CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date: | 09/11/2020 | | | |
|--|---------------------------------|--|--|--|
| Contract/Lease Control #: <u>C14-2186-WS</u> | | | | |
| Procurement#: | NA | | | |
| Contract/Lease Type: | CONTRACT | | | |
| Award To/Lessee: | <u>FNBT</u> | | | |
| Owner/Lessor: | OKALOOSA COUNTY | | | |
| Effective Date: | 06/12/2017 | | | |
| Expiration Date: | 06/11/2020 W/AUTO 3 YR RENEWALS | | | |
| Description of: | ATM'S AT WS BLDG | | | |
| Department: | <u>WS</u> | | | |
| Department Monitor: | LITTRELL | | | |
| Monitor's Telephone #: | 850-651-7172 | | | |
| Monitor's FAX # or E-mail: | JLITTRELL@MYOKALOOSA.COM | | | |
| | | | | |

Closed:

Cc: BCC RECORDS

| AC | ORD ° |
|----|--------------|
| 4 | <i></i> |

JCOTTINGHAM

DATE (MM/DD/YYYY)

| ACO | | ERT | FICATE OF LI | ABIL | ITY INS | URAN | CE | | (MM/DD/YYYY) 13/2021 |
|--|---|--|---|----------|---------------------------------------|---|---|-------------|-------------------------|
| 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. | | | | | | | | | |
| If SUBRC | NT: If the certificate holde OGATION IS WAIVED, subjection is the subjection of the subjection of the subjection of the subject is the subject of the subjec | ct to the | terms and conditions of | the pol | lcy, certain | policies may | | | |
| PRODUCER | | | | | T James C | | | | |
| | n Bottreil Insurance, Inc. Beach Road, 2nd Floor | | | | , Ext): (850) 7 | | FA (A) | X (601) | 208-8391 |
| | y Beach, FL 32407 | | | | ss. jcotting | | s.com | | |
| | | | | <u> </u> | | | RDING COVERAGE | | NAIC # |
| | | | | | | lorthern ins | surance Compan | ¥ | 20303 |
| INSURED | Southern National Banks Inc | : | | INSURE | | | | | |
| | FNBT Bank | | | | | | | | |
| | PO Drawer 1327 Fort Walton Beach, FL 32549 | 9 | | INSURE | | | | | |
| _ <u></u> | | <u> </u> | | INSURE | | | | | |
| COVERAG | <u>E\$CER</u> | TIFICAT | | | | | REVISION NUMBE | ER: | |
| INDICATED CERTIFICA EXCLUSIO | O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R NTE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUCH | EQUIREM PERTAIN | IENT, TERM OR CONDITIO , THE INSURANCE AFFOR | N OF A | NY CONTRAC THE POLICI EDUCED BY | CT OR OTHER IES DESCRIE PAID CLAIMS | R DOCUMENT WITH F BED HEREIN IS SUBJ | RESPECT TO | WHICH THIS |
| | TYPE OF INSURANCE | ADDL SUB | POLICY NUMBER | | POLICY EFF | POLICY EXP | | | |
| A X com | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| ╽┝┼╼┘ | CLAIMS-MADE | | 36048034 | | 5/10/2021 | 5/10/2022 | DAMAGE TO RENTED PREMISES (Ea occurren | 10e) \$ | 1,000,000 5,000 |
| · | | (| | | | | MED EXP (Any one pers | | 1,000,000 |
| | | | | | | | PERSONAL & ADV INJU | | 2,000,000 |
| POL | | | | | | | GENERAL AGGREGATE | | 2,000,000 |
| ОТН | | | | l | | | FRODUCTS - COMPTOP | s | |
| | BILE LIABILITY | , | | | | / | COMBINED SINGLE LIM (Ea accident) | | 1,000,000 |
| | AUTO |)) | 73609118 | | 5/10/2021 | 5/10/2022 | BODILY INJURY (Per pe | erson) \$ | |
| | NED SCHEDULED AUTOS | | | | (| | BODILY INJURY (Per ac | cident) \$ | |
| | EP AUTOS ONLY X AUTOS ONLY | | | | Į | | PROPERTY DAMAGE (Per accident) | \$ | |
| | BRELLA LIAB | ┝──┼── | <u></u> | | | | | \$ | |
| • • | ESS LIAB | | | | l | | AGGREGATE | \$\$ | |
| DED | RETENTION \$ | | | | l | | | \$ | |
| | S COMPENSATION LOYERS' LIABILITY | | | | | | | OTH- | |
| | PRIETOR/PARTNER/EXECUTIVE | NA | | | ļ | | E.L. EACH ACCIDENT | \$ | |
| | cribe under | | | | | | E.L. DISEASE - EA EMP | LOYEE \$ | |
| DÉSCRIPT | TION OF OPERATIONS below | | <u> </u> | | | | E.L. DISEASE - POLICY | LIMIT | |
| | | | | 1 | | |] | | |
| | | ļ | } | 1 | | | F 1 | ĺ | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For: Contract # C14-2186-WS for ATM at the Okaloosa County Water & Sewer, 1804 Lewis Turner Blvd, Fort Walton Beach, FL. Certificate holder is an additional insured in regards to the general liability policy shown. | | | | | | | | | |
| | | | | (| | CT#: C14 | 1-2186-WS | | |
| | | | | | -NBT | | | | |
| | | | | | ATM'S AT | WS BLD |)G | | |
| | | | | — F | | | - | RENEW | ALS |
| CERTIFICATE HOLDER C CERTIFICATE HOLDER C EXPIRES: 06/11/2020 W/AUTO RENEWALS SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE Okaloosa County Board of County Commissioners 5479A Old Bethei Road | | | | | LED BEFORE | | | | |
| | Crestview, FL 32536 | | | AUTHO | RIZED REPRESE | NTATIVE | | | |
| | l | | | - Ka | lrc. Me | h | | | |
| ACORD 25 | (2016/03) | | | | © 19 | 88-2015 AC | ORD CORPORATI | ON. All rig | hts reserved. |

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SOUTNAT-01

JCOTTINGHAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/9/2020

| 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 holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t | ct to | the | terms and conditions of | the pol | icy, certain | policies may | NAL INSURED provisior require an endorsemer | ıs or b ıt. A si | e endorsed. tatement on |
| PRODUCER | | | | | ा James C | | | | |
| Fisher Brown Bottrell Insurance, Inc. | | | | | , _{Ext):} (850) 7 | | | (604) | 208-8391 |
| 7522 Front Beach Road, 2nd Floor | | | | E-MAIL | s: jcottingh | am@fbbin | | (001) | 200-0331 |
| Panama City Beach, FL 32407 | | | | ADDRES | | | | | |
| | | | | | | | | | NAIC # |
| | | | | 1 | | ormern m | surance Company | | 20303 |
| INSURED Southern National Banks In | r | | | INSURE | | | | | |
| FNBT Bank | 0 | | | INSURE | RC: | | · · · | | |
| PO Drawer 1327 | | | | INSURE | RD: | | | | |
| Fort Walton Beach, FL 3254 | 9 | | | INSURE | RE: | | | | |
| | | | | INSURE | RF: | | | | |
| COVERAGES CER | TIFIC | CATE | ENUMBER: | | | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI PER | REMI TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | n of a Ded by | NY CONTRAC | CT OR OTHER | R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1 | ЕСТ ТО | WHICH THIS |
| INSR TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF | POLICY EXP | LIMIT | | |
| A X COMMERCIAL GENERAL LIABILITY | INSD | WVD | | | (MM/DD/YYYY) | (MM/DD/YYYY) | | s | 1,000,000 |
| CLAIMS-MADE X OCCUR | | | 36048034 | | 5/10/2020 | 5/10/2021 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | <u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u> | 1,000,000 |
| | | | 30040034 | | 5/10/2020 | 5/10/2021 | | \$ | 5,000 |
| | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| POLICY PRO- JECT LOC | | | | ł | | | PRODUCTS - COMP/OP AGG | \$ | |
| OTHER: | | | | | | | EMPLOYEE BENEFI | \$ | 2,000,000 |
| | | | | | | | (Ea accident) | \$ | 1,000,000 |
| | | | 73609118 | | 5/10/2020 | 5/10/2021 | BODILY INJURY (Per person) | \$ | |
| AUTOS ONLY SCHEDULED | | | | | | | BODILY INJURY (Per accident) | <u> </u> \$ | |
| HIRED AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| DED RETENTION \$ |] | | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| | | | | | | | E.L. EACH ACCIDENT | \$ | |
| OFFICER/MEMBER EXCLUDED? | NIA | | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | |
| | | | | | | | L.L. DIGENGE - POLICIT LIVIT | ├~ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | 1 | <u> </u> | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC For: (2) ATMs at the Destin-Fort Walton Bea | ∟≞s (A ich Ai | rport | o τοτ, Aασποπαί Remarks Schedu | ue, may be | e anached if mor | e space is requii | reaj | | ļ |
| | | | | | | | | | |
| | | | | | CC | NTRAC | T #: C14-2186-W | /S | |
| | | | | | FN | BT BAN | IK | | |
| | | | | | | | NATER SEWER | BLD | G |
| | | | | | | | 06/11/2020 W/ A | | |
| L | | | | | | | | 010 | |
| CERTIFICATE HOLDER | | | <u> </u> | | <u>ELI</u> RE | INEWAL | .5 | | |
| | | | | | | | | | |
| | | | | • | | | ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL | | 1 |
| Okaloosa County BCC 302 Wilson Street, Suite 301 | | | | ACC | ORDANCE WI | TH THE POLIC | CY PROVISIONS. | | |
| Crestview, FL 32536 | | | | | | | | | |
| | | | | | ZED REPRESE | - | | | |
| | | | | Pla | C. M. for | da - | | | |
| | | | | | C. M. HW | | | | |

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CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date: | 05/1/2017 |
|-----------------------------------|-----------------------------|
| Contract/Lease Control #: | C14-2186-WS |
| Bid #: | N/A |
| Contract/Lease Type: | CONTRACT |
| Award To/Lessee: | FNBT Bank |
| Owner/Lessor: | OKALOOSA COUNTY |
| Effective Date: | 6/12/2017 |
| Term: | 6/11/2020 |
| Description of Contract/Lease: | ATM's at WS Bldg |
| Department: | WS |
| Department Monitor: | Littrell |
| Monitor's Telephone #: | 850-651-7171 |
| Monitor's FAX # or E-mail: | jlittrell@co.okaloosa.fl.us |

Closed:

cc: Finance Department Contracts & Grants Office



PRODUCER

INSURED

SOUTNAT-01

JCOTTINGHAM

DATE (MM/DD/YYYY) 5/22/2019

CERTIFICATE OF LIABILITY INSURANCE

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). CONTACT James Cottingham PHONE (A/C, No, Ext): (850) 785-7407 Fisher Brown Bottrell Insurance, Inc. FAX (A/C, No): (601) 208-8391 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407 E-MAIL ADDRESS: jcottingham@fbbins.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Great Northern Insurance Company 20303 INSURER B : Southern National Banks Inc **INSURER C** : **FNBT Bank INSURER D** : PO Drawer 1327 Fort Walton Beach, FL 32549 **INSURER E INSURER F :** COVERAGES **REVISION NUMBER: CERTIFICATE 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 | | TYPE OF INSURANCE | | | | | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|------|---------------|---|------|-----|--------------|--------------|----------------------------|--|--------------------|
| A | X | COMMERCIAL GENERAL LIABILITY | INSU | WVD | TOLOT NUMBER | (MM/DD/YYYY) | | EACH OCCURRENCE | s 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | 36048034 | 5/10/2019 | 5/10/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | s 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | s 1,000,000 |
| | GEN | VL AGGREGATE LIMIT APPLIES PER: | | ļ | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | <u>s</u> 1,000,000 |
| | Х | ANY AUTO | | | 73609118 | 5/10/2019 | 5/10/2020 | BODILY INJURY (Per person) | \$ |
| | | AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | Х | AUTOS ONLY X NON-OWNED | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| L | | DED RETENTION \$ | | | | | | | \$ |
| | WOF | RERS COMPENSATION | | | | | | PER OTH- STATUTE ER | |
| | | | NIA | | | | | E, L. EACH ACCIDENT | \$ |
| | | CER/MEMBER EXCLUDED? | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes DES | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | 1 | | 1 | | | | | | • |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For: ATM at the Okaloosa County Water & Sewer, 1804 Lewis Turner Blvd, Fort Walton Beach, FL. Holder is an additional insured in regards to the general liability policy shown.

CONTRACT#: C14-2186-WS **FNBT.COM BANK** ATMS AT WS BUILDING EXPIRES: 06/22/2020

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

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| AUTHO | RIZEE | REPRESENTATIVE |
|-------|-------|----------------|
| blot | Λ | M" funden |
| low | ζ, | 11 Junaan |

CERTIFICATE HOLDER

Okaloosa County 5479A Old Bethel Road Crestview, FL 32536

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CA



CERTIFICATE OF LIABILITY INSURANCE

SOUTNAT-01

FBBI

DATE (MM/DD/YYYY)

| | and the second se | | | and the second se | | 09/2018 |
|---|---|--|--|---|------------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTE CERTIFICATE DOES NOT AFFIRMATIVELY C BELOW. THIS CERTIFICATE OF INSURANC REPRESENTATIVE OR PRODUCER, AND THE | OR NEGATIVELY AMEND, E DOES NOT CONSTITU | EXTEND OR AL | TER THE CO | OVERAGE AFFORDED | BY TH | E POLICIES |
| IMPORTANT: If the certificate holder is an the terms and conditions of the policy, certain certificate holder in lieu of such endorsement(s | ADDITIONAL INSURED, the policies may require an e | e policy(ies) must ndorsement. A sta | oe endorsed atement on ti | If SUBROGATION IS W | AIVED onfer i |), subject to rights to the |
| PRODUCER | 5). | CONTACT | | | | |
| Fisher Brown Bottrell Insurance, Inc. | | NAME: PHONE (050) | 05 7404 | FAX | (0.50) | |
| 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407 | | PHONE (A/C, No, Ext): (850) E-MAIL ADDRESS: | (85-/404 | (A/C, No): | (850) | 769-5942 |
| | | IN | SURER(S) AFFOR | RDING COVERAGE | | NAIC # |
| | | INSURER A : Americ | and the second sec | and the second | | 26247 |
| INSURED | | INSURER B : | | | | |
| Southern National Banks, Inc. | | INSURER C : | | | | |
| FNBT Bank | | | | | | |
| PO Drawer 1327 | | INSURER D : | | | | |
| Fort Walton Beach, FL 32549 | | INSURER E : | | | | |
| 00//50 4050 | | INSURER F : | | | | |
| COVERAGES CERTIFICAT | | | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INSR ADD SUCH POLICIES | AENT, TERM OR CONDITION N, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAVE | N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY | CT OR OTHEF IES DESCRIE PAID CLAIMS | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | O ALL | WHICH THIS |
| LTR TYPE OF INSURANCE INSD WVE | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | 12 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| A X COMMERCIAL GENERAL LIABILITY | 000000000 | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 |
| CLAIMS-MADE X OCCUR X | CPO92446406 | 05/10/2018 | 05/10/2019 | PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| POLICY PRO- JECT LOC | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| OTHER: | and the seals the seals dealer ! | Aller Aller Allertin Allertin | | | \$ | |
| AUTOMOBILE LIABILITY | RECEI | VED | | COMBINED SINGLE LIMIT | \$ | |
| ANY AUTO | | | | (Ea accident) BODILY INJURY (Per person) | \$ | |
| ALL OWNED SCHEDULED | AUG 1 3 | 2018 | | | \$ | |
| AUTOS AUTOS NON-OWNED | | | | PROPERTY DAMAGE | | |
| HIRED AUTOS AUTOS | BY: Purc | | | (Per accident) | \$ | |
| | DI: | | | | \$ | |
| | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE | \$ | |
| DED RETENTION \$ | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | PER OTH- STATUTE ER | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ | |
| (Mandatory in NH) | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT | a statute of | |
| | | | | | • | |
| | | 5 8 8 8005 | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORI For: ATM located at the Okaloosa County Water & Se | u 101, Additional Remarks Schedul | e, may be attached if mor d. Fort Walton Book | e space is requir | ed) ris an | | |
| additional insured in regards to the general liability p | | a, i or waton beat | a, i E. moide | | | |
| | | | | | | |
| 01.1 1.01 | 5 | | | | | |
| C14-2186-WS |) | | | | | |
| | | | | | | |
| | | | | | | |
| CERTIFICATE HOLDER | | CANCELLATION | | | | |
| | | | | | | |
| Okaloosa County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE D 5479A Old Bethel Road | | | | | | |
| Crestview, FL 32536 | | AUTHORIZED REPRESE | NTATIVE | | | |
| | | 1 | | | | |
| 1 | | Robot C. M. In | nden | | | |
| | | © 1988 | 2018 ACOR | D CORPORATION. All | riahts | reserved |

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1st AMENDMENT TO CONTRACT C14-2186-WS

ATM Machine at Water & Sewer Administration Building

This Amendment made and entered into this 28^{th} day of 40^{t} , 2017, hereby amends contract C14-2186-WS, dated 6/12/2014, by and between Okaloosa County, Florida, (hereinafter the "County") and FNBT Bank (hereinafter the "Contractor").

WHEREAS, on 6/12/2014, the County and Contractor entered into a contract, C14-2186-WS, with an effective date of 3/21/2014, for ATM banking services; and

WHEREAS, the initial term of contract C14-2186-WS shall expire on 6/11/2017, however the contract provides for an automatic renewal for an additional 3-year period from 6/12/2017 until 6/11/2020; and

WHEREAS, the parties desire to amend the Contract to include language in the Contract pertaining to Public Records as has recently been amended by the Florida Legislature in the 2016 Laws of Florida, Chapter 20.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the contract will automatically renew for an additional 3-year period, and the parties hereby agree to amend contract C14-2186-WS as follows:

1. C14-2186-WS is hereby amended to include the following additional provision:

Public Records

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 5479 OLD BETHEL ROAD CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@co.okaloosa.fl.us.

Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

- 1. Keep and maintain public records required by the County to perform the service.
- 2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
- 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.

- 4. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.
- 5. All other provisions of the Contract shall remain in full force and effect through the duration of the renewal.

IN WITNESS WHEREOF, the parties hereto have executed this renewal and amendment as of the day and year first written.

FNBT.COM BANK BY 4126 Date:

OKALOOSA COUNTY, FLORIDA

Greg Kisela, Purchasing Director 4/28/17 Date:

CONTRACT & LEASE INTERNAL COORDINATION SHEET

| Contract/Lease Number: C14-2186-WS | Tracking Number: 2358-17 |
|--|--|
| Contractor/Lessee Name: | Grant Funded: YESNO |
| Purpose: Renewal Americanont | |
| Date/Term: | 1. 🗌 GREATER THAN \$50,000 |
| Amount: <u>Revenue</u> | 2. 🗌 GREATER THAN \$25,000 |
| Department: | 3. 🗌 \$25,000 OR LESS |
| Dept. Monitor Name: Griffin | |
| Document has been reviewed and includes any attachme | ents or exhibits. |
| | |
| Purchasing Review | |
| Procurement requirements are met: | |
| ch - Pomell | 1.1.1 |
| | Date: <u>4/10/2017</u> es Powell, DeRita Mason, Matthew Young |
| Torchasing Director of designed Gray Kield, Chang | es rowell, Dekild Mason, Matthew Young |
| Risk Management Revie | ew. |
| Approved as written: | |
| LAL DUR | |
| A rupal the | Date: 4-12-17 |
| Risk Manager or designee Laura Porter or Krystal | King |
| County Attorney Review | M |
| See approval date | |
| Approved as written: | 17-11 |
| | Date: |
| County Attorney Gregory T. Stewart, Lynn Hoshi | ihara, Kerry Parsons or Designee |
| | |
| Following Okaloosa County ap | oproval: |
| Contracts & Grants | |
| Document has been received: | |
| | |
| | Date: |
| Contracts & Grants Manager | |

Charles Powell

| From: | Parsons, Kerry <kparsons@ngn-tally.com></kparsons@ngn-tally.com> |
|----------|--|
| Sent: | Thursday, April 13, 2017 3:23 PM |
| То: | Charles Powell |
| Subject: | RE: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment |

Hey Charles:

This amendment is approved for legal purposes.

Have a good day,

Kerry

From: Charles Powell [mailto:cpowell@co.okaloosa.fl.us]
Sent: Thursday, April 13, 2017 12:20 PM
To: Parsons, Kerry
Subject: FW: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment

Hi Kerry,

Received the installation date for the amendment and it is the same as I previously sent. Have you had an opportunity to review for legal sufficiency? Thanks

From: Mark Griffin Sent: Thursday, April 13, 2017 10:55 AM To: Charles Powell <<u>cpowell@co.okaloosa.fl.us</u>> Cc: Gerard Menze <<u>gmenze@co.okaloosa.fl.us</u>> Subject: RE: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment

Charles,

I have talked to Joanie Dudas (850-796-2205) at FNBT Bank. The install date of the ATM was 12/28/2004. What they are considering installation date for the current contract is 3/21/2014. Not sure if this is what you need or not. Let me know.

Mark Griffin

From: Charles Powell Sent: Monday, April 10, 2017 4:01 PM To: Mark Griffin <<u>mgriffin@co.okaloosa.fl.us</u>> Subject: FW: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment

Hi Mark,

What is the date of installation for this agreement? I will work on the actual language for the amendment and send it back to legal for approval.

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com] Sent: Monday, April 10, 2017 3:13 PM To: Charles Powell <<u>cpowell@co.okaloosa.fl.us</u>> Subject: RE: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment

Hey Charles:

The FNBT bank contract is an automatic renewal, technically the proposed renewal is not necessary for it to automatically renew. I think that should be reflected in the draft document that it is an automatic renewal and that it will automatically renew from ... to ... but that this document is for an amendment to the renewal. Although the last signature states June 12 as the date of signature the effective date was the date of installation per the agreement, so for the correct date we will need to know the date of installation.

Let me know if you have any questions.

Have a good day! Kerry

From: Charles Powell [mailto:cpowell@co.okaloosa.fl.us] Sent: Monday, April 10, 2017 2:33 PM To: Parsons, Kerry Cc: Lynn Hoshihara Subject: Review for legal sufficiency/ C14-2186-WS/ Renewal and Amendment

Hi Kerry,

Please review for legal sufficiency. Let me know if you have any questions. Thanks

Respectfully,

Charles Powell Contracts & Lease Coordinator

CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date: | 06/13/2014 |
|-----------------------------------|-----------------------------------|
| Contract/Lease Control # | : <u>C14-2186-WS</u> |
| Bid #: | |
| Contract/Lease Type: | AGREEMENT |
| Award To/Lessee: | FNBT.COM BANK |
| Owner/Lessor: | <u>OKALOOSA COUNTY</u> |
| Effective Date: | 06/12/2014 |
| Term: | 06/11/2017 W/1-THREE YR EXENSIONS |
| Description of Contract/Lease: | ATMS AT WS BLDG |
| Department: | WS |
| Department Monitor: | _LITTRELL |
| Monitor's Telephone #: | 850-651-7171 |
| Monitor's FAX # or E-mail: | _JLITTRELL@CO.OKALOOSA.FL.US |
| Closed: | |

cc: Finance Department Contracts & Grants Office

CONTRACT & LEASE INTERNAL COORDINATION SHEET

| | Contract/Lease Number: | Tracking Number: 471 - 44 |
|----------|--|----------------------------|
| | Contractor/Lessee Name: <u>FNBT</u> | Grant Funded: YES NO_X_ |
| | Purpose_ATN | |
| | Date/Term: <u>Indefinite</u> | 1. 🗍 GREATER THAN \$50,000 |
| | Amount:_ Revenue | 2. 🔲 GREATER THAN \$25,000 |
| | Department: しら | 3. 🔀 \$25,000 OR LESS |
| | Dept. Monitor Name: Kithaell Kithatric | |
| | Document has been reviewed and includes any attachments or | r exhibits. |
| [| Purchasing Review | 81 |
| | Procurement requirements-are met: | |
| | - 25 tull | Date: 4/2/14 |
| l | Purchasing Director or Designee Scanne Kull | A |
| Γ | Risk Management Review | / |
| | Approved as written: <u> <u> <u> </u> <u> </u></u></u> | Date: 4/2/14 |
| - r | | |
| | County Attorney Review | |
| Interior | Approved as written: Approved as written: County Attorner County Attorner Crequert. Hewconf | Date: 6-3-14 |
| | ک Following Okaloosa County | approval: |
| | | |

| Con | ntracts & Grants | |
|-----------------------------|------------------|--|
| Document has been received: | | |
| | Date: | |
| Contracts & Grants Manager | | |

1

CONTRACT & LEASE INTERNAL COORDINATION SHEET

| Contract/Lease Number: | Tracking Number: <u>923-14</u> | |
|--|--------------------------------|--|
| Contractor/Lessee Name: FIVBT | Grant Funded: YES NO 🗡 | |
| Purpose ATM @ 1804 Lewis Turner | | |
| Date/Term: 36 month, w/additionel 36 mon | H GREATER THAN \$50,000 | |
| Amount: Revenue | 2. 🔲 GREATER THAN \$25,000 | |
| Department: \underline{WS} | 3. 💹 \$25,000 OR LESS | |
| Dept. Monitor Name: Lithell Hillpatrick | | |
| Document has been reviewed and includes any attachments or exhibits. | | |

| Purchasing Rev | iew |
|---|----------------------|
| Procurement requirements are met: | Date: <u>3-31-14</u> |
| Purchasing Director or Designee 5000000 | Kukslik |

| | Risk Management Review | | |
|----------------------|--|---------|---|
| Approved as written: | 1.3 fifth Hem and Indepted Date: | 3-31-14 | - |
| | | | |

| County Attorney Review | | |
|------------------------|-------|--|
| Approved as written: | | |
| | Date: | |
| County Attorney | | |

Following Okaloosa County approval:

| | Contracts & Grants | |
|-----------------------------|--------------------|--|
| Document has been received: | | |
| Contracts & Grants Manager | Date: | |

Search Results

Current Search Terms: fnbt.com*

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.

Search Results

Entity

Exclusion Search

Filters

By Record Status

By Functional Area - Entity Management

By Functional Area -Performance Information

SAM | System for Award Management 1.0

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



FNBT.COM BANK ATM Placement Agreement

THIS AGREEMENT is entered into this 21st day of March, 2014 by and between FNBT.COM BANK, its primary business location being 29 North Eglin Parkway, Fort Walton Beach, Florida and Okaloosa County Board of Commissioners, its primary business location being 1804 Lewis Turner Blvd, Fort Walton Beach, FL 32547.

THE EFFECTIVE DATE OF THIS AGREEMENT is the date of installation.

FNBT.COM BANK shall provide Merchant with an Automated Teller Machine(s) (ATM(s) for placement in the agreed-upon locations. This agreement shall be a revenue-sharing agreement for a period of thirty-six (36) months and shall automatically renew for an additional thirty-six (36) months thereafter, unless either party notifies the other in writing thirty (30) days prior to the expiration of this original agreement or renewal period. The merchant location must average one hundred (100) ATM transactions monthly after the date of installation. If the merchant location fails to meet the one hundred (100) ATM transactions monthly, FNBT.COM BANK at its sole discretion will have the option of removing the ATM(s) from merchant's premises and terminating this agreement.

1. Terms of Agreement:

1.1 FNBT.COM BANK shall provide the following

- Installation of an Automated Teller Machine(s) ATM(s)
- Toll-free telephone number to facilitate free dial up access
- Processing of all ATM card Transactions
- Appropriate signage to inform Merchant's client the Merchant has an ATM on premises.
- Hardware support for ATM(s) located at Merchants business, including both parts and labor, excluding cleaning and receipt paper replenishment
- Supplies including receipt paper and national network decals
- Customer Service/ Help Desk.
- Balancing of ATM(s), transaction and volume reporting and ATM settlement with both the Switch Networks and Merchant
- Cash and Cash replenishment services for the above mentioned ATM(s)
- 1.2 Merchant shall provide the following
 - High visibility for location of ATM(s), said location must be inside Merchant premises with air conditioned space, unless specifically waived in writing by FNBT.COM BANK
 - 110 VAC electrical outlet located with 36 inches of location of ATM(s) in Merchant premises
 - Reasonable access during Merchants normal business hours to FNBT.COM BANK service personnel for machine maintenance.
 - Merchant will keep ATM(s) clean and all access to ATM reasonably free, safe and in an orderly fashion.
 - A dedicated phone line within 36 inches of location of ATM(s) in Merchant premises. Said phone line will be terminated with a RJ-11 phone jack

1.3 Merchant Agrees:

- To provide FNBT.COM BANK with an exclusive right to place ATM(s) in Merchant's premises and to not allow any other ATM cash dispensing or Receipt Dispensing equipment to be installed at merchant's business location with the exception of a POS device to be used in drive thru and front counter windows.
- To complete a Federal Request for Taxpayer Identification Number and Certification (W-9) and return to FNBT.COM BANK prior to issuance of any transaction payments.
- That the machine is bolted to the floor for safety purposes and will not hold FNBT.COM BANK responsible for damage to the floor, surface or carpet or to merchants premises or any equipment or fixture of any kind resulting from installation of ATM(s).
- That the machine placed with Merchant is the sole and exclusive property of FNBT.COM BANK.
- That FNBT.COM BANK would not be liable or responsible for damages to merchant property caused by attempted or committed burglaries.
- To waive claim and hold harmless FNBT.COM BANK for any and all loss of commission, loss of income, or other damages due to the reasonable termination of this agreement between FNBT.COM BANK and Merchant.
- That either FNBT.COM BANK or its representatives have made no representation regarding projected or potential income or expenses.
- To permit FNBT.COM BANK to place signage as permitted by local ordinance.

2. Compensation:

- FNBT.COM BANK shall receive all revenue generated by the terminal through processing of transactions or otherwise.
- Upon installation of the ATM system and on a quarterly basis, Merchant will receive \$.50 (Fifty cents) of the convenience fee revenue from ATM transactions made at the merchant location.
- FNBT.COM BANK shall receive the **remainder** of the convenience fee revenue generated from ATM transactions made at the Merchant location.
- Merchant expressly acknowledges that not all card issuers allow convenience fees on their instruments and that the total number of transactions may therefore be greater than the number of qualifying transactions with convenience fees.
- Revenue sharing payments shall be mailed by U.S. Postal Service to Merchant by the last day of the month succeeding the quarter in which fees were generated unless delayed by journal reconciliation or circumstances beyond the immediate control of FNBT.COM BANK (i.e., revenue generated by transactions processed in the 1st quarter will be paid by April 30th.)

3. Scope of Relationship

• Both parties agree that this agreement is in no way intended to create a partnership, nor shall this agreement be construed as a partnership.

4. Termination

 Upon receipt of notice from FNBT.COM BANK of its intention to terminate this agreement, Merchant agrees to allow FNBT.COM BANK entry to its premises to remove the ATM(s) and any signage within seven (7) days of FNBT.COM BANK's termination notice to the Merchant. Failure by FNBT.COM BANK to remove ATM(s) or any signage within seven (7) days does not revoke any of FNBT.COM BANK rights to enter the premises and remove the ATM(s) and ATM signage.

5. Jurisdiction

• This Agreement is governed by the laws of the State of Florida. Jurisdiction and venue for any claim or cause of action between the parties under this Agreement shall be in Okaloosa County.

6. Miscellaneous

- Merchant acknowledges that it has not been induced to enter into this agreement by any representation or warranty not set forth in this agreement. This agreement contains the entire agreement of the parties with respect to the subject matter and supersedes all existing agreements and all other oral, written or other communications between them concerning its subject matter. This agreement shall not be modified in any way except in writing executed by both parties.
- Any notices or other communications required or permitted to be given or delivered under this Agreement shall be in writing and shall be sufficiently given if delivered personally or if delivered by overnight commercial courier or by first class mail, or postage prepaid, to the party to whom the notice or communication is directed at the address specified above. Any notice or other communication shall be deemed to be given when it is personally delivered or as the date it is delivered to the commercial courier or placed in the mail, as the case may be, as herein specified; provided that a notice not given as herein specified, if it is in writing, shall be deemed to be delivered upon actual receipt by the party to whom it is addressed.
- This Agreement may be executed in counterparts, each of which when so executed shall be deemed to be an original, but all of which shall constitute one and the same instrument.

IN WITNESS WHEREOF, each of the parties, by its representative, has executed this Agreement as of the Effective Date.

| FNBT.COM BANK: | Merchant Name: |
|---|----------------------------------|
| Signature: <u>On</u> <u>A</u> <u>Jimmy Tucker</u> | Signature: <u>Zen tedorak</u> |
| Name: Jimmy Tucker | Name: <u>Zan Fedorak</u> |
| Title: EVP | Title: <u>Purchasing Manager</u> |
| Date: 5-29-14 | Date: <u>Gli 2114</u> |