

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 5/8/2007

Contract/Lease Control #: C07-1510-ESI-67

Bid #: N/A Contract/Lease Type: AGREEMENT

Award To/Lessee: OKALOOSA-WALTON COLLEGE

Lessor:

Effective Date: 7/7/2007 \$12,000.00

Term: INDEFINITE

Description of Contract/Lease: EMS TRAINING TRUST FUND

Department Manager: PUBLIC SAFETY/EMS

Department Monitor: D. VALLANI/AL

Monitor's Telephone #: 651-7150

Monitor's FAX #: 651-7170

Date Closed:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave Suite 1350 Orlando FL 32801	CONTACT NAME: Jessica Montgomery PHONE (A/C No. Ext): FAX (A/C No.): 407-370-3057 E-MAIL Address: Jessica_Montgomery@aig.com
INSURED Northwest Florida State College 100 College Blvd. Niceville, FL 32578-1347	INSURER(S) AFFORDING COVERAGE INSURER A: Qualified Self Insurer INSURER B: Safety National Casualty Corporation INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1052164632**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 INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		RM20220301	3/1/2022	3/1/2023	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ Ea Occurrence Agg \$300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		RM20220301	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$200,000 BODILY INJURY (Per accident) \$300,000 PROPERTY DAMAGE (Per accident) \$ Included \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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		SP4086331	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		RM20220301	3/1/2022	3/1/2023	Self Insured Retention \$750,000

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

GL-Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate.

WC-Statutory Excess of \$750,000 Self Insured Retention.

CONTRACT# C06-1418-PS
NORTHWEST FLORIDA STATE COLLEGE
EMERGENCY MEDICAL PARAMEDIC TRAINING
EXPIRES: INDEFINITE

CERTIFICATE HOLDER**CAN**

Okaloosa County Board of County Commissioners
320 N Wilson Street
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)

11/20/2021

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.

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave Suite 1350 Orlando FL 32801	CONTACT NAME: Jessica Montgomery PHONE (A/C, No, Ext): FAX (A/C, No): 407-370-3057 E-MAIL ADDRESS: Jessica_Montgomery@ajg.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Qualified Self Insurer	
INSURER B : Safety National Casualty Corporation	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1770600258 **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			RMC20210301	3/1/2021	3/1/2022	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Ea Occurrence Agg
A	AUTOMOBILE LIABILITY			RMC20210301	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED	RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SP4064531	3/1/2021	3/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RMC20210301	3/1/2021	3/1/2022	Self Insured Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 GL-Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate.
 WC-Statutory Excess of \$750,000 Self Insured Retention.

CONTRACT # C07-1510-PS
OKALOOSA-WALTON COLLEGE
EMS TRAINING TRUST FUND
EXPIRES: INDEFINITE

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 320 N Wilson Street Crestview FL 32536	CANCEL 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)
2/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

Received
MAR 09 2016

Human Resources

COVERAGES

CERTIFICATE NUMBER: 1014183424

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

03-09-16P04:01 RCVD

1510

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

**FUND AGREEMENT BETWEEN
OKALOOSA-WALTON COLLEGE FOUNDATION, INC.
AND OKALOOSA COUNTY, FLORIDA**

This agreement is made and entered into as of MAY 7, 2007, by and between **OKALOOSA COUNTY, FLORIDA** and the **OKALOOSA-WALTON COLLEGE FOUNDATION, INC. (The "Foundation")**.

The Foundation is a non-profit, tax-exempt corporation affiliated with and serving Okaloosa-Walton College, located in Okaloosa County, Florida. The donor, in furtherance of the Donor's charitable intentions, desires to create a fund with the Foundation. The Foundation and the Donor therefore contract and agree as follows:

1. NAME

A fund designated as the **Okaloosa County Employee Career Development Fund** (the "Fund") is hereby created to receive gifts and be administered according to this agreement.

2. INITIAL GIFT TO THE FUND

The donor has delivered to the Foundation a pledge of \$12,000. This gift is eligible for \$12,000 from the state's Dr. Philip Benjamin Academic Improvement Trust Fund.

3. PURPOSES

The purpose of the Fund is as follows: The **Okaloosa County Employee Career Development Fund** shall be used to provide tuition assistance for Okaloosa County employees attending Okaloosa-Walton College in the college's Paramedic Program.

4. DISTRIBUTION OF INCOME

Income of the Fund shall be used solely for, or in furtherance of, the purposes of the Fund. The Foundation will not be compelled to apply income more frequently than annually.

5. ADMINISTRATIVE PROVISIONS

- a) The Foundation shall hold, manage, administer and distribute the Fund, and shall have the full right of sale, investment and reinvestment, as the Foundation may from time to time deem prudent, consistent with the terms of this agreement, and the Acceptance and Investment policies of the Foundation.
- b) All contributions to the Fund shall become the property of the Foundation and may be co-mingled with other Foundation assets. The Foundation shall not be required to segregate the assets of the Fund for investment purposes, but the Foundation shall be required to maintain separate accounts of the income and principal of the Fund on its books and records.

CONTRACT: EMS TRAINING
TRUST FUND
CONTRACT NO.: C07-1510-ESI-67
OWC
EXPIRES: INDEFINITE

- c) If the Foundation in good faith determined that any gifts, devises, or bequests to the Fund have restrictions which are or become impractical, or impossible of fulfillment, then the Foundation is authorized to vary the terms and restrictions of any such gifts, devises, or bequests in order to best promote the purposes for which the Fund exists.
- d) The Foundation shall apply for any and all matching funds from the State of Florida or other sources for which the gift is eligible.

6. TERMINATION

This fund shall continue as long as the need exists and adequate money or property is available for its purposes, or until the Foundation dissolves it or it is terminated. If, in the good faith opinion of the Foundation, the original charitable and benevolent purposes of this Fund are impractical or impossible of fulfillment, then any remaining assets in the Fund shall be applied in such amounts and for such purposes as the Board of Directors of the Foundation determines to be consistent with the general charitable and benevolent purposes of the Fund. If the Fund terminates, any remaining funds shall be applied in such amounts and for such purposes as the Board of Directors in good faith determines to most nearly approximate the original charitable and benevolent purposes of this fund.

7. IRREVOCABLE

This gift by the Donor to create this Fund is irrevocable.

8. LAW


This agreement shall be governed by, and construed according to the law of the State of Florida.

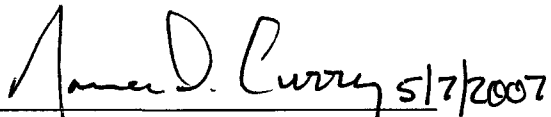
Witness of the parties as of the day and year set out above.

ATTEST:

OKALOOSA COUNTY, FL

By:



Dino J. Villani, Dir. of Public Safety

 5/7/2007
James D. Curry, County Administrator

ATTEST:

OKALOOSA-WALTON COLLEGE
FOUNDATION, INC.

BY:


Stephen P. White, EMS Programs
Director


President or Executive Director