

## **EXHIBIT B**

### **CONTRACT, LEASE, AGREEMENT CONTROL FORM**

**Date: 9/11/2006**

**Contract/Lease Control #: C06-1418-EMI-102**

**Bid #: N/A**

**Contract/Lease Type: AGREEMENT**

**Award To/Lessee: OWC**

**Lessor:**

**Effective Date: 3/21/2006 \$0**

**Term: INDEFINITE**

**Description of Contract/Lease: EMERGENCY MEDICAL PARAMEDIC TRAINING**

**Department Manager: PUBLIC SAFETY**

**Department Monitor: D. VILLANI**

**Monitor's Telephone #: 651-7150**

**Monitor's FAX #: 651-7170**

**Date Closed:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2016

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave Suite 1350 Orlando FL 32801	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> 352-955-2190 <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Qualified Self Insurer INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Northwest Florida State College 100 College Blvd. Niceville, FL 32578-1347	Received MAR 09 2016 Human Resources

**COVERAGES** **CERTIFICATE NUMBER: 1014183424** **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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			RMC20160301	3/1/2016	3/1/2017	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Ea Occurrence Agg \$300,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate.  
RE: The Choctawhatchee Basin Alliance (CBA) and Okaloosa County student-led restoration project May 1-31, 2016.

03-09-16P04:01 RCVD

1418

<b>CERTIFICATE HOLDER</b>  Okaloosa County 601-A North Pearl Street Crestview FL 32536 USA	<b>CANCELLATION</b>  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  

**OKALOOSA-WALTON COLLEGE**  
100 College Boulevard  
Niceville, FL 32578-1295

**CONTRACT: EMERGENCY MEDICAL  
PARAMEDIC TRAINING  
CONTRACT NO.: C06-1418-EMI-102  
OWC  
EXPIRES: INDEFINITE**

## **AGREEMENT**

**This Agreement is by and between Okaloosa-Walton College (hereinafter "OWC") and Okaloosa County Emergency Medical Services (hereinafter "OCEMS").**

### **WITNESSETH:**

#### **WHEREAS:**

1. OWC is a regionally accredited college offering programs in Emergency Medical Technician-Paramedic and other Allied Health Services and is required to offer its students clinical education as part of overall course curriculum; and

2. OCEMS is an emergency medical services provider licensed by the Florida Department of Health, willing to participate as a partner with OWC in order to provide students with their clinical education experience;

NOW, THEREFORE, to assure the availability and quality of clinical education, the parties agree as follows:

#### **A. RESPONSIBILITIES OF OWC**

1. OWC has responsibility for scheduling of student assignments.
2. OWC will provide qualified clinical instructors to supervise students from their staff when available.
3. If OWC does not have staff available to serve as clinical instructors in any particular clinical program, OWC will notify OCEMS of the need for clinical preceptors, and OCEMS will cooperate with OWC to identify qualified ambulance personnel to act as clinical preceptors. OWC will provide OCEMS personnel with program information and materials outlining what is expected of both clinical preceptors and students during their clinical education.
4. OWC agrees that at all times while students are engaged in clinical learning experiences, OWC shall maintain professional liability insurance covering students and faculty, with limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate per policy year against any claims arising from any act or omission of any act by a student or faculty member. Certificate of such insurance shall be provided to OCEMS upon request.

5. OWC agrees that OCEMS is not obligated to provide free medical care to any OWC student because of any injury or illness arising out of this agreement.

6. OWC agrees to retain in the medical services programs only those students whose conduct and performance is in accordance with the standards set forth by acceptable professional practice.

7. OWC agrees to notify OCEMS in writing of the number of students who will be reporting at least two weeks prior to the beginning of the experience period.

8. OWC agrees to ensure that all students assigned have had required immunizations.

#### **B. RESPONSIBILITIES OF OCEMS**

1. OCEMS agrees to make available to OWC its clinical facilities and vehicles for the training of paramedic students.

2. OCEMS will provide adequate instructional space for conducting student conferences and classes, when necessary.

3. OCEMS will provide, if requested by OWC, qualified clinical preceptors in specific clinical areas in which students will be receiving their clinical education.

4. OCEMS will allow OWC staff and students use of all reference material available at OCEMS.

5. OCEMS will permit, upon request, the inspection of its clinical and related facilities by agencies charged with the responsibility for accreditation of OWC programs.

6. OCEMS agrees that students and staff may not receive any type of stipend for assigned clinical hours nor substitute for regular paid staff.

#### **C. TERM**

1. The term of this agreement will be for an indefinite period beginning with the signing date of this agreement.

#### **D. TERMINATION**

1. This agreement may be terminated at any time by either party giving thirty (30) days written notice.

2. In the event of termination, it is agreed that such termination will not affect those students who are then currently enrolled and covered by this agreement.

**E. EVALUATION AND AMENDMENT**

1. The parties agree to review and evaluation this agreement on an annual basis.
2. This agreement may be amended at any time by mutual agreement of the parties.

**F. NOTICE**

1. All notices required under this agreement shall be sent by mail or by hand delivery to: OWC in care of the President, 100 College Boulevard, Niceville, Florida 32578, and to OCEMS in care of the Director of Public Safety, 6 11<sup>th</sup> Avenue Building H, Shalimar, Florida 32579.

IN WITNESS THEREOF, the parties have duly executed this Agreement in duplicate this

21<sup>st</sup> day of MARCH 2006.

**OKALOOSA COUNTY**

By: James D. Curry  
James D. Curry, County Administrator

Date: 3/21/06

**OKALOOSA-WALTON COLLEGE**

By: James R. Richburg  
James R. Richburg, President

Date: 3/19/06