

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 1/13/2010

Contract/Lease Control #: C10-1785-PS

Bid #: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: NORTHWEST FLORIDA STATE COLLEGE

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 1/13/ 2010 Cost: N/A

Expiration Date: INDEFINITE

Description of Contract/Lease: PROVIDE CLINICAL EDUCATIONAL EXPERIENCE FOR STUDENTS

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: _____

Cc: Finance Dept Contracts & Grants Division



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).

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

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 <input type="checkbox"/> 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
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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.

03-09-16PC4:01 RCVD

1785

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County
601-A North Pearl Street
Crestview FL 32536 USA

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

**Agreement between Okaloosa County (Emergency Medical Services) and
Northwest Florida State College**

This agreement is made this 13th day of January, 2010, by and between the Okaloosa County (Emergency Medical Services (hereinafter "OCEMS) and Northwest Florida State College (hereinafter referred to as "NWFSC").

WITNESSETH:

WHEREAS:

1. NWFSC 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 NWFSC 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 NWFSC

1. NWFSC has responsibility for scheduling of student assignments.
2. NWFSC will provide qualified clinical instructors to supervise students from their staff when available.
3. If NWFSC does not have staff available to service as clinical instructors in any particular clinical program, NWFSC will notify OCEMS of the need for clinical preceptors, and OCEMS will cooperate with NWFSC to identify qualified ambulance personnel to act as clinical preceptors. NWFSC will provide OCEMS personnel with program information and materials outlining what is expected of both clinical preceptors and students during their clinical education.
4. NWFSC agrees that at all times while students are engaged in clinical learning experiences, NWFSC shall maintain professional liability insurance covering students and faculty, with limits of One Million Dollars (\$1,000,000) per occurrence and the 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. NWFSC agrees that OCEMS is not obligated to provide free medical care to any NWFSC student because of any injury or illness arising out of this agreement.

CONTRACT # C10-1785-PS
NORTHWEST FLORIDA STATE COLLEGE
PROVIDE CLINICAL EDUCATIONAL
EXPERIENCE FOR STUDENTS
EXPIRES: INDEFINITE

**Agreement between Okaloosa County (Emergency Medical Services) and
Northwest Florida State College**

6. NWFSC 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. NWFSC 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. NWFSC agrees to ensure that all students assigned have had required immunizations.

B. RESPONSIBILITIES OF OCEMS

1. OCEMS agrees to make available to NWFSC 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 NWFSC, qualified clinical preceptors in specific clinical areas in which students will be receiving their clinical education.
4. OCEMS will allow NWFSC 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 NWFSC 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 evaluate this agreement on an annual basis.

Agreement between Okaloosa County (Emergency Medical Services) and
Northwest Florida State College

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: NWFSC in care of the President, 100 College Boulevard, Niceville, Florida 32578, and to OCEMS in care of the Director of Public Safety, 6, 11th Avenue Building H, Shalimar, Florida 32579.

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

13th day of January, ~~2009~~ 2010

OKALOOSA COUNTY

James D. Curry
Okaloosa County Administrator

James D. Curry
Printed Name

Witness

Karen H. Rossi

Signature
Karen H. Rossi

Printed Name

Northwest Florida State College

Jill J. White
NWFSC, President

Jill J. White 10/8/09
Printed Name

Witness

Carolynne Laux

Signature
Carolynne Laux

Printed Name

STATE OF FLORIDA

OKALOOSA COUNTY

The foregoing, OKALOOSA COUNTY (EMERGENCY MEDICAL SERVICES) was acknowledged before me this 13th day of January, 2010, who produced _____ as identification/is personally known to me.

Notary Public

Mildred Larica Redmond

My Commission Expires

