Review

Approved as written: _____ Date: 12/7/11


County Attorney

Following Okaloosa County approval:

Contract & Grant

Document has been received: _____ Date: _____

Contracts & Grants Manager

MEMORANDUM OF UNDERSTANDING

OPERATION OF FACILITIES AS PET FRIENDLY SHELTERS

THIS MEMORANDUM OF UNDERSTANDING IS ENTERED INTO BY THE FOLLOWING PARTIES:

PANHANDLE ANIMAL WELFARE SOCIETY

AND

OKALOOSA COUNTY

Florida Statutes 252.38 directs the use of personnel, school buildings, grounds and equipment for mass care shelters and transportation for evacuees during a state or local emergency, based upon the request of the local Emergency Management agency. In order to facilitate shelter operations it is recognized that a need exists for providing pet sheltering to Okaloosa County residents. In Okaloosa County the local Emergency Management Division is managed by the Chief of Emergency Management, and directed by the Director of the Department of Public Safety.

The Parties hereby mutually desire to reach an understanding that will result in the operation of "Pet Friendly" shelters within Okaloosa County by the Department of Public Safety and the Panhandle Animal Welfare Society (PAWS).

NOW THEREFORE, BE IT MUTUALLY AGREED BY THE PANHANDLE ANIMAL WELFARE SOCIETY AND OKALOOSA COUNTY THAT:

1. PAWS shall provide for the physical operation of "Pet Friendly" shelter locations. PAWS will ensure staffing of each shelter is pre-identified and personnel are available to operate each shelter location as needed. PAWS will ensure that pre-identified personnel manning the shelters are trained in the operation of pet shelters. PAWS will identify supplies required for the operation of the pet shelters to Okaloosa County Emergency Management. PAWS will provide animal cages as needed for shelter operations. PAWS shall be responsible for moving supplies to shelter locations utilizing the Okaloosa County supplied trailer.
2. Okaloosa County agrees that it shall pre-identify pet sheltering locations within Okaloosa County. Okaloosa County will provide initial supplies for shelter operations that have been pre-identified and agreed upon by PAWS and Okaloosa County (Attachment 1). Okaloosa County will provide a trailer for storage and delivery of supplies required for pet shelter operations. Okaloosa County will advise pet owners of

the need to bring their own subsistence items and travel cage. Okaloosa County will advise pet owners of the need to have pets inoculated with a rabies vaccine at a minimum.

3. Okaloosa County Emergency Management will reimburse PAWS for direct costs associated with operation of the pet friendly shelter locations. This will include additional supplies directly related to shelter operations as well as costs for paid personnel directly associated with pet friendly shelter operations.

5. PAWS will utilize the Okaloosa County Emergency Operations Center purchasing log (Attachment 2) to record costs associated with pet shelter operations. All costs associated with pet shelter operations must be itemized on the purchasing log. An invoice, time sheets for paid personnel, and the purchasing log must be provided to Okaloosa County Emergency Management prior to any expectation of reimbursement.

6. Both Okaloosa County Emergency Management and PAWS shall complete a review of this MOU and the pet sheltering plan prior to April 30th each year. Changes needed will be made prior to May 1st and the updated MOU signed by both parties prior to June 1st. If no changes are needed, this MOU shall remain in force. Both parties retain the right to withdraw from this agreement with a minimum of 30 days written notice prior to withdrawal.

IN WITNESS THEREOF, Panhandle Animal Welfare Society and the Okaloosa County Division of Emergency Management, have caused this Memorandum of Understanding to be executed, said agreement to become effective and operative with the fixing of the last signature hereto.

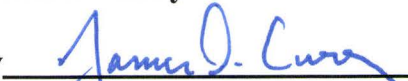
Panhandle Animal Welfare Society

by  _____

Title Director of Animal Services Date 1/3/12

Okaloosa County Board of County Commissioners

James D. Curry

by  _____

Title County Administrator Date 1-9-12

Pet Friendly Shelter

Supply List

INITIAL SHELTER SET-UP:

1. Plastic sheeting 2 rolls per room 20'x100'
Plastic Sht. 2 per room 20'x100'
2. Duct Tape 2"x 120 yds
3. Box cutters/blades
4. Temporary fence poles/fencing
Posts
Plastic Barrier Fencing 4x100'

NEEDED FOR SHELTER MAINTENANCE:

1. Large Plastic Garbage Cans (one each room)
Brute 32 gal. #46994
2. Small plastic bags for waste pick up on dog walk
(T-shirt carry out 1000/box)
3. Paper towels Members Mark 12 rolls)
4. Mops, brooms, dust pans and brushes, sponges, rags
Sponge Mops
Buckets (have)
Broom and dust pan
Sponges Scotchbrite 15 ct.
Rags (Rags in a Box 1600 tot.)
5. Disinfectant Disinfectant (Lysol Quaternary) 1 gal.
6. Spray bottles (6 ct)
7. Wet/dry vacuum Shop-Vac 16-Gallon 6.5 Peak HP Wet/Dry Vac
8. Item #: 142518 | Model #:9311711
9. Can opener Amco Houseworks Compact Swing A Way Can Opener

NEEDED FOR ADMINISTRATION AND COMMUNICATION:

1. Laptop computer Toshiba - Satellite Laptop / Intel® Pentium® Processor / 15.6" Display / 4GB Memory / 320GB Hard Drive - Black

Model:
C655-S5225
SKU: 2969477

2. Printer **Brother - Brother HL-5370dw Wireless Black-and-White Laser Printer**

Model: HL-5370DW ; SKU: 9534168

3. Digital camera (Nikon Coolpix Model L24)
4. 2-way radios Motorola SKU# 9188997 (2/pk)

5. Signage

6. Folding tables 8' (4 pack) #98219 0
7. Folding Chairs #513062

8. Gallon Ziplock bags (commercial 250/box)
9. Pens, Markers/Sharpies, clipboards
Pens Bic Stik Black 12/pk
Sharpie Black dozen
Sharpie Red dozen
Sharpie Highlighter yellow dozen
Clipboards

- 10 Zip 500-
Ties 8"

NEED FOR ANIMAL CARE:

1. Kennels/crates
Giant 48x32x35h
Xlarge 40x27x30h
Large 36x25x27h
Med. Intermediate 28x20.5x21.5h
Medium 26x18x18h
2. Potable water (5-gallon plastic containers)
3. Refrigerator Item # 151561 4.4 cu. Ft.
- 4 Fans Lasko 3 sp. Osc. Floor Item# 147570
- 5 Litter scoops

NEEDED FOR ANIMAL CONTROL:

All supplied by OCAS

OTHER:

1. Nitrile gloves 2,000

2. Hand Sanitizer/Cleaner
Member's Mark 67.6 oz
3. First Aid kits
4. Flashlights Task Force Item # 300033
5. Elec. Lanterns
Coleman Model 2000000866
Head Lights with infrared LED (Rayovac)
Batteries D-Cell (10/pk)
6. Stanley 37"
Mobile Job Box
7. Floor Runner (non-skid) 50 ft.

DISASTER NAME: _____

Page 1 of ____

**OKALOOSA COUNTY
EMERGENCY OPERATIONS CENTER
PURCHASING LOG**

PAYMENT METHOD

**This section
to be Completed by
Requesting Dept.**

REQ NO.	REQUESTING DEPT.	ORDER DATE/TIME	ETA	VENDOR NAME	ITEM DESCRIPTION	QTY/HRS/UNITS	DELIVERED TO	ASSIGNED TO	PURCHASE ORDER NUMBER	CREDIT CARDHOLDER NAME / NUMBER	CONTRACT NUMBER	INVOICE NUMBER RECEIVED	DEPT. DRAFT PW REF NO.
1													
2													
3													
4													
5													
6													
7													
8													

Okaloosa County Emergency Operations Center
Purchasing Log
Definitions

Req. No.	Request number is the sequential numbering for each purchase request.
Requesting Dept.	County department requesting goods and services.
Order Date/Time	Actual date and time of order placement for goods or services.
ETA	“Estimated Time of Arrival” of the goods or services purchased.
Vendor Name	The company or firm providing the requested goods or services.
Item Description	Detailed description of goods and services being purchased.
Qty/Hrs/Units	Quantitative unit of measure for goods and services purchased.
Delivered To	The County department receiving the ordered goods and services.
Assigned To	The County department taking final receipt of goods and services after initial delivery.
Purchase Order Number	Purchase order number issued to procure goods and services by purchase order.
Credit Cardholder Name/Number	Name and credit card number of cardholder procuring goods and services by credit card.
Contract Number	Okaloosa Contract Number assigned by Purchasing for contracts if purchase is by contract.
Invoice Number Received	Invoice number of procured goods and services.
Dept. Draft PW Ref. No.	Requesting County Dept.’s “Draft Project Worksheet” Internal Reference Number.