

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 06/10/2022

Contract/Lease Control #: L17-0458-AP

Procurement#: NA

Contract/Lease Type: LEASE

Award To/Lessee: BOOGIES LEASING, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 06/21/2022

Expiration Date: 06/20/2027

Description of: STORAGE SPACE

Department: AP

Department Monitor: STAGE

Monitor's Telephone #: 850-651-7160

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

Closed:

Cc: BCC RECORDS



CONTRACT/LEASE RENEWAL FORM

Date:
Company: Boogies Leasing, Inc
Attn: Ray Watson
Address: P.O. Box 1815
City, St, Zip: Destin, FL 32541
RE: Lease Renewal

CONTRACT: L17-0458-AP
BOOGIES LEASING, INC.
STOAGE SPACE
EXPIRES: 06/20/2027

Dear Mr. Watson,

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # L17-0458-AP for an additional term. The contract renewal period will be 6/21/2022 6/20/2027. The annual budgeted amount for this contract is \$1,127.13. All other terms and conditions of the original agreement (including supplemental agreements, amendments and assignments) 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

Dept. Director Tracy A. Stage, A.A.E.
Signature: _____
Digitally signed by Tracy A. Stage, A.A.E.
Date: 2022.06.07 13:03:58 -05'00'

Date: _____
Approved By: Jeffrey A. Hyde
(as prescribed below on item 1)
Digitally signed by Jeffrey A. Hyde
Date: 2022.06.09 10:22:55 -05'00'

Date: _____

Approved By: _____
(as prescribed below on item 1)

Date: _____

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

AUTHORIZED COMPANY REPRESENTATIVE

Lessee: Ray Watson
Printed Name: Ray Watson
Title: Owner
Date: 5/24/22

CERTIFICATE OF INSURANCE

CERTIFICATE DATE: 6-8-2022

CERTIFICATE HOLDER:

Okaloosa County Board of County Commissioners
Destin-Fort Walton Beach Airport Administration
1701 State Road 85 N
Eglin AFB, FL 32542-1498

POLICY HOLDER:

Boogies Leasing, Inc
P.O. Box 1815
Destin, FL 32541

This is to certify that the following policy(s), subject to the terms and conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s) the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

Policy Type: GL - Premises Only

Insurance Company: U. S. Specialty Insurance Company

Policy Number: AP2000576-05

Policy Period: 6/9/2022 to 6/9/2023

Airport Premises Liability – \$1,000,000 Each Occurrence / \$2,000,000 Aggregate / \$100,000 Per Person
Combined Single Limit Bodily Injury and Property Damage

Autos Within Airport Operation Area \$1,000,000 Each Occurrence / Per Person

Contractual Liability \$1,000,000 Each Occurrence / Per Person

Personal and Advertising Injury Liability \$1,000,000 Each Occurrence / Per Person

THE FOREGOING EVIDENCE OF COVERAGE IS NOT VERBATIM OF POLICY CONDITIONS, LIMITATIONS OR LANGUAGE; THE POLICY(S) REPRESENTED BY THIS CERTIFICATE ARE NOT AMENDED IN ANY WAY UNLESS SO STATED ON THIS CERTIFICATE.

Additional Insured - Okaloosa County Board of County Commissioners is included as an Additional Insured for Liability Coverages, but solely with respect to operations of the Named Insured, subject to all policy terms and conditions.

This Certificate is only valid provided that all terms and conditions of the policy have been met by the named insured.

NOTICE OF CANCELLATION: IN THE EVENT OF MATERIAL CHANGE OR CANCELLATION OF SAID POLICY(S), THE COMPANY(S) SHALL ENDEAVOR TO GIVE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER WITH THE EXCEPTION OF A 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

Kimmel Aviation Insurance Agency, Inc.
442 Airport Road
Greenwood, MS 38930 (662) 455-3003 Fax: (662) 455-1611

Authorized Signature