

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/24/2020

Contract/Lease Control #: C14-2200-RM

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Expiration Date: 09/30/2021

Description of: ACTURIAL SERVICES

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5977

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

Closed:
Cc: BCC RECORDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2021

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.

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 Hub International Florida 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler PHONE (A/C, No, Ext): 904-446-3151 E-MAIL ADDRESS: nita.butler@hubinternational.com	FAX (A/C, No): 904-396-7432
	INSURER(S) AFFORDING COVERAGE	
INSURED GLICK-1 Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	INSURER A: Lloyd's of London	NAIC # 15792
	INSURER B: Continental Casualty Company	NAIC # 20443
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

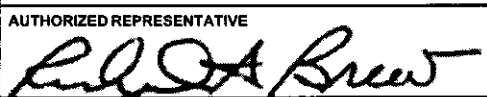
COVERAGES CERTIFICATE NUMBER: 358349727 REVISION NUMBER:

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
B	<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:	Y		5094105736	6/4/2021	6/4/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5094105736	6/4/2021	6/4/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5094107969	6/4/2021	6/4/2022	EACH OCCURRENCE \$ 4,000,000 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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	E&O/ Professional			KBRMPL0017202	11/1/2020	11/1/2021	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 E&O Split Retro Date: 11/1/04 -1,000,000 / 1,000,000; 11/1/11-1,000,000 / 2,000,000.
 Okaloosa County BCC is listed as additional insured for general liability purpose when required by written contract.

CONTRACT#: C14-2200-RM
GLICKSMAN CONSULTING SERVICES
ACTUARIAL SERVICES
EXPIRES: 09/30/2021

CERTIFICATE HOLDER Okaloosa County BCC 5479-A Old Bethel Rd Crestview FL 32536	CANC 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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CONTRACT/LEASE RENEWAL FORM

Date: 8-21-2020
Glicksman Consulting, LLC
Attn: Steven Glicksman
599 W. Royal Palm #A
Boca Raton, Fl. 33496
RE: Actuarial Valuation Services

CONTRACT#: C14-2200-RM
GLICKSMAN CONSULTING, INC.
ACTUARIAL SERVICES
EXPIRES: 09/30/2021

Dear Mr. Glicksman

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C14-2200-RM for an additional term. The contract renewal period will be 10-1-2020 to 9-31-2021. The annual budgeted amount for this contract is \$4,500.00. All other terms and conditions of the original agreement 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

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
Signature: Kelly Buid

Contractor: Randy Glicksman

dotloop verified
08/20/20 4:42 PM EDT
G0FUJ-IPQI-LSY4-6AEB

MBR, Glicksman Consulting, LLC

Date: 8/21/2020

Approved By: Jeffrey A. Hedy
(as prescribed below on item 1)

Approved By: _____

Date: 8/24/2020

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

Title: _____

Date: _____

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

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/12/2019

Contract/Lease Control #: C14-2200-RM

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Expiration Date: 09/30/2020 W/ ONE 1YR RENEWAL

Description of Contract/Lease: ACTURIAL SERVICES

Department: RM

Department Monitor: PORTER

Monitor's Telephone #: 850-689-5977

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

Closed:

Cc: Finance Department Contracts & Grants Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2020

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 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 Hub International Florida 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler PHONE (A/C, No, Ext): 904-398-1234 E-MAIL ADDRESS: nita.butler@hubinternational.com		FAX (A/C, No): 904-396-7432
	INSURER(S) AFFORDING COVERAGE		
INSURED Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	GLICK-1	INSURER A: Continental Casualty Company NAIC #: 20443	
		INSURER B: Lloyd's of London NAIC #: 15792	
		INSURER C:	
		INSURER D:	
		INSURER E:	
	INSURER F:		

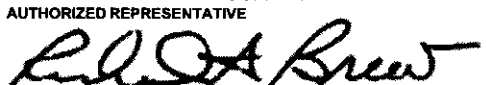
COVERAGES **CERTIFICATE NUMBER:** 317342005 **REVISION NUMBER:**

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:	Y		5094105736	6/4/2020	6/4/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			5094105736	6/4/2020	6/4/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5094107969	6/4/2020	6/4/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
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B	E&O/ Professional			KBRMPL0017201	11/1/2019	11/1/2020	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000

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 E&O Split Retro Date: 11/1/04 - 1,000,000 / 1,000,000; 11/1/11 - 1,000,000 / 2,000,000.
 Okaloosa County is listed as additional insured for general liability purpose when required by written contract.

CONTRACT#: C14-2200-RM
GLICKSMAN CONSULTING SERVICES
ACTUARIAL SERVICES
EXPIRES: 09/30/2020 W/1 1 YR RENEWAL

CERTIFICATE HOLDER Okaloosa County 5479-A Old Bethel Rd Crestview FL 32536	CANC 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2019

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INSURER(S) AFFORDING COVERAGE													
INSURED GLICK-1 Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Valley Forge Insurance Company</td> <td style="width: 20%;">NAIC # 20508</td> </tr> <tr> <td>INSURER B: Admiral Insurance Company</td> <td>24856</td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Valley Forge Insurance Company	NAIC # 20508	INSURER B: Admiral Insurance Company	24856	INSURER C: Continental Casualty Company	20443	INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Admiral Insurance Company	24856												
INSURER C: Continental Casualty Company	20443												
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** 447339008 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	Y		5094105736	6/4/2019	6/4/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			5094105736	6/4/2019	6/4/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5094107969	6/4/2019	6/4/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$ WC STATUTORY LIMITS OTHER
	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 N/A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	E&O/ Professional			EO00001513809	11/1/2018	11/1/2019	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.
 Okaloosa County is listed as additional insured for general liability purpose when required by written contract.

C14-2200-RM

CONTRACT#: C14-2200-RM
GLICKSMAN COUNSULTING SERVICES
ACTURIAL SERVICES
EXPIRES: 09/30/2020 w/1 1 YR RENEWAL

CERTIFICATE HOLDER

CAN

Okaloosa County
 5479-A Old Bethel Rd
 Crestview FL 32536

SH: THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard A. Brew



CONTRACT/LEASE RENEWAL FORM

Date: February 13, 2019
 Company: Glicksman Consulting, LLC
 Attn: Steven Glicksman
 Address 599 W Royal Palm #A
 City, St, Zip Boca Raton, FL 33496
 RE: Actuarial Service Contract

CONTRACT #: C14-2200-RM
 GLICKSMAN CONSULTING SERVICES
 ACTUARIAL SERVICES
 EXPIRES: 09/30/2020 W/ONE 1YR RENEWAL

Dear Steven Glicksman

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C14-2200-RM for an additional term. The contract renewal period will be 10/01/2019 to 09/30/2020. The annual budgeted amount for this contract is \$4,500.00. All other terms and conditions of the original agreement 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
 Signature: [Signature]

Date: 4-10-19

Approved By: [Signature]
 (as prescribed below on item 1)

Date: 04/12/2019

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

Date: _____

AUTHORIZED COMPANY REPRESENTATIVE

Contractor: Glicksman Con.

Approved By: [Signature]

Steven Glicksman

Title: Actuary

Date: 3/19/19

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 Purchasing Services Coordinator.
 If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/26/2014 *8/17/15*

Contract/Lease Control #: C14-2200-RM

Bid #:

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Term: 09/30/2016 *w/ 4 - one yr renewals*

Description of Contract/Lease: ACTUARIAL SERVICES

Department: RM

Department Monitor: GODWIN

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KGODWIN@CO.OKALOOSA.FL.US

Closed: _____

cc: Finance Department Contracts & Grants Office



CONTRACT#: C14-2200-RM
 GLICKSMAN CONSULTING SERVICES
 ACTUARIAL SERVICES
 EXPIRES: 09/30/2019 W/2 1 YR RENEWALS

CHIEF FINANCIAL OFFICER
 JEFF ATWATER
 STATE OF FLORIDA

October 19, 2011

**VERIFICATION OF AUTOMATIC EXEMPT STATUS FROM WORKERS' COMPENSATION
 COVERAGE REQUIREMENTS**

This letter verifies that the individual listed below is AUTOMATICALLY EXEMPT from Florida workers' compensation coverage requirements within the scope of the non-construction business or trade listed below and is not required to obtain an exemption issued by the Division of Workers' Compensation in order to achieve exempt status.

PERSON: STEVEN GLICKSMAN A

BUSINESS NAME: GLICKSMAN CONSULTING LLC
 ADDRESS: 3124 NW 59TH STREET
 BOCA RATON, FL 33496

TYPE OF NON-CONSTRUCTION
 BUSINESS OR TRADE: CLERICAL ALL EMPLOYEES & DRIVERS

CLASS CODE OF BUSINESS: 8810

This verification of automatic exempt status applies ONLY within the scope of the non-construction business or trade listed above, and applies ONLY to the individual listed above. However, if GLICKSMAN CONSULTING LLC employs four or more full or part-time employees, it must obtain workers' compensation coverage. A member of a limited liability company engaged in the non-construction industry is considered an employee if the member meets the definition of employee as defined in Section 440.02(15)(a), Florida Statutes. If a policy is in effect for the limited liability company engaged in the non-construction industry and the member meets the definition of employee as defined in Section 440.02(15)(a), Florida Statutes, the payroll of such member may be included in determining the premium for the policy.

If GLICKSMAN CONSULTING LLC engages in a construction-related activity as defined in section 440.02(8), Florida Statutes, or in Rule 69L-6.021, Florida Administrative Code, the automatic exempt status for STEVEN GLICKSMAN A shall not apply, and GLICKSMAN CONSULTING LLC must comply with workers' compensation coverage requirements for the construction industry.

If STEVEN GLICKSMAN A is a corporate officer as defined in Section 440.02(9), Florida Statutes, this Verification of Automatic Exempt Status from Workers' Compensation Coverage Requirements does not apply. In order to become exempt, STEVEN GLICKSMAN A is required to complete an exemption application and submit the application to the Division of Workers' Compensation. If the Division of Workers' Compensation determines that STEVEN GLICKSMAN A meets the eligibility requirements for the issuance of an exemption, the Division of Workers' Compensation will issue an exemption to STEVEN GLICKSMAN A.

If you have any questions, please call (850) 413-1609.

DeRita Mason

From: Karen Donaldson
Sent: Wednesday, March 20, 2019 3:50 PM
To: DeRita Mason
Subject: FW: Proof of Insurance for Glicksman Consulting LLC

Can you please scan this email to the contract folder C14-2200-RM to explain why some insurance appears to not meet the contract.

Thank you

Karen Donaldson

Karen Donaldson
Public Records and Contracts Specialist
Okaloosa County Risk Management
5479-B Old Bethel Rd.
Crestview, Fl. 32536
850.683.6207
KDonaldson@myokaloosa.com

Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

-----Original Message-----

From: Butler, Nita <nita.butler@hubinternational.com>
Sent: Wednesday, March 20, 2019 12:22 PM
To: Karen Donaldson <kdonaldson@myokaloosa.com>
Cc: 'Steven Glicksman, Actuary' <sglicksman@glicksmanconsulting.com>
Subject: RE: Proof of Insurance for Glicksman Consulting LLC

Ms. Donaldson

The auto policy is coverage for hired/non-owned liability only. There are no vehicles on the policy. The carrier will not add an additional insured to this coverage.

The carrier will not add a 30 day notice of cancellation to the policy.

The Umbrella is follow form over the General Liability and hired/non-owned auto liability.

Let me know if you have any questions.

Nita

Nita Butler, ACSR
Commercial Lines Account Manager
HUB International Florida
10739 Deerwood Park Blvd, Suite 200
Jacksonville, FL 32256

Office: 904-446-3151
Toll-free: 866-398-1234
Fax: 904-396-7432
Nita.Butler@HUBinternational.com
hubinternational.com

Confidentiality Notice: This Electronic message, together with its attachments, if any, is intended to be viewed only by the individual to whom it is addressed. It may contain information that is privileged, confidential, protected health information and/or exempt from disclosure under applicable law. Any dissemination, distribution or copying of this communication is strictly prohibited without our prior permission. If the reader of this message is not the intended recipient or if you have received this communication in error, please notify us immediately by return e-mail and delete the original message and any copies of it from your computer system.

-----Original Message-----

From: Karen Donaldson [mailto:kdonaldson@myokaloosa.com]
Sent: Wednesday, March 20, 2019 11:29 AM
To: Butler, Nita
Cc: 'Steven Glicksman, Actuary'
Subject: [EXTERNAL] RE: Proof of Insurance for Glicksman Consulting LLC

This Message originated outside of the organization.

Ms. Butler and Mr. Glicksman

Okaloosa County needs to be added as Additional Insured on General Liability and Automobile Liability. Please advise as to which policy the Excess Liability refers to...if it refers to General Liability or Auto it also needs to have Okaloosa as additional insured. Can you also add a 30 day notice to the County prior to cancellation of the insurance.

Thank you

Karen Donaldson

Karen Donaldson
Public Records and Contracts Specialist
Okaloosa County Risk Management
5479-B Old Bethel Rd.
Crestview, FL 32536
850.683.6207
KDonaldson@myokaloosa.com

Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

-----Original Message-----

From: Hub International Southeast <Mail-Server@csr24.email>

Sent: Tuesday, March 19, 2019 12:27 PM

To: riskinfo <riskinfo@myokaloosa.com>

Subject: Proof of Insurance for Glicksman Consulting LLC

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09-18-2018

Contract/Lease Control #: C14-2200-RM

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Expiration Date: 09/30/2019 W/ 2 1 YR RENEWALS

Description of Contract/Lease: ACTUARIAL SERVICES

Department: RM

Department Monitor: PORTER

Monitor's Telephone #: 850-689-5977

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

Closed:

Cc: Finance Department Contracts & Grants Office



AUG 17 2018

CONTRACT/LEASE RENEWAL FORM

Date: August 16, 2018
 Company: Glicksman Consulting, LLC
 Attn: Steven Glicksman
 Address 599 W Royal Palm #A
 City, St, Zip Boca Raton, FL 33496
 RE: Actuarial Service Contract

CONTRACT#: C14-2200-RM
GLICKSMAN CONSULTING SERVICES
ACTUARIAL SERVICES
EXPIRES: 09/30/2019 W/2 1 YR RENEWALS

Dear Steven Glicksman

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C14-2200-RM for an additional term. The contract renewal period will be 10/01/2018 to 09/30/2019. The annual budgeted amount for this contract is \$4,500.00. All other terms and conditions of the original agreement 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

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director
 Signature: [Signature]

Contractor: Glicksman Con.

Date: 8-24-18

Approved By: [Signature]

Approved By: [Signature]
 (as prescribed below on item 1)

Date: 09/13/2018

Title: Actuary

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

Date: 8/30/18

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 Purchasing Services Coordinator.
 If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2018

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 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
Hub International Florida
10739 Deerwood Park Blvd S 200
Jacksonville FL 32256



CONTACT NAME: Nita Butler
PHONE (A/C, No. Ext): 904-398-1234 FAX (A/C, No): 904-396-7432
E-MAIL ADDRESS: nita.butler@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : Admiral Insurance Company	24856
INSURER C : Continental Casualty Company	20443
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Glicksman Consulting LLC
599 West Royal Palm Road Ste A
Boca Raton FL 33486

COVERAGES

CERTIFICATE NUMBER: 2047840009

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	Y		5094105736	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5094105736	6/4/2018	6/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5094107969	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 4,000,000 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				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	E&O/ Professional			EO00001513808	11/1/2017	11/1/2018	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.
Okaloosa County is listed as additional insured for general liability purpose when required by written contract.

C14-2200-RM

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Purchasing Dept
602-C North Pearl St
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2018

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 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 Hub International Florida 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-size: 1.5em; font-weight: bold; margin-top: 5px;">AUG 17 2018</div> <div style="color: blue; font-weight: bold; margin-top: 5px;">BY: <i>P. A. C. H.</i></div>	CONTACT NAME: Nita Butler PHONE (A/C No. Ext): 904-398-1234 FAX (A/C No.): 904-396-7432 E-MAIL ADDRESS: nita.butler@hubinternational.com												
		<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B: Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER C: Admiral Insurance Company</td> <td>24856</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Continental Casualty Company	20443	INSURER B: Valley Forge Insurance Company	20508	INSURER C: Admiral Insurance Company	24856	INSURER D:		INSURER E:	
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	GLICK-1													

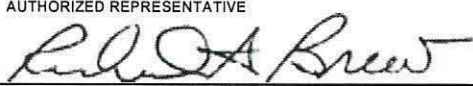
COVERAGES **CERTIFICATE NUMBER:** 619581062 **REVISION NUMBER:**

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 INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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			B5094105736	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B5094105736	6/4/2018	6/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			B5094107969	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 4,000,000 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 N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	E&O/ Professional			EO00001513808	11/1/2017	11/1/2018	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.

C 14-2200-RM

CERTIFICATE HOLDER Okaloosa County Purchasing Dept 602-C North Pearl St Crestview FL 32536	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 
--	--

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CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09-19-2017

Contract/Lease Control #: C14-2200-RM

Bid #: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Expiration Date: 09/30/2018 W/3 1 YR RENEWALS

Description of Contract/Lease: ACTURIAL SERVICES

Department: RM

Department Monitor: PORTER

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: LPORTER@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: C14-2200RM Tracking Number: 2565-17
 Procurement/Contractor/Lessee Name: Glicksman University Grant Funded: YES ___ NO
 Purpose: Renewal
 Date/Term: 9-30-18 1. GREATER THAN \$50,000
 Amount: _____ 2. GREATER THAN \$25,000
 Department: Rm 3. \$25,000 OR LESS
 Dept. Monitor Name: Porter

Purchasing Review
 Procurement or Contract/Lease requirements are met:
DeRita M Date: _____
 Purchasing Director or designee Greg Kisela, Charles Powell, DeRita Mason, Matthew Young

2CFR Compliance Review (if required)
 Approved as written: NA Date: _____
 Grants Coordinator Renee Biby

Risk Management Review
 Approved as written:
Laura Porter Date: 9-5-17
 Risk Manager or designee Laura Porter or Krystal King

County Attorney Review
 Approved as written: see email attached Date: 9-6-17
 County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contracts & Grants Office
 Document has been received:
 _____ Date: _____
 Contracts & Grants Manager Marcella Eubanks, Mindy Kovalsky, Ashley Endris

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Wednesday, September 06, 2017 4:05 PM
To: DeRita Mason
Cc: Lynn Hoshihara
Subject: RE: C14-2200-RM Glicksman Consulting, LLC

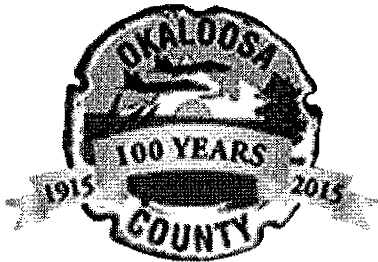
This is approved for legal purposes.

From: DeRita Mason [mailto:dmason@co.okaloosa.fl.us]
Sent: Wednesday, September 06, 2017 4:52 PM
To: Parsons, Kerry
Cc: Lynn Hoshihara
Subject: C14-2200-RM Glicksman Consulting, LLC

Attached is the renewal for the above contract.

Thank you,

DeRita



DeRita Mason
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@co.okaloosa.fl.us

"Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Date: September 5, 2017
Company: Glicksman Consulting, LLC
Attn: Steven Glicksman
Address: 599 W Royal Palm #A
City, St, Zip Boca Raton, FL 33496
RE: Actuarial Service Contract

Contract # C14-2200-RM
GLICKSMAN CONSULTING, LLC
ACTUARIAL SERVICE CONTRACT
EXPIRES: 09/30/2018 W/RENEWALS

Dear: Steven Glicksman

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C14-2200-RM _____ for an additional term. The contract renewal period will be 10/01/2017 to 09/30/2018. The annual budgeted amount for this contract is \$4,500.00. All other terms and conditions of the original agreement 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
Signature: Kay Godwin

Date: 9-6-17

Approved By: [Signature]
(as prescribed below on item 1)

Date: 9/6/17

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

Date: _____

AUTHORIZED COMPANY REPRESENTATIVE

Contractor: Glicksman Consulting

Approved By: [Signature]

Greg Kisela Steven Glicksman,
Actuary

Date: 9/6/17

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, 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 Purchasing Services Coordinator.
If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

Recieved by
SEP 18 2017
Risk Management

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: C14-2200-RM Tracking Number: 1911-16
Grant Funded: YES ___ NO
Contractor/Lessee Name: Glicksman Consulting
Purpose: Amendment & Renewal
Date/Term: 10/1/16 - 9/30/17 1. GREATER THAN \$50,000
Amount: \$4500/year 2. GREATER THAN \$25,000
Department: RM 3. \$25,000 OR LESS
Dept. Monitor Name: Porter
Document has been reviewed and includes any attachments or exhibits.

Purchasing Coordination

Zan Fedorak Date: 7/21/16
Purchasing Manager or Designee Zan Fedorak, Joanne Kublik or Charles Powell

Risk Management Review

This is a RM contract. I reviewed the insurance with RM
Approved as written: Staff and verified current coverages.
Zan Fedorak Date: 7/21/16
Risk Manager or designee Laura Porter or Krystal King

County Attorney Review

Approved as written:

County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or designee
see attached Date: _____

Following Okaloosa County approval:

Contracts & Grants

Document has been received:

Contracts & Grants Manager Date: _____

Zan Fedorak

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Monday, August 01, 2016 4:01 PM
To: Zan Fedorak
Cc: Hoshihara, Lynn
Subject: RE: Glicksman Actuarial services renewal - amendment

This is approved for legal sufficiency.

From: Zan Fedorak [mailto:zfedorak@co.okaloosa.fl.us]
Sent: Monday, August 01, 2016 4:07 PM
To: Parsons, Kerry
Cc: Hoshihara, Lynn
Subject: RE: Glicksman Actuarial services renewal - amendment

Good Afternoon Kerry,

We have removed the date in the first paragraph. I also removed ATTEST from the witness signature. For your final review.

Thanks
Zan

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com]
Sent: Monday, July 25, 2016 8:12 AM
To: Zan Fedorak <zfedorak@co.okaloosa.fl.us>
Cc: Hoshihara, Lynn <lhoshihara@ngn-tally.com>
Subject: RE: Glicksman Actuarial services renewal - amendment

The date in the first paragraph of the agreement.

From: Zan Fedorak [mailto:zfedorak@co.okaloosa.fl.us]
Sent: Monday, July 25, 2016 9:02 AM
To: Parsons, Kerry
Cc: Hoshihara, Lynn
Subject: RE: Glicksman Actuarial services renewal - amendment

Good Morning Kerry,

Are you referring to the date of your approval is after the vendor signature?

Thanks
Zan

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com]
Sent: Sunday, July 24, 2016 2:54 PM
To: Zan Fedorak <zfedorak@co.okaloosa.fl.us>
Cc: Hoshihara, Lynn <lhoshihara@ngn-tally.com>
Subject: RE: Glicksman Actuarial services renewal - amendment

Hey Zan:

I can almost guarantee that you will run into a few issues because it is retroactively dated and does not need to be. Otherwise it looks fine.

Kerry

From: Zan Fedorak [<mailto:zfedorak@co.okaloosa.fl.us>]
Sent: Thursday, July 21, 2016 11:11 AM
To: Parsons, Kerry; Hoshihara, Lynn
Subject: FW: Glicksman Actuarial services renewal - amendment

Good Morning,

Please see the attached for legal review. The vendor has signed the document. This is under my signature authority so if you require changes we can easily accommodate that. Does not expire to 9/30/16. Link to current contract is below.

http://www.co.okaloosa.fl.us/sites/default/files/contracts/contract_pdf/C14-2200-RM.pdf

Thanks
Zan

From: Krystal King
Sent: Thursday, July 21, 2016 10:06 AM
To: Zan Fedorak <zfedorak@co.okaloosa.fl.us>
Subject: Glicksman Actuarial services renewal - amendment

Attached is the renewal / amendment with Glicksman Consulting for actuarial services. Please send this through the coordination process and let me know if legal has any changes so I can get with Mr. Glicksman to get updated signatures if necessary.

Thanks,

Krystal King
Okaloosa County
Risk Management
(850)689-5977
Fax (850)689-5973

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records available to the public and media upon request. Therefore, this written email communication including your email address, may be subject to public disclosure.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/16/2016

Contract/Lease Control #: C14-2200-RM

Bid #: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Expiration Date: SEPTEMBER 30, 2017 W/4 ONE YR RENEWALS

Description of Contract/Lease: ACTUARIAL SERVICES

Department: RM

Department Monitor: GODWIN

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KGODWIN@CO.OKALOOSA.FL.US

Closed: _____

RENEWAL AND FIRST AMENDMENT TO CONTRACT C14-2203-RM
Glicksman Consulting, LLC / Provide Actuarial Services

This Renewal and First Amendment made and entered into this 4 day of July, 2016, hereby renews and amends contract C14-2200-RM, dated August 26, 2014, by and between Okaloosa County, Florida, (hereinafter the "County") and Glicksman Consulting, LLC (hereinafter the "Contractor").

WHEREAS, on August 26th, 2014, the County and Contractor entered into a contract, C14-2200-RM, which provides actuarial services.

WHEREAS, the second term of C14-2200-RM shall expire on September 30, 2016, however the contract provides for up to (4) 1 year renewals; 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 parties hereby agree to renew and amend C14-2200-RM as follows:

1. C14-2200-RM is hereby renewed for an additional term. The contract renewal period shall begin October 1, 2016 and will expire September 30, 2017.
2. C14-2200-RM 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:

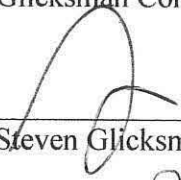
- a. Keep and maintain public records required by the County to perform the service.
- b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
- c. 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.

- d. 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.
3. 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.

CONTRACTOR
Glicksman Consulting, LLC



Steven Glicksman, Actuary

Date: 8/4/16

Witness:



Signature

Randy Glicksman
Print name

OKALOOSA COUNTY, FLORIDA



Zan Fedorak, Purchasing Manager

Date: 8/16/16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2016

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 Greene-Hazel Insurance Group Hub International 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler PHONE (A/C, No. Ext): 904-398-1234 E-MAIL ADDRESS: nsb@greenehazel.com	FAX (A/C, No.): 904-396-7432
	INSURER(S) AFFORDING COVERAGE	
INSURED GLICK-1 Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	INSURER A : Admiral Insurance Company 24856	
	INSURER B : CNA Insurance Companies 2186	
	INSURER C : Continental Casualty Company 20443	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1602791935 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC			B5094105736	6/4/2016	6/4/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B5094105736	6/4/2016	6/4/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000 <input type="checkbox"/> CLAIMS-MADE			B5094107969	6/4/2016	6/4/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	E&O/ Professional Cyber Liability			EO00001513806 5094235662	11/1/2015 7/9/2015	11/1/2016 7/9/2016	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000 Cyber Liability \$1,000,000

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

E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.

2200

CERTIFICATE HOLDER

Okaloosa County Purchasing Dept
602-C North Pearl St
Crestview FL 32536

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

[Handwritten Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2015

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.

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PRODUCER Greene-Hazel Insurance Group 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler	
	PHONE (A/C, No, Ext): 904-398-1234	FAX (A/C, No): 904-396-7432
E-MAIL ADDRESS: nsb@greenehazel.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :Admiral Insurance Company		24856
INSURER B :CNA Insurance Companies		2186
INSURER C :Continental Casualty Company		20443
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
GLICK-1
Glicksman Consulting LLC
599 West Royal Palm Road Ste A
Boca Raton FL 33486

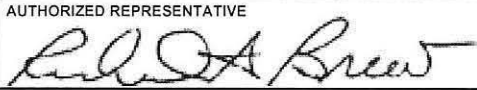
COVERAGES CERTIFICATE NUMBER: 40907520 REVISION NUMBER:

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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	GENERAL LIABILITY <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		B5094105736	6/4/2015	6/4/2016	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		B5094105736	6/4/2015	6/4/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		B5094107969	6/4/2015	6/4/2016	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.

C-2200

CERTIFICATE HOLDER Okaloosa County Purchasing Dept 602-C North Pearl St Crestview FL 32536	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 

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CONTRACT/LEASE RENEWAL FORM

Date: 07/27/2015
 Company: Glicksman Consulting, LLC
 Attn: Steven Glicksman
 Address: 599 W Royal Palm #A
 City, St, Zip: Boca Raton, FL 33496
 RE: Actuarial Service Contract

**CONTRACT # C14-2200-RM
 GLICKSMAN CONSULTING LLC
 ACTUARIAL SERVICES
 EXPIRES: 09/30/2016**

Dear: Steven Glicksman

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C14-2200-RM for an additional term. The contract renewal period will be 10/01/2015 to 09/30/2016. The annual budgeted amount for this contract is \$4,500.00. All other terms and conditions of the original agreement 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
 Signature: [Signature]

Date: 8-4-15

Approved By: [Signature]
 (as prescribed below on item 1)
Zan Federal, Purchasing Manager

Date: 8/14/15

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

Date: _____

AUTHORIZED COMPANY REPRESENTATIVE

Contractor: [Signature] Glicksman Consulting, LLC

Approved By: [Signature] Steven Glicksman

Title: Actuary and VP

Date: 7/28/15

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Director <\$25K and less, County Administrator <\$50K and less or Board >\$50K, 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 Purchasing Services Coordinator.
 If you have any questions please contact the Purchasing Director at 850-689-5960, Fax: 850-689-5998.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/26/2014

Contract/Lease Control #: C14-2200-RM

Bid #:

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Term: 09/30/2015 W/5-ONE YR RENEWALS

Description of Contract/Lease: ACTUARIAL SERVICES

Department: RM

Department Monitor: GODWIN

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KGODWIN@CO.OKALOOSA.FL.US

Closed: _____

cc: Finance Department Contracts & Grants Office

Mr. Steven Glicksman, FCAS, MAAA
Glicksman Consulting, LLC
599 West Royal Palm Road, Suite A
Boca Raton, Florida 33486
Land phone 561 994 4385
Cell phone 561 866 9371
Electronic fax 760 462 3820
<http://www.glicksmanconsulting.com/>

January 27, 2015

Okaloosa County
601A North Pearl Street, Suite 204
Crestview, Florida 32536

Actuarial Services – Cost Allocation

Attn: Ms. Laura Porter
Risk Manager
Okaloosa County Board of County Commissioners

We appreciate the opportunity to provide actuarial services – cost allocation to Okaloosa County (the County). This quote is from Glicksman Consulting, LLC. This letter is based on our April 23, 2014 proposal and recent communications.

It is in the following sections.

- I. Introduction
- II. Scope of Work
- III. Data Items
- IV. Timing and Fees/Terms

Each section follows.

I. Introduction

The County has a self-insurance program for WC - workers compensation, GL - general liability (including errors & omissions), AL - automobile liability and PR - property (including automobile physical damage and crime). The County pays claims from earmarked self-funded funds and maintains financial reporting in accordance with GASB Statement No. 10 definitions.

II. Scope of Work

The scope of work is to allocate the projected losses, and associated administrative and reinsurance costs by department for 2015/16.

Glicksman Consulting, LLC

CONTRACT # C14-2200-RM
GLICKSMAN CONSULTING LLC
ACTUARIAL SERVICES
EXPIRES: 09/30/2015 W/5-ONE YR RENEWALS

We have reviewed the cost allocation plan previously used by the County. The plan appears reasonable and we understand that the County is satisfied with it. We understand that the County wants the allocations by department to be consistent with previous allocations.

As such we will update the plan for 2015/16. During the course of work, we may uncover areas in which we believe there are potential improvements. We will discuss the improvements with the County before incorporating any changes.

III. Data Items

Please provide the following data items:

1. The projected losses by coverage for 2015/16 are in the Actuarial Study as of September 30, 2015 (dated January 12, 2015). If the County intends to use other amounts for budgeted losses in the allocation plan, please provide them.
2. Please provide a complete list of departments getting an allocation and corresponding codes. Let us know if any departments included in the actuarial study are exempt or get fixed allocations.
3. Please provide the projected payroll by NCCI employment class code, number of vehicles and insured property value for 2015/16, if available. If not available, provide the most current amounts. We will discuss reasonable trends with the County.
4. Please provide projected administrative and reinsurance expenses for 2015/16. If the amounts are parsed by coverage, please provide the coverage amounts.

If any of the above is difficult to obtain, please let us know. We are amenable to discuss practical alternatives.

IV. Timing and Fees/Terms

A. Timing

Please allow two weeks from when we get the data for us to complete work and prepare a report.

If you are able to assemble partial data, we encourage you to send it when it becomes available. Often we can make significant progress with partial data.

B. Fees/Terms

The fees/terms are from our April 23, 2014 proposal.

Per the proposal, the fixed fee is \$2,250. The fixed fee includes out-of-pocket expenses for copying, postage and telephone. We will provide as much professional time as required to complete the work and explain the results. We understand that no on-site meeting is required.

* * * * *

We are looking forward to working with you on this project. Please feel free to contact us if you have any questions concerning this proposal.

Respectfully submitted,



Steven Glicksman, FCAS, MAAA
Actuary
Glicksman Consulting, LLC

Mr. Steven Glicksman, FCAS, MAAA
Glicksman Consulting, LLC
599 West Royal Palm Road, Suite A
Boca Raton, Florida 33486
Land phone 561 994 4385
Cell phone 561 866 9371
Electronic fax 760 462 3820
<http://www.glicksmanconsulting.com/>

January 27, 2015

Okaloosa County
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Crestview, Florida 32536

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CONTRACT # C14-2200-RM
GLICKSMAN CONSULTING LLC
ACTUARIAL SERVICES
EXPIRES: 09/30/2015 W/5-ONE YR RENEWALS

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B. Fees/Terms

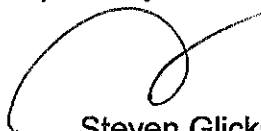
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Respectfully submitted,



Steven Glicksman, FCAS, MAAA
Actuary
Glicksman Consulting, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2014

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PRODUCER Greene-Hazel Insurance Group 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler
	PHONE (A/C No., Ext): 904-398-1234 FAX (A/C, No): 904-396-7432 E-MAIL ADDRESS: nsb@greenehazel.com
INSURED GLICK-1 Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Admiral Insurance Company
	INSURER B: CNA Insurance Companies 2186
	INSURER C:
	INSURER D:
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 329282432 **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.

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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5094107969	6/4/2014	6/4/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 AGGREGATE \$
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A B	E&O/ Professional Cyber Liability			EO00001513805 5094235662	11/1/2014 7/9/2014	11/1/2015 7/9/2015	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000 Cyber Liability \$1,000,000

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CERTIFICATE HOLDER

Okaloosa County Purchasing Dept
602-C North Pearl St
Crestview FL 32536

CANCELLATION

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AUTHORIZED REPRESENTATIVE
Richard A. Brew

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NOTICE OF AWARD

TO:
GLICKSMAN CONSULTING LLC
Steven Glicksman
599 West Royal Palm Road, Suite A
Boca Raton, FL 33486

PROJECT: Okaloosa County Actuarial Services
DESCRIPTION: Okaloosa County Contract No. C14-2200-RM

The **OWNER** has considered the **proposal** submitted by you for the above-described WORK in response to its Advertisement RFP.

You are hereby notified that your **contract** has been accepted for items in the amounts of specified within the contract.

You are required to return an acknowledged copy of this **NOTICE OF AWARD** to the **OWNER:** Okaloosa County Purchasing, ATTN: Joanne Kublik, 602-C North Pearl St., Crestview, FL 32536. If you have any questions, please call Joanne Kublik at 850-689-5960.

Dated this 26 day of August, 2014

OWNER – OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS-

BY: Zan Fedorak TITLE Purchasing Manager

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE OF AWARD** is hereby acknowledged.

BY: [Signature]

This the 1 day of Sept, 2014.

BY: Steven Glicksman
Title: Actuary

NOTICE TO PROCEED

DATE: August 26, 2014

TO:
GLICKSMAN CONSULTING LLC
Steven Glicksman
599 West Royal Palm Road, Suite A
Boca Raton, FL 33486

PROJECT: OKALOOSA COUNTY CONTRACT NO. C14-2200-RM

You are hereby notified to commence WORK in accordance with the Agreement dated August 26, 2014. The contract is in effect as of October 1, 2014.

You are required to return an acknowledged copy of this **NOTICE TO PROCEED** to the **OWNER**: Okaloosa County Purchasing, Attention: Joanne Kublik, 602-C North Pearl St, Crestview, FL 32536, within 15 days.

Dated this 26 day of August, 2014

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

OWNER

BY: Zan Fedorak
Zan Fedorak

TITLE: Purchasing Manager

ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE TO PROCEED** is hereby acknowledged.

Glicksman Consulting LLC
Company Name

This the 1 day of Sept, 2014

[Signature]
Signature

By: Steven Glicksman
Type or Print Name

Title: Actuary

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: _____ Tracking Number: 1048-14

Contractor/Lessee Name: Glicksman Consulting Grant Funded: YES _____ NO

Purpose: Actuarial Svcs RFP#46-14

Date/Term: 10/1/14 - 9/30/15 1. GREATER THAN \$50,000

Amount: _____ 2. GREATER THAN \$25,000

Department: Rm 3. \$25,000 OR LESS

Dept. Monitor Name: Godwin

Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:

[Signature] Date: 7-30-14

Purchasing Director or Designee Joanne Kublik

Risk Management Review

Approved as written:

[Signature] Date: 8-5-14

Risk Manager or designee Kay Godwin

County Attorney Review

Approved as written:

[Signature] Date: 8-1-14

County Attorney Gregory T. Stewart

Following Okaloosa County approval:

Contracts & Grants

Document has been received: _____ Date: _____

Contracts & Grants Manager

[View assistance for SAM.gov](#)

Search Results

Current Search Terms: glicksman*

<p>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.</p> <p>No records found for current search.</p>
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Glossary

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

IBM v1.1972.20140711-1717

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



CONTRACT

This agreement, executed in Crestview, Florida this 26th day of August 2014 between the County of Okaloosa, Florida, hereinafter referred to as the "Owner", and Glicksman Consulting, LLC or its successors, executors, administrators and assigns, hereinafter referred to as the "Contractor".

WITNESSETH:

That for and in consideration of payments, hereinafter mentioned, to be made by the "Owner", the "Contractor" agrees to **provide Actuarial Services** in strict conformity with the provisions of this Contract, and the **Contractor's response to RFP #46-14 (the "Proposal")** approved by the Owner. The said Proposal attached hereto is hereby made a part of this contract as fully and to the same effect as if the same had been set forth at length in the body of this contract.

In consideration of the foregoing promises, the "Owner" agrees to pay to the "Contractor" such unit prices for the actuarial services as set out in the Proposal in the manner provided in the Proposal beginning October 1, 2014.

This contract shall be for a one (1) year period beginning October 1, 2014 and running through September 30, 2015. This contract may be renewed at the current rate stated in the Proposal for up to (5) additional one (1) year periods, thereby providing a six (6) year rate guarantee. Renewal notice is to be provided to County of Okaloosa, Florida at least ninety (90) calendar days prior to the Anniversary Date.

Either party may terminate this Agreement on the anniversary date, by giving the other party at least ninety (90) calendar days prior written notice of such termination.

**CONTRACT # C14-2200-RM
GLICKSMAN CONSULTING LLC
ACTUARIAL SERVICES
EXPIRES: 09/30/2015 W/5-ONE YR RENEWALS**

REPRESENTATIVES:

The authorized representative of the County shall be:

Kay Godwin, Human Resources Director
601-B North Pearl St
Crestview, FL 32536
850-689-5870
Email: KGodwin@co.okaloosa.fl.us

The authorized representative for Glicksman Consulting, LLC shall be:

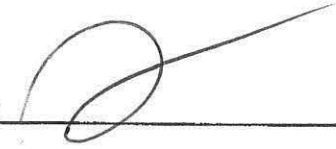
Steven Glicksman
599 W Royal Palm #A
Boca Raton, FL 33496
Email: sglicksman@glicksmanconsulting.com

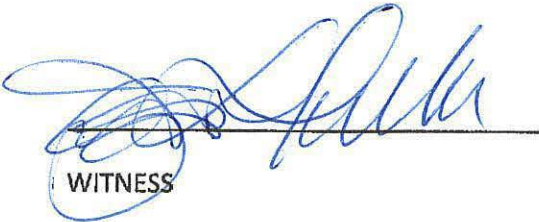
All notices required by this agreement shall be in writing to the representative listed above with a courtesy copy to the following:

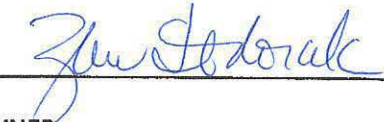
Joanne Kublik
Contracts & Leases Coordinator
Okaloosa County Purchasing Department
602 C North Pearl St
Crestview, FL 32536
850-689-5960/ 850-689-5998 (FAX)
Email: JKublik@co.okaloosa.fl.us

IN WITNESS WHEREOF, the Chairman of the Board of County Commissioners, by authority vested in him, has hereunto subscribed his name on behalf of the County of Okaloosa, Florida, the Owner, and the said Glicksman Consulting has hereto fixed his signature, the day and year above written.


WITNESS

BY 
CONTRACTOR
Glicksman Consulting, LLC
Steven Glicksman
Actuary


WITNESS

BY 
OWNER
COUNTY OF OKALOOSA, FLORIDA
Zan Fedorak
Purchasing Manager

STATE OF FLORIDA
COUNTY OF OKALOOSA

This contract is accepted this 26th day of August 2014 and is effective on the 1st day of October 2014.

Mr. Steven Glicksman, FCAS, MAAA
Glicksman Consulting, LLC
599 West Royal Palm Road, Suite A
Boca Raton, Florida 33486
Land phone 561 994 4385
Cell phone 561 866 9371
Electronic fax 760 462 3820
<http://www.glicksmanconsulting.com>
SGlicksman@GlicksmanConsulting.Com

April 23, 2014

Okaloosa County Purchasing Department
Attn: Zan Fedorak
602-C North Pearl Street
Crestview FL 32536
(850) 689 5977

**PROVIDE ACTUARIAL SERVICES
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
RFP #: RM 46-14
RFP DUE: May 2, 2014 @ 4:00 P.M.**

We appreciate this opportunity to submit this actuarial services proposal to Okaloosa County (the County).

This proposal is from Glicksman Consulting, LLC. It contains the following:

- I. Cover Letter
- II. Actuarial Analysis Services Proposal
- III. Fee Proposal

Each section is detailed below:

I. Cover Letter

The County is self-insured for workers compensation, automobile liability, general liability and property. General liability includes public officials and employment practices liability claims. Property includes automobile physical damage claims

1. We confirming that we meet the minimum qualifications required.

- Glicksman Consulting, LLC is organized under the laws of Florida.
- Mr. Steven Glicksman is a Fellow of the Casualty Actuarial Society and a member of the American Academy of Actuaries. He is responsible for the Actuarial Services.

- Mr. Steven Glicksman has twenty-five (25) years of experience in providing actuarial analyses for self-insured insurance programs for public entities, including many in Florida.
- Please contact our references as evidence of our ability to maintain an adequate professional and non-professional staff to fulfill our obligations to provide all of the Actuarial Analysis Services.

2. References

Osceola County, Florida

Mr. Reginald Davis

(407) 742 1262

Reginald.Davis@osceola.org

Complete annual actuarial studies of the self-insured workers compensation program. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2013 to present

Orange County, Florida

Ms. Susan Martin, ARM-P, CWCP

(407) 836 9639

Susan.Martin@ocfl.net

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies. Analysis of various self-insured retentions

2009 to present

Palm Beach County, Florida

Ms. Nancy Bolton, Director

(561) 233 5400

NBolton@pbcgov.org

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2011 to present

Collier County, Florida

Mr. Jeff Walker

(239) 252 8973

JeffWalker@CollierGov.Net

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2011 to present

Leon County, Florida

Ms. Karen Harrell

(850) 606 5120

HarrellK@leoncountyfl.gov

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2012 to present

Pinellas County, Florida

Ms. Virginia E. Holscher, CPCU

(727) 464 3559

vholscher@pinellascounty.org

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2013 to present

Santa Rosa County, Florida

Mr. DeVann Cook or Ms. Melissa Lloyd

(850) 983 1863

MelissaL@santarosa.fl.gov

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2013 to present

City of Fort Lauderdale, Florida

Mr. Guy Hine

(954) 828 5439

GHine@fortlauderdale.gov

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated

outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.
2008 to present

City of Miami Beach, Florida

Ms. Allison Williams

(305) 673 7000

AllisonWilliams@MiamiBeachFl.gov

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2005 to present

City of West Palm Beach, Florida

Mr. Michael Garza

(561) 494 1135

MGarza@wpb.org

Complete annual actuarial studies of the self-insured workers compensation, liability and property programs. Work includes estimating outstanding losses (including IBNR); recommend future funding and cash-flow analysis. Estimated outstanding losses were apportioned into short-term and long term payables, confidence level analysis, and comparison to previous studies.

2012 to present

3. Contact Information

Mr. Steven A. Glicksman, FCAS, MAAA
Glicksman Consulting, LLC
599 West Royal Palm Road, Suite A
Boca Raton, Florida 33486
Telephone (561) 994 4385
Cell (561) 866 9371
Fax (760) 462 3820
SGlicksman@GlicksmanConsulting.Com
Our provider identification (EIN) is 80 011 6224

4. Deviations from RFP

We have no deviations from the RFP

II. Actuarial Analysis Services Proposal

1. Brief history / background

This proposal is from Glicksman Consulting, LLC. Glicksman Consulting, LLC was established as a Florida corporation in 2004. Glicksman Consulting, LLC is

based in Boca Raton, Florida. We have served self-insured public entities since our formation. Mr. Glicksman has twenty-five years of relevant experience.

2. Current location, size and staff.

We have a staff of two in Boca Raton Florida. Our annual revenue is approximately \$500,000.

We understand that there are larger firms. However, Mr. Glicksman is one of the most experience actuaries in the United States for this type of work. He has performed over 1,000 similar studies during the past twenty-five years. He is the former (National Actuarial Practice Leader for Public Entities) Managing Director, Aon Risk Consulting, Inc. (Aon).

Please contact our references with regard to our ability to provide services.

3. Detailed description of experience providing actuarial analysis to public entities.

This proposal is from Glicksman Consulting, LLC. Glicksman Consulting, LLC was established as a Florida corporation in 2004. Glicksman Consulting, LLC is based in Boca Raton, Florida. We have served self-insured public entities since our formation. Mr. Glicksman has twenty-five years of relevant experience.

Glicksman Consulting, LLC is the property and casualty actuarial consulting firm within the BDO Seidman Alliance. The BDO Seidman Alliance is a nationwide association of independently owned local and regional accounting, consulting and service firms. BDO Seidman is the fifth largest international accounting firm. It has over 2,000 non-profit and public entity clients.

As evidenced by our references, we have experience working with Florida public entities. You will enjoy the experience of working with us.

The scope of work will specifically address the items below:

1. Estimate Outstanding Losses. We will determine the loss reserves required for the self-insured liabilities (including allocated loss adjustment expenses [ALAE]) separately by coverage and fiscal years as of fiscal year end (September 30, 2014).

The outstanding losses amounts are the loss reserves required is the cost of unpaid claims. It includes case reserves, the development of known claims and incurred but not reported (IBNR) claims. The IBNR will be shown separately.

ALAE are the direct settlement expenses for specific claims, primarily legal expenses.

Reinsurance and tort limits will be applied.

The estimated outstanding amounts will be shown on a full-value basis (not discounted for anticipated investment earnings) and on a present-value basis (discounted for the time value of money). We will determine the appropriate interest rate based on economic conditions, The County's history and actuarial judgment.

The determination the estimated outstanding amounts will be shown at low/high reasonable and various confidence levels (expected, 60%, 65%, 70%, 75%, 80%, 85% and 90%) and/or recommended high/low/point projections.

2. Project Future Losses and Recommend Funding. We will project future losses and recommend funding for the upcoming five fiscal years (2014/15 and 2015/16, plus 2016/17, 2017/18 and 2018/19).

The projected future losses are the accrual cost of claims by year of occurrence.

Reinsurance and tort limits will be applied.

The projected future losses will be shown on a full-value basis and present-value basis. The losses will be shown at low/high reasonable and various confidence levels (expected, 60%, 65%, 70%, 75%, 80%, 85% and 90%) and/or high/low/point projections.

3. Project Future Cash Flow. We will project cash flow for the upcoming five fiscal years (2014/15 and 2015/16, plus 2016/17, 2017/18 and 2018/19).

The projected cash flow is the cash-out-the-door of claims by year of payment.

4. GASB Statement No. 10 Compliance. We will provide a statement affirming GASB No. 10 compliance or, in the event of non-compliance, provide guidelines for future compliance.

The Scope of Work is more comprehensive than required by the County. For example, we are:

- Providing a greater range of confidence levels.
- Apportioning the outstanding losses into short-term (payable in one year) and long-term (payable after one year) components.
- Five years of projections instead of two requested.

We will compare the actuarial study with the previous study. We will work with the County to achieve stability and mitigate swings in financial performance.

We will submit a draft report. We will discuss the draft report with the County. Based on new facts ascertained in the meeting we will issue a final report as a deliverable. The delivery date of the draft is October 31 or sooner. The delivery date of the final is November 15 or sooner.

The report will include the equivalent of an executive summary, background, objectives, conclusions, methodology/analyses and glossary sections. We will provide summary exhibits that will be designed to readily communicate key findings to non-actuaries at a glance.

We will affirm that the reports are in compliance with generally accepted actuarial principles and relevant GASB statements, including GASB Statement No. 10 and all State disclosure requirements. The reports will lay the groundwork to facilitate future studies. Our work plan will ensure quality and provide a solid foundation for future studies. We are fastidious with regard to documenting all key

assumptions and adjustments within the text of the actuarial report. We will provide as many hours as required to complete the work and explain the results.

We propose the following work schedule:

Item	Description of Work	Work Schedule
Data Collection	Conduct an initial discussion with the County. Learn about data availability. Submit a written data request. Gather and compile data. Review the data for reasonableness.	October 10 to October 15
Analysis	Perform a comprehensive actuarial study of the program.	October 15 to October 20
Preparation and Delivery of Report	Prepare a draft report of our conclusions and recommendations. Discuss the draft report with The County. Issue a final report.	Draft report by October 31 Final report by November 15

We guarantee the timeliness of our work.

We understand the governmental tort limits in Florida. Essentially, liability losses currently filed within the jurisdiction of Florida are capped to \$200,000 per claim and \$300,000 per occurrence unless special compensation is awarded by the legislature. Claims filed in federal court, such as many civil rights violations, are not subject to the caps.

We view this as a long-term relationship. As such, we will have ample time devoted to the County. We will schedule the work as required to meet the County's needs. We foresee no problems in performing work within the dates required by the County.

We are committed to providing the County with superior service. As our references will attest, we are exceptional in helping programs understand and manage their finances. Telephone calls will be answered promptly. We will take the time to integrate our report with the specific goals of the County. Our work is typically finished ahead of schedule.

As for management style, we are easy to work with. We only ask for data that is required. The report will feature clear summary tables of the information you require. Presentations are informative. We speak in plain terms. We have a hands-on approach. Work will not be delegated to non-accredited staff. Though this would normally involve significant additional cost, we do not support a top-heavy organizational structure.

Most of all, we are client service oriented. Telephone calls will be answered promptly. We will take the time to integrate our report with the specific goals of the County. Our work is typically finished ahead of schedule.

All work will be performed in the United States. We do not out-source.

Glicksman Consulting, LLC has no regulatory or license sanctions. Glicksman Consulting, LLC has had no lawsuits. Glicksman Consulting, LLC has had civil or criminal litigation. Glicksman Consulting, LLC is unaware of any conflicts of interest that would impair our objectivity.

4. Primary actuary

Mr. Steven Glicksman, FCAS, MAAA of Glicksman Consulting, LLC is the primary contact person. Mr. Glicksman is a Fellow of the Casualty Actuarial Society (FCAS) and a Member of the American Academy of Actuaries (MAAA). He will serve as the primary actuary and retain full responsibility for satisfaction with the work.

Mr. Glicksman has ample time available to complete a thorough analysis within schedule.

Mr. Glicksman's most recent position was (National Actuarial Practice Leader for Public Entities) Managing Director, Aon. Prior to Aon, Mr. Glicksman was Principal and Director of Actuarial Services at ARM Tech. His technical work included pricing and reserving of clients across commercial and property lines. His specialty is public entities.

Before Aon and ARM Tech, Mr. Glicksman managed Southern California office of the Actuarial and Benefits Consulting division of Coopers & Lybrand (now PricewaterhouseCoopers). He also was employed by the National Council on Compensation Insurance, Inc. (NCCI) where he worked in the Detailed Claim Information database and Legislative Evaluation units. Mr. Glicksman authored a publication on workers compensation claims characteristics.

Mr. Glicksman began his actuarial career with the Hartford Insurance Group (HIG) over thirty years ago. Before HIG, he taught mathematics at a community college in New York City.

5. Other staff

Mr. Christopher Mariani will perform technical tasks and review as required.

Mr. Mariani has ample time available to assist Mr. Glicksman complete a thorough analysis within schedule.

Mr. Mariani is an actuarial analyst with twenty years of experience. Mr. Mariani has spent the last ten years providing actuarial consulting services to the following firms; Preferred Insurance Capital Consultants, LLC, Matrix Insurance Consulting, LLC and Glicksman Consulting, LLC.

Mr. Mariani's work as an actuarial consultant has included as wide variety of assignments. Among the many assignments, Mr. Mariani has estimated

reserves for both public and private entities, produced rate and rule filings for insurance companies, provided actuarial support for litigation related to insurance and reinsurance disputes, and produced actuarial exhibits in support of Uniform Certificate of Authority Applications for entities seeking license to operate as an insurer.

Prior to his employment as an actuarial consultant Mr. Mariani began his actuarial career with the NCCI where he worked with Mr. Glicksman in the Actuarial and Economic Services unit.

III. Fee Proposal

- A. Report. We propose a fixed fee of \$2,250 per year for up to six years to perform the analysis and issue the written report. The amount includes expenses for copying, postage and telephone. We will provide as many hours as necessary to complete the work and explain the report.


The reason that we can provide such high quality work at reasonable fees is scheduling. Typically, September is a slower month for our actuarial consulting practice. It is an ideal time to prepare for work by updating spreadsheets and text in anticipation of September 30 Florida clients. Then, when data is available in early October, we can efficiently deliver services.

- B. Meeting. If requested, we will present the work at an on-site meeting in the County offices. An on-site presentation (up to 6 hours) at the County's offices is an additional \$2,000. The amount includes travel expenses.
- C. Cost Allocation. If requested we will prepare a second actuarial report projecting future and allocating the losses (and expenses) by department. Please provide a separate proposal for this service. The fixed fee is \$2,250. The fixed fee for workers compensation only is \$1,500.

* * * * *

We are looking forward to working with you on this project. Please feel free to contact us if you have any questions concerning this proposal.

Respectfully submitted,



Steven Glicksman, FCAS, MAAA
Actuary
Glicksman Consulting, LLC

ADDENDUM ACKNOWLEDGEMENT

The bidder acknowledges that he/she has received the following addendum:

ADDENDUM NO. _____ DATED _____
ADDENDUM NO. _____ DATED _____
ADDENDUM NO. _____ DATED _____
ADDENDUM NO. _____ DATED _____
ADDENDUM NO. _____ DATED _____

Bidder Firm Name: Glicksman Con. LLC
Address: 599 W Royal Palm #A
Boca Raton FL 33496
Title: Steven Glicksman, Actuary
Phone #: 561 866 9371
FAX No.: No 402 3820

No addendum to 4/23/14
previous actuarial study added online

"NO CONTACT CLAUSE"

1.

The Okaloosa County Board of County Commissioners have established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

The period commences when the procurement document is advertised and terminates when the Board of County Commissioners approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective bidders/proposers and members of the Board of County Commissioners, the County Administrator or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **must** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Director or his appointed representative. It shall be the Purchasing Director's decision whether to consider this information in the decision process.

Any attempt by a vendor/proposer to influence a member or members of the aforementioned shall be grounds to disqualify the proposer from consideration during the selection process.

All proposers must agree to comply with this policy by signing the following statement and including it with their submittal.

I  _____ representing  Glickman Con, LLC
Signature Company Name

Hereby agree to abide by the County's "**No Contact Clause**" and understand violation of this policy shall result in disqualification of my proposal/submittal.

2. **Applicable Laws & Regulations** – The proposer's attention is directed to the fact that all applicable state laws, county municipal ordinances, orders, rules & regulations of all authorities having jurisdiction over the work shall apply to the proposal throughout, and they will be deemed to be included in the contract the same as though they are written out in full herein.

3. **Indemnification & Hold Harmless** – Each contractor must submit an executed sworn certification that he will comply with the Hold Harmless Clause in accordance with the provisions of Florida Statutes, Section 725.06.

To the fullest extent permitted by law, proposer shall indemnify and hold harmless County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the proposer and other persons employed or utilized by the proposer in the performance of this contract.

COMPANY DATA

Physical Address & Phone #: 599 W Royal Palm #A
Boca Raton FL 33486
561 994 4385

Proposer's Company Name: Glicksman Con LLC

Physical Address: same

Contact Person (Typed-Printed): Steven Glicksman

Phone #: same

Cell #: 501 866 9371

Federal ID or SS #: 80 011 6224

Proposer's License #: NA

Fax #: 760 462 3820

Emergency #'s After Hours,
Weekends & Holidays: 501 866 9371

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all bidders/proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

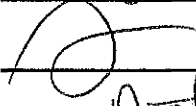
Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO X

NAME(S)

POSITION(S)

FIRM NAME: Glicksman Con & LLC
BY (PRINTED): S Glicksman
BY (SIGNATURE): 
TITLE: Actuar
ADDRESS: 599 W Royal Palm
Boca Raton FL
PHONE NO. 561 994 4385
E-MAIL SGlicksman@
Glicksman Consulting. Com

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED BIDDER CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 4/22/14 SIGNATURE: [Signature]
COMPANY: Glicksman Con LLC NAME: S Glicksman
ADDRESS: 599 W Royal Palm (Typed or Printed)
Boca Raton TITLE: Actuar
FL. E-MAIL: Sflicksman@
PHONE NO.: 561 994 4385 Glicksman Consulting.com

LIST OF REPRESENTATIVES

CONTRACT ADMINISTRATOR: Gary R. Real, Okaloosa County Risk Management
Okaloosa County Risk Management Dept.
601-A North Pearl St.
Crestview FL 32536
850-689-5977 / 850-689-5973 (F)

CONTRACTOR'S REPRESENTATIVE:

Steven Glicksman
501 904 4385
8501 866 9371
SGlicksman@Glicksman
consulting.com

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, CONTRACTOR shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

Glicksman Con, LLC

Bidder's Company Name

599 W Royal Palm
Physical Address #A

Boca Raton FL

Mailing Address

561 994 4385

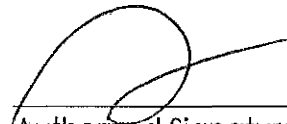
Phone Number

561 866 9371

Cellular Number

4/22/14

DATE



Authorized Signature - Manual

S. Glicksman

Authorized Signature - Typed

Actuary

Title

760 462 3820

FAX Number

561 866 9371

After-Hours Number(s)

ANTI-COLLUSION STATEMENT: The below signed bidder has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other bidder or parties to bid whatever. (Note: No premiums, rebates, or gratuities permitted either with, prior to, or after any delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from bid list(s).

Glicksman Con LLC

Bidder's Company Name

599 W Royal Palm #A

Boca Raton FL 33486

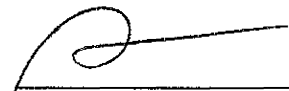
Address

See 866 9371

Phone #

80 011 6224

Federal ID # or SS #



Authorized Signature - Manual

S Glicksman

Authorized Signature - Typed

Actuary

Title

760 462 3820

Fax #

SGlicksman@Glicksman

E-mail address

consulting.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/4/2014

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 Greene-Hazel Insurance Group 10739 Deerwood Park Blvd S 200 Jacksonville FL 32256	CONTACT NAME: Nita Butler PHONE (A/C, No, Ext): 904-398-1234 E-MAIL ADDRESS: nsb@greenehazel.com	FAX (A/C, No): 904-396-7432
	INSURER(S) AFFORDING COVERAGE	
INSURED GLICK-1 Glicksman Consulting LLC 599 West Royal Palm Road Ste A Boca Raton FL 33486	INSURER A : Admiral Insurance Company	
	INSURER B : CNA Insurance Companies	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1423044351 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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			5094105736	6/4/2014	6/4/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			5094105736	6/4/2014	6/4/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5094107969	6/4/2014	6/4/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	E&O/ Professional Cyber Liability			EO00001513804 5094235662	11/1/2013 7/9/2014	11/1/2014 7/9/2015	Prof Liab \$1,000,000 Prof Liab Agg. \$2,000,000 Cyber Liability \$1,000,000

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

E&O Split Retro Date: 11/1/04 --1,000,000 / 1,000,000; 11/1/11--1,000,000 / 2,000,000.

CERTIFICATE HOLDER

Okaloosa County Purchasing Dept
602-C North Pearl St
Crestview FL 32536

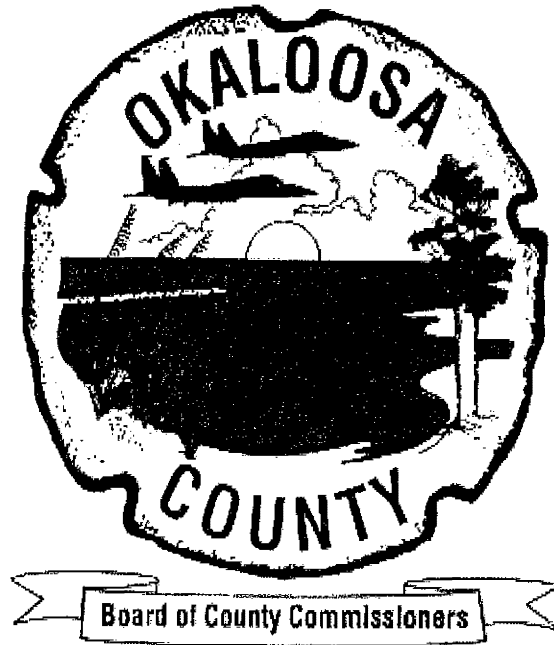
CANCELLATION

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

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**PROVIDE ACTUARIAL SERVICES
OKALOOSA COUNTY
BOARD OF COUNTY COMMISSIONERS**



RFP #: RM 46-14

RFP DUE: May 2, 2014 @ 4:00 P.M.

THE INTENT OF THIS RFP IS TO OBTAIN PROPOSALS TO PROVIDE ACTUARIAL SERVICES.

REQUEST FOR PROPOSAL TO PROVIDE ACTUARIAL SERVICES

The Okaloosa County Board of County Commissioners, under the provisions of Section 287.055, Florida Statutes and Board policy request proposals from professional firms to provide actuarial services.

Firms desiring consideration should provide an original and six (6) copies of their statement of proposal. Copies of the RFP may be obtained from the Okaloosa County Purchasing Department, 850-689-5960 or by downloading them from our website at www.co.okaloosa.fl.us (Departments, Purchasing, Vendor Registration & Opportunities).

Proposals must be delivered to the Okaloosa County Purchasing Department at the address listed below no later than **4:00 p.m. (CST), May 2, 2014** in order to be considered.

All proposals must be in sealed envelopes reflecting on the outside **PROPOSALS TO PROVIDE ACTUARIAL SERVICES**.

All proposals should be addressed as follows:

Okaloosa County Purchasing Department
Attn: Zan Fedorak
602-C North Pearl St.
Crestview FL 32536

Deputy Clerk
Clerk of Circuit Court

Date

Zan Fedorak
Purchasing Manager

Date

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY

Charles K Windes, Jr.
Chairman

INTRODUCTION

Through this Request For Proposal ("RFP") process, the Okaloosa County Board of County Commissioners (hereinafter, the Board) is soliciting proposals from actuarial firms qualified to provide actuarial analysis services as described in this RFP. The Board is seeking proposals from actuarial firms qualified to provide year-end actuarial evaluations and on an "as requested" basis cost allocation analysis. A qualified Respondent must meet the requirements set forth in this RFP, and must possess sufficient professional, administrative, and personnel resources to provide the proposed actuarial services.

The Board's risk management program utilizes a third party administrator for worker's compensation administration and high deductible insurance policies to insure the Board's exposure. The actuarial analysis shall include an evaluation of the Board's losses and liabilities including worker's compensation, general liability, automobile and property.

REQUIRED RESPONDENT QUALIFICATIONS

To be considered sufficiently qualified to provide Actuarial Analysis Services to the Board pursuant to this RFP, a Respondent must:

1. Be legally organized under the laws of one of the states within the United States of America or the District of Columbia.
2. Designate one or more persons possessing, at a minimum, the designation of "Associate" from the Casualty Actuarial Society as being primarily responsible for the Actuarial Services.
3. Have at least five (5) years experience in providing actuarial analyses for self insured insurance programs for public entities.
4. Demonstrate an ability to maintain an adequate professional and non-professional staff to fulfill its obligations to provide all of the Actuarial Analysis Services.

The failure of the Contractor to meet such minimum qualifications throughout the terms of its Actuarial Analysis Services Contract, shall be, at the option of the Board, grounds for immediate termination of the contract.

SCOPE OF WORK

The Board wishes to enter into a three (3) year contract, with the possibility of three (1) one year extensions, with the successful Respondent (hereinafter called Contractor) qualified to provide the services described below:

- A. **Year-End Actuarial Evaluation.** The Contractor selected will perform a year end actuarial analysis evaluation of the Board's outstanding loss and expense liabilities on claims experience since October 1, 1975, through September 30, 2014. The evaluation of these liabilities as of September 30, 2014 is to be completed by November 30, 2014. Subsequent evaluations are to be completed by November 30 of each year.
1. **Report.** The Contractor will issue a report in both electronic format (one copy) and hard copy (no more than 2 copies), to the Risk Manager, which covers two (2) main topics:
- (1) Current Loss Reserves of the Board: Analyze the Board's claims experience and provide an estimate of the required reserves for unpaid claims as of September 30.
 - (2) Expected Losses: Provide estimates as to the losses expected to be incurred by the Board in the upcoming year and the two subsequent years. Estimates will be provided based upon the observed past claims experience and the risks expected to be insured in 10/1/2014-9/30/2015 and the two subsequent years.
- B. **Meeting.** The Contractor will meet via telephone or in-person, as necessary, with the Risk Manager to discuss the report issued as a result of the evaluation, and / or any information contained therein.
- C. **Cost Allocation** (To be performed at the request of the Risk Manager). The Bid Respondent selected may be asked to prepare a second actuarial report projecting losses for the current or an upcoming period allocating losses and expenses by department. Please provide a separate proposal for this service.

PART IV. REQUIRED INFORMATION

Cover Letter

The Cover Letter shall be signed by an officer representative of the Respondent having sufficient authorization to enter into contracts on behalf of the Respondent, and shall include in the body of the letter or attachments, the following:

1. Complete information confirming that Respondent meets the minimum qualifications required under Part II.
2. A list of five (5) representative clients, represented by the Respondent at present or within the last five (5) years, in connection with the actuarial analysis of self-insured Programs. This list shall include the identification of clients who may be contacted as references. All references must include the name and contact information of a person authorized to speak on behalf of the client. Clients listed as references, in addition to other sources, may be contacted by the Board as part of the evaluation process.
3. Designation of a contact person for the Respondent, including his or her telephone number and e-mail address.
4. Identification and explanation of any deviations from the requirements found in the RFP, and any assumptions or conditions relied upon by the Respondent in making the Response. Deviations, conditions or assumptions may be unilaterally rejected by the Board, unless in its sole judgment, the Respondent has provided reasonably sufficient information to justify such deviations, conditions or assumptions.

Actuarial Analysis Services Proposal

The Actuarial Analysis Services Proposal shall provide the following information:

1. A brief history / background of the Respondent's organization.
2. A description of Responder's current location(s), size and staff.
3. A detailed description of the Respondent's experience providing actuarial analysis to public entities.
4. The name of the person to be assigned responsibility for supervising the Board work assigned to the Respondent, including a description of his / her qualifications and experience providing actuarial analysis to public entities. Attach a copy of such person's resume'.
5. The name of each person who will provide services to the Board under the Actuarial Analysis Services Contract, and with respect to each such person, his or her (a) job title or

designation within the Respondent's firm, (b) qualifications and experience in connection with actuarial analysis of claims data, (c) specific duties and responsibilities with respect to the Board work, and (d) the expected time commitment to the Board business. Attach a copy of each person's resume'.

Fee Proposal

The County is seeking a fee proposal based scope of work described in this RFP. Respondents should strive to propose fee arrangements which would further the Board's goal of obtaining the most cost effective actuarial analysis services.

Contract Termination

The contract may be terminated in whole or in part by mutual consent of both parties at any time with thirty (30) days notice, subject to the equitable settlement of all interests and obligations that have accrued to date.

The contract may be terminated in whole or in part unilaterally by the Board under the following circumstances:

1. The Contractor is guilty of breach of contract.
2. The Contractor fails to display reasonable progress in the performance of duties.
3. The Contractor fails to complete required services within the time specified.

Contract Assignment

The contract resulting from this RFP is not assignable by the Contractor, either in whole or in part without the expressed written consent from the Board.

SPECIAL CONDITIONS

1. **Applicable Laws & Regulations** – The proposer’s attention is directed to the fact that all applicable state laws, county municipal ordinances, orders, rules & regulations of all be deemed to be included in the contract the same as though they are written out in full herein.

2. **Indemnification & Hold Harmless** – Each contractor must submit an executed sworn certification that he will comply with the Hold Harmless Clause in accordance with the provisions of Florida Statutes, Section 725.06.

To the fullest extent permitted by law, proposer shall indemnify and hold harmless County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the proposer and other persons employed or utilized by the proposer in the performance of this contract.

3. **Conflict of Interest Disclosure Form** - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposals the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies.

Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Furthermore, the official, prior to or at the time of submission of the proposal, must file a statement with the Clerk of Circuit Court of Okaloosa County, if he is an officer or employee of the County, disclosing his or spouse’s or child’s interest and the nature of the intended business.

Note: For bidder’s convenience, this certification form is enclosed and is made a part of the bid package.

4. **Public Entity Crime Information** - A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for **CATEGORY TWO** for a period of 36 months from the date of being placed on the convicted vendor list.

5. **Investigation of Proposer** – The County may make such investigations, as it deems necessary to determine the stability of the contractor to perform the work and that there is no conflict of interest as it relates to the projects. The contractor shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

6. **Contract Documents** – The contract documents provided by the successful proposer will consist of the proposal documents, technical specifications, the plans, the contractor’s proposal and bonds; addenda issued prior to execution of the agreement, other documents specifically incorporated by reference in the contract documents, modifications issued after executive of the agreement. A modification is:

1. A written amendment to the contract signed by both parties;
2. A change order;

7. **Hierarchy of Contract Documents** – In the event conflicts, inconsistencies, discrepancies, or ambiguities between the contract documents arise, unless otherwise provided, the controlling instrument shall be determined by the descending order of the contract documents as follows:
 1. Modification issued after the executive of the agreement.
 2. Addenda issued after the proposal was advertised to potential proposers.
 3. Special provisions.
 4. Technical special provisions.
8. **Conditional & Incomplete Proposals** – The Board of County Commissioners specifically reserves the right to reject any conditional proposal and will normally reject those that make it impossible to determine the trust amount of the proposal.
9. **Reorganization & Bankruptcy Proceedings** – Proposals will not be considered from vendors who are currently involved in official financial reorganization of bankruptcy.
10. **Right to Waive and Reject:**
 - A. The Board, in its absolute discretion, may reject any proposal of a proposer that has failed, in the opinion of the Board, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Okaloosa County Purchasing Director to emphasize this condition to potential proposers.
 - B. There is no obligation on the part of the County to award the proposal to the lowest proposer, and the County reserves the right to award the proposal to proposer submitting a responsive proposal with a resulting negotiated agreement which is most advantageous and in the best interest of Okaloosa county, and to reject any and all proposals or to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.
 - C. The Board of County Commissioners reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgement will best serve the interest of the County.
 - D. The Board of County Commissioners specifically reserves the right to reject any conditional proposal and will normally reject those which made it impossible to determine the true amount of the proposal.
11. **Disqualification of Proposers** - Any of the following reasons may be considered as sufficient for the disqualification of a proposer and the rejection of his proposal or proposals:
 - A. More than one proposal for the same work from an individual, firm or corporation under the same or different name.
 - B. Evidence that the proposer has a financial interest in the firm of another proposer for the same work.
 - C. Evidence of collusion among proposers. Participants in such collusion will receive no recognition as proposers for any future work of the County until such participant shall have been reinstated as a qualified proposer.

- D. Uncompleted work which in the judgement of the County might hinder or prevent the prompt completion of additional work if awarded.
- E. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.
- F. Default under previous contract.
- G. The Board, in its absolute discretion, may reject any proposal of a proposer that has failed, in the opinion of the Board, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Okaloosa County Purchasing Director to emphasize this condition to potential proposers.

12. **Preparation of Proposals** – Proposals must be submitted upon the prescribed forms provided herein. All blank spaces must be filled in as noted in ink or type in both words and number with the amount extended and totaled. No changes shall be made in phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the figures, the written amounts shall govern. Any proposals may be rejected which contains any omissions, erasures, alterations, additional, irregularities of any kind, or items not called for or which shall in any manner fail to conform to the conditions or published notice inviting proposals.

13. **Discrimination** - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

14. **Regulation & Ordinances** – The proposer is required to be familiar with all Federal, State and Local Laws, Ordinances, Code rules and regulations that may in any way effect the work. Ignorance on the part of the proposer shall in no way relieve proposer from responsibility.

15. **Prohibition Against Contingent Fees** – Florida Statute 287.6.a. requires the following statement, duly signed and notarized, be included in each submittal:

“The respondent warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bone fide employee working solely for the respondent, any fee, commission or percentage, gift or other consideration contingent upon or resulting from award or making of this agreement.”

16. **Financial Background Information** – Proposers shall include the following financial information in their submittal:

- a. At least (1) bank reference and three (3) trade references.

The County reserves the right to conduct a credit check on any entit(ies) submitting proposal under this RFP process and by submitting a proposal said proposer agrees and consents to such.

17. **Protection of Resident Workers** – The Okaloosa County Board of County Commissioners actively supports the Immigration & Nationality Act (INA) which includes provisions addressing employment eligibility, employment verification, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States, (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U. S. the employer must verify the identity and employment eligibility of anyone to be hired, which includes

completing the Employment Eligibility Verification. The contractor shall establish appropriate procedures and controls so no services or products under the contract documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirement.

Proposers doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility & Verification System to confirm eligibility of all employees to work in the United States.

18. The Board of County Commissioners of Okaloosa County in its absolute discretion may reject any response of a firm that has failed, in the opinion of the Board to complete or perform an Okaloosa County contracted project in a timely and acceptable fashion, and has directed the Okaloosa County Purchasing Director to emphasize this condition to potential firms.

19. **Evaluation & Selection** – A Selection Review Committee appointed by the Board of County Commissioners (the Board may elect to serve as the Review Committee) will evaluate all submittals received.

A. Review of all responses received will proceed as follows:

1. The Selection Committee will review all documents submitted.
2. The committee's ranking of prospective firms shall be based on the evaluation criteria listed on the attached ranking sheet as provided in the submittal.
3. Upon ranking and formulating a short list of top ranked proposals, that list will be presented to the Board of County Commissioners. The Board will determine if presentations are required. If presentations are required, they will be made to the Board members in a special called meeting.

The Board will make the final selection.

B. Negotiations between the selection committee, or the committee designee, and the top firm (or firms) ranking highest on the Board approved short list will proceed as follows:

1. Negotiations will be held with the first firm(s) on the priority list, depending on how proposals are submitted.
2. If no tentative agreement can be reached with the first firm, then negotiations will commence with the next firm on the short list, if so directed by the Board.
3. If no tentative agreement is reached with the top ranked firm, then the committee shall return to the Board to report such and recommend that a new short list be established from among the other responses received. If for any reason said procedure is not feasible, the committee shall seek direction from the Board as to how to proceed further.
4. Okaloosa County reserves the right to negotiate contracts with one or more firms for the services described herein.

C. Presentation of the tentative contract agreement by the selection committee to the Board for approval. The Executive Summary shall inform the Board as to the terms, conditions, and costs associated with the contract.

D. Upon approval of the contract agreement by the Board, a formal written contract agreement will be executed prior to commencement of the work associated with the contract.

E. Selection will be on the basis of professional qualifications and experience as previously set forth.

1. The selection review committee and the Board of County Commissioners will evaluate and rank all responses meeting the requirements herein and enter into formal negotiations with selected firms. Firms will be notified of dates and times of any interviews once final selection has been made. **(Presentations may be required).**

20. Submittal Opening – Names of firms that submit a response on or before the deadline specified herein shall be available to the public once the submittal deadline has passed. It is the firm's responsibility to assure that their response is delivered at the proper time and place. Offers by telegram, facsimile or telephone are **NOT** acceptable.

Note: Crestview, Florida is “not a next day guaranteed delivery location” by delivery services.

INSURANCE REQUIREMENTS

Contractor's Insurance

- A. The **CONTRACTOR** shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Director.
- B. All insurance policies shall be with insurers licensed to do business in the State of Florida, and any insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published A. M. Best & Co., Inc.
- C. All insurance shall include the interest of all entities names in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- D. The County of Okaloosa shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
- E. The County of Okaloosa shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual agreements between the County of Okaloosa and the **CONTRACTOR**.
- F. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the **CONTRACTOR**.
- G. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the **CONTRACTOR**, which are involved, and which is a part of the contract.
- H. The County reserves the right at any time to require the **CONTRACTOR** to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- I. The designation of **CONTRACTOR** shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- J. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.

Workers' Compensation Insurance

1. The **CONTRACTOR** shall secure and maintain during the life of this agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County of Okaloosa, the **CONTRACTOR** shall

require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished the County of Okaloosa not less than ten (10) days prior to the commencement of any and all subcontractual agreements which have been approved by the County of Okaloosa.

2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. No class of employee, including the **CONTRACTOR** himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

Business Automobile and Commercial General Liability Insurance

1. The **CONTRACTOR** shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
2. The **CONTRACTOR** shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both On-and Off-Premises Operations, Contractual Liability, Board Form Property Damage, and Professional Liability.
3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the **CONTRACTOR** shall notify the County representative in writing. The **CONTRACTOR** shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
4. Commercial General Liability coverage shall be endorsed to include the following:
 - 1.) Premises – Operation Liability
 - 2.) Occurrence Bodily Injury and Property Damage Liability
 - 3.) Independent Contractor's Liability
 - 4.) Completed Operations and Products Liability
5. **CONTRACTOR** shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond acceptance of project.

Limits of Liability

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
A. Worker's Compensation	
1.) State	Statutory
2.) Employer's Liability	\$1,000,000 each accident

- | | | |
|----|---|--|
| B. | Business Automobile & Commercial
General Liability Insurance | \$1,000,000 each occurrence
(A combined single limit) |
| C. | Personal and Advertising Injury | \$250,000 |

Notice of Claims or Litigation

The **CONTRACTOR** agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the **CONTRACTOR**'s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the **CONTRACTOR** becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

Indemnification & Hold Harmless

To the fullest extent permitted by law, **CONTRACTOR** shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the **CONTRACTOR** and other persons employed or utilized by the **CONTRACTOR** in the performance of this contract.

Certificate of Insurance

- A. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:

Okaloosa County
602-C North Pearl Street
Crestview, Florida 32536

- B. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
- C. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above \$10,000.
- D. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). County requests that all deductibles or SIRs be no greater than \$10,000. However, **CONTRACTORS** having insurance with higher deductibles may submit a bid without penalty reflecting the pricing for their deductible provided that **CONTRACTOR** also submits a brief company financial statement.
- E. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the **CONTRACTOR**'s full responsibility. In particular, the **CONTRACTOR** shall afford full coverage as specified herein to entities listed as Additional Insured.
- F. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the **CONTRACTOR** has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.
- G. In the event of failure of the **CONTRACTOR** to furnish and maintain said insurance and to furnish

satisfactory evidence thereof, Okaloosa County shall have the right (but not the obligation) to take out and maintain insurance on the project. All costs for the coverage will be paid by **CONTRACTOR** upon presentation of a bill.

General Terms

Any type of insurance or increase of limits of liability not described above which the **CONTRACTOR** required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the **CONTRACTOR** of any responsibility under this contract.

Should the **CONTRACTOR** engage a subcontractor or sub-subcontractor, the same conditions will apply under this agreement to each subcontractor and sub-subcontractor.

The **CONTRACTOR** hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the **CONTRACTOR** under all the foregoing policies of insurance.

Umbrella Insurance

The **CONTRACTOR** shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this agreement.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/26/2014

Contract/Lease Control #: C14-2200-RM

Bid #:

Contract/Lease Type: CONTRACT

Award To/Lessee: GLICKSMAN CONSULTING SERVICES

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2014

Term: 09/30/2015 W/5-ONE YR RENEWALS

Description of Contract/Lease: ACTUARIAL SERVICES

Department: RM

Department Monitor: GODWIN

Monitor's Telephone #: 850-689-5977

Monitor's FAX # or E-mail: KGODWIN@CO.OKALOOSA.FL.US

Closed: _____

cc: Finance Department Contracts & Grants Office

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: _____ Tracking Number: 1048-14

Contractor/Lessee Name: Glicksman Consulting Grant Funded: YES _____ NO

Purpose: Actuarial Svcs RFP#46-14

Date/Term: 10/1/14 - 9/30/15

Amount: _____

Department: Rm

Dept. Monitor Name: Godwin

1. GREATER THAN \$50,000
 2. GREATER THAN \$25,000
 3. \$25,000 OR LESS

Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:

[Signature] Date: 7-30-14

Purchasing Director or Designee Joanne Kublik

Risk Management Review

Approved as written:

[Signature] Date: 8-5-14

Risk Manager or designee Kay Godwin

County Attorney Review

Approved as written:

[Signature] Date: 8-1-14

County Attorney Gregory T. Stewart

Following Okaloosa County approval:

Contracts & Grants

Document has been received: _____ Date: _____

Contracts & Grants Manager

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