

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 01/26/2016

Contract/Lease Control #: C16-2364-GM

Bid #: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: ACCESS2CARE

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 01/21/2016

Term: 09/30/2020

Description of Contract/Lease: NON-EMERGENCY TRANSPORTATION VENDOR

Department: GM

Department Monitor: KAMPERT

Monitor's Telephone #: 850-651-7180

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

Closed: _____

cc: Finance Department Contracts & Grants Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2018

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 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. 2345 Grand Blvd., Suite 400 Kansas City MO 64108		CONTACT NAME: Donny Duncan PHONE (A/C No, Ext): 816-329-0856 E-MAIL ADDRESS: donny_duncan@ajg.com		FAX (A/C No): 816-218-0856
INSURED Maruti Fleet & Management, LLC Maruti Transit Group, LLC 2301 South Division Ave. Orlando FL 32805		INSURER(S) AFFORDING COVERAGE INSURER A : Columbia Casualty Company INSURER B : Continental Casualty Company INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 31127 20443

COVERAGES **CERTIFICATE NUMBER: 1898572735** **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		HMA 6072163294	5/23/2018	5/23/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" 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	Y		BUA 6072126343	5/23/2018	5/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Any vehicles leased/rented/borrowed to the Named Insured
Okaloosa County is listed as Additional Insured applicable to Auto Liability per form SCA23500D09 10 11, and General Liability per form CNA71818XX 01-2016. Physical Abuse and/or Sexual Misconduct is not excluded from the General Liability policy.
Physical Damage is included on the Auto Liability policy number BUA 6072126343 listed above with comp/collision deductible of \$5,000

C15-2323-GM / C16-2364 / C16-2392-GM / C16-2401-GM

CERTIFICATE HOLDER Okaloosa County 802-C North Pearl Street 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
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2018

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.

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RECEIVED
 JUN 07 2018
 BY: PURCH

PRODUCER
Cobbs Allen
 115 Office Park Drive
 Birmingham AL 35223

CONTACT NAME: **Andrea Gilley**
 PHONE (A/C, No, Ext): **205-414-8100**
 E-MAIL ADDRESS: **agilley@cobbsallen.com**

FAX (A/C, No):

INSURED
Maruti Fleet & Management, LLC
Maruti Transit Group, LLC
 2301 South Division Street
 Orlando FL 32805

MARUT-2

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **Maxum Indemnity Company**INSURER B : **Scottsdale Insurance Company****41297**INSURER C : **RLI****13056**

INSURER D :

INSURER E :

INSURER F :

COVERAGESCERTIFICATE NUMBER: **1642784936**

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		PFP602515604	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible Per Claim \$ 5,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		LFB0017823	10/1/2017	6/4/2018	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 DED RETENTION \$			XLS0103375	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 APPLIES \$ TO GL ONLY
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Cancelling for non-payment

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

The County of Okaloosa is Additional Insured with respects to Commercial General Liability and Auto Liability, where required by written contract. 30 days notice of cancellation, except 10 days for nonpayment, subject to policy terms, conditions and exclusions.

Physical Abuse and/or Sexual Misconduct Sub-Limit of Liability included on General Liability policy \$250,000 Each Claim/ \$250,000 Aggregate

2007 Ford Sedan 3FAHP07137R209181 \$15,100
 2011 Ford Pick Up 1FTM1CM7BKD35493 \$14,925
 2014 Chevrolet Cutaway 1GB6G5BGXE1198685 \$74,882
 See Attached...

C15-2323-GM / C16-2401-GM

C16-2364-GM / C16-2392-GM

CERTIFICATE HOLDER

Okaloosa County
 602 C N Pearl Street
 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

Andrea Gilley

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ADDITIONAL REMARKS SCHEDULE

AGENCY Cobbs Allen		NAMED INSURED Maruti Fleet & Management, LLC Maruti Transit Group, LLC 2301 South Division Street Orlando FL 32805
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- 2014 Chevrolet Cutaway 1GB6G5BG1E1195495 \$71,922
- 2014 Chevrolet Cutaway 1GB6G5BG5E1198531 \$74,882
- 2015 Ford Cutaway 1FDGF5GY4FEA54365 \$92,943
- 2012 Chevrolet Cutaway 1GB3G2BG0B1176918 \$67,613
- 2015 Chevrolet Cutaway 1GB6G5BG4E1198309 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG1E1195836 \$74,882
- 2014 MOVT Mini Van 57WMD1A68EM100941 \$47,000
- 2014 MOVT Mini Van 57WMD1A65EM100945 \$46,598
- 2007 Ford Sedan 3FAHP07187R204915 \$16,100
- 2007 Ford Sedan 3FAHP07167R204914 \$15,100
- 2012 Chevrolet Cutaway 1GB6G5BG0B1177226 \$72,158
- 2012 Chevrolet Cutaway 1GB6G5BG0B1177596 \$71,383
- 2012 Chevrolet Cutaway 1GB6G5BG5B1177710 \$71,383
- 2012 Chevrolet Cutaway 1GB6G5BG5B1176573 \$72,158
- 2009 Chevrolet Cutaway 1GBJG31K191162328 \$72,444
- 2009 Chevrolet Cutaway 1GBJG31K191160899 \$72,444
- 2009 Chevrolet Cutaway 1GBJG31K191160529 \$72,444
- 2007 Chevrolet Cutaway 1GBE4V1247F404115 \$84,662
- 2012 Chevrolet Cutaway 1GB6G5BG7B1177952 \$71,383
- 2012 Chevrolet Cutaway 1GB3G2BG3B1176847 \$67,613
- 2012 Chevrolet Cutaway 1GB3G2BG9C1199034 \$67,613
- 2012 Chevrolet Cutaway 1GB3G2BG6B1175126 \$67,613
- 2012 Chevrolet Cutaway 1GB3G2BG6B1176308 \$67,613
- 2015 Chevrolet Cutaway 1GB6G5BG7E1198353 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG5E1199369 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG6E1198117 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG7E1198580 \$74,882
- 2015 Chevrolet Cutaway 1GB6G5BG4E1198245 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG5E1198173 \$74,882
- 2015 Chevrolet Cutaway 1GB6G5BG3E1199130 \$74,882
- 2015 Chevrolet Cutaway 1GB6G5BG9E1199410 \$74,882
- 2014 Chevrolet Cutaway 1GB6G5BG7E1195470 \$71,922
- 2008 Chevrolet Cutaway 1GBE4V1958F413419 \$91,513
- 2014 Chevrolet Cutaway 1GB6G5BG8E1195865 \$71,922
- 2014 Chevrolet Cutaway 1GB6G5BG1E1195142 \$71,922
- 2015 Ford Cutaway 1FDGF5GY6FEA54366 \$95,503
- 2007 Freight Trolley 4UZAB9BV55CU61711 \$139,939
- 2007 Freight Trolley 4UZAB9BV27CZ21068 \$139,939
- 2017 Ford Transit 1FDVU4XG2HKA67571 \$50,000
- 2017 Ford Transit 1FDZX2MXHKA73508 \$70,000
- 2017 Ford Transit 1FDVU4XG0HKB22079 \$65,042
- 2017 Ford Transit 1FDVU4XG0HKB22082 \$69,119
- 2017 Ford Transit 1FDVU4XG0HKB22083 \$69,119
- 2017 Ford Transit 1FDVU4XG6HKB22085 \$65,042
- 2017 Ford Transit 1FDVU4XG7HKB22080 \$69,119
- 2017 Ford Transit 1FDVU4XG8HKB22086 \$69,119
- 2017 Ford Transit 1FDZX2XM8HKA73507 \$69,119
- 2017 Ford Transit 1FDVU4XG9HKB22081 \$69,119
- 2017 Ford Transit 1FDVU4XG2HKB32273 \$69,119
- 2017 Ford Transit 1FDVU4XG4HKB32274 \$69,119
- 2017 Ford Transit 1FDVU4XG6HKB32275 \$69,119
- 2017 Ford Transit 1FDVU4XG4HKB22084 \$69,119



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2018

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PRODUCER Cobbs Allen 115 Office Park Drive Birmingham AL 35223	CONTACT NAME: Andrea Gilley PHONE (A/C, No, Ext): 205-414-8100 E-MAIL ADDRESS: agilley@cobbsallen.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED MARUT-2 Maruti Fleet & Management, LLC Maruti Transit Group, LLC 2301 South Division Street Orlando FL 32805	INSURER A : Maxum Indemnity Company	
	INSURER B : Scottsdale Insurance Company	
	INSURER C : RLI	
	INSURER D :	
	INSURER E :	
INSURER F :		NAIC #

COVERAGES

CERTIFICATE NUMBER: 1988473415

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		PFP602515604	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible Per Claim \$ 5,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		LFB0017823	10/1/2017	10/1/2018	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XLS0103375	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 APPLIES \$ TO GL ONLY
	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"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

RECEIVED
 MAY 31 2018
 BY: P. R. C. I. T.

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

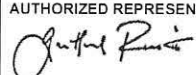
The County of Okaloosa is Additional Insured with respects to Commercial General Liability and Auto Liability, where required by written contract. 30 days notice of cancellation, except 10 days for nonpayment, subject to policy terms, conditions and exclusions.

Physical Abuse and/or Sexual Misconduct Sub-Limit of Liability included on General Liability policy \$250,000 Each Claim/ \$250,000 Aggregate

2007 Ford Sedan 3FAHP07137R209181
 2011 Ford Pick Up 1FTM1CM7BKD35493
 2014 Chevrolet Cutaway 1GB6G5BGXE1198685
 See Attached...

C16-2364-GM

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County 602 C N Pearl 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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ACORD 25 (2014/01)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



ADDITIONAL REMARKS SCHEDULE

AGENCY Cobbs Allen		NAMED INSURED Maruti Fleet & Management, LLC Maruti Transit Group, LLC 2301 South Division Street Orlando FL 32805	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

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- 2014 Chevrolet Cutaway 1GB6G5BG5E1198531
- 2015 Ford Cutaway 1FDGF5GY4FEA54365
- 2012 Chevrolet Cutaway 1GB3G2BG0B1176918
- 2015 Chevrolet Cutaway 1GB6G5BG4E1198309
- 2014 Chevrolet Cutaway 1GB6G5BG1E1195836
- 2014 MOVT Mini Van 57WMD1A68EM100941
- 2014 MOVT Mini Van 57WMD1A65EM100945
- 2007 Ford Sedan 3FAHP07187R204915
- 2006 Ford Sedan 1FAFP53U07A112812
- 2007 Ford Sedan 3FAHP07167R204914
- 2012 Chevrolet Cutaway 1GB3G2BG5B1175702
- 2012 Chevrolet Cutaway 1GB6G5BG0B1177226
- 2012 Chevrolet Cutaway 1GB6G5BG0B1177596
- 2012 Chevrolet Cutaway 1GB6G5BG5B1177710
- 2012 Chevrolet Cutaway 1GB6G5BG5B1176573
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- 2009 Chevrolet Cutaway 1GBJG31K191160529
- 2007 Chevrolet Cutaway 1GBE4V1247F404115
- 2012 Chevrolet Cutaway 1GB6G5BG7B1177952
- 2012 Chevrolet Cutaway 1GB3G2BG3B1176847
- 2012 Chevrolet Cutaway 1GB3G2BG9C1199034
- 2012 Chevrolet Cutaway 1GB3G2BG6B1175126
- 2012 Chevrolet Cutaway 1GB3G2BG6B1176308
- 2015 Chevrolet Cutaway 1GB6G5BG7E1198353
- 2014 Chevrolet Cutaway 1GB6G5BG5E1199369
- 2014 Chevrolet Cutaway 1GB6G5BG6E1198117
- 2014 Chevrolet Cutaway 1GB6G5BG7E1198580
- 2015 Chevrolet Cutaway 1GB6G5BG4E1198245
- 2014 Chevrolet Cutaway 1GB6G5BG5E1198173
- 2015 Chevrolet Cutaway 1GB6G5BG3E1199130
- 2015 Chevrolet Cutaway 1GB6G5BG9E1199410
- 2014 Chevrolet Cutaway 1GB6G5BG7E1195470
- 2008 Chevrolet Cutaway 1GBE4V1958F413419
- 2014 Chevrolet Cutaway 1GB6G5BG8E1195865
- 2014 Chevrolet Cutaway 1GB6G5BG1E1195142
- 2015 Ford Cutaway 1FDGF5GY6FEA54366
- 2007 Freight Trolly 4UZAB9BV55CU61711
- 2007 Freight Trolly 4UZAB9BV27CZ21068
- 2017 Ford Transit 1FDVU4XG2HKA67571
- 2017 Ford Transit 1FDZX2XMXHKA73508
- 2017 Ford Transit 1FDVU4XGOHKB22079
- 2017 Ford Transit 1FDVU4XG0HKB22082
- 2017 Ford Transit 1FDVU4XG0HKB22083
- 2017 Ford Transit 1FDVU4XG6HKB22085
- 2017 Ford Transit 1FDVU4XG7HKB22080
- 2017 Ford Transit 1FDVU4XG8HKB22086
- 2017 Ford Transit 1FDZX2XM8HKA73507
- 2017 Ford Transit 1FDVU4XG9HKB22081
- 2017 Ford Transit 1FDVU4XG2HKB32273
- 2017 Ford Transit 1FDVU4XG4HKB32274
- 2017 Ford Transit 1FDVU4XG6HKB32275
- 2009 Chev Cutaway 1GBJG31K591161232



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2017

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PRODUCER Cobbs Allen 115 Office Park Drive Birmingham AL 35223	CONTACT NAME: Andrea Gilley	
	PHONE (A/C, No, Ext): 205-414-8100	FAX (A/C, No):
E-MAIL ADDRESS: agilley@cobbsallen.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great American Alliance Insurance Company		26832
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

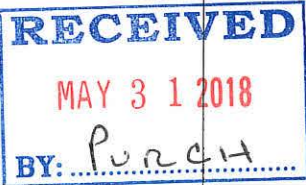
INSURED MARUT-2
 Maruti Fleet & Management, LLC
 Maruti Transit Group, LLC
 2301 South Division Avenue
 Orlando FL 32805

COVERAGES

CERTIFICATE NUMBER: 1182724422

REVISION NUMBER:

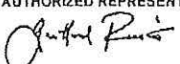
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	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:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	WCC291456191027	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

C16-2364-GU

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County 602-C North Pearl 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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Search Results

Current Search Terms: access2care*

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.
No records found for current search.

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.P.41.20151230-2151

WWW6

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



CERTIFIED A TRUE AND CORRECT COPY

JD PEACOCK II
CLERK CIRCUIT COURT



Access2Care

BY Jessica Ward
DEPUTY CLERK
DATE 1-25-16

Non-Emergency Transportation Vendor Application

PLEASE CHECK THE FOLLOWING TO MAKE SURE YOU'VE SUBMITTED A COMPLETE APPLICATION:

1. Have you completed all provider information?
2. Have you attached a copy of your insurance coverage?
3. Have you attached a copy of your business license?
4. Did you sign the application?

Company Information

Legal Name of Service: Okaloosa County Board of county Commissioners		DBA: Emerald Coast Rider	
Corporate Street Address: 101 E. James Lee Blvd #104		City: Crestview	
County: Okaloosa	State: FL	Zip Code: 32536	Phone: 850-651-7200
Fax: 850-689-4272	E-mail:	Federal Tax ID Number (or SS# if sole proprietor) 59-6000765	

Mailing Address: (if different) 600 Transit Way		
City: Fort Walton Beach	State: FL	Zip Code: 32547

If multiple locations, please attach a separate list of all applicable service locations, addresses and contact information

1. Names of contacts for your business:

Name	Title	Phone	Email
Janet Willis	Transit Coordinator	850-609-7003	jwilllis@co.okaloosa.fl.us
Marcella Eubanks	Contracts & Grants Manager	850-651-5000	meubanks@okaloosaclerk.com

2. Please identify the types of service you provide AND the number of vehicles you use in regular service

Ambulatory (9) Wheelchair (45)
 Stretchers Other: Service -2
 Ambulances

3. Will your drivers assist ambulatory members if necessary (i.e., frail and/or elderly patient)?

Yes No If yes, indicate specific assistance: (check all that apply)
 To/From Front Door Up / Down Steps In an Elevator To a Check-In Desk.

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4. Will your drivers assist riders as they transfer from wheelchair to seat? Yes No

5. If you use sedans, will you transport a person who is in a wheelchair, but who is capable of "scooting" from the chair to the vehicle and have the wheelchair folded up and placed in the trunk?

Yes No (Note: This is not appropriate for van use because the stowed wheelchair can become a flying/harmful object within the vehicle in the event of a crash if it is not properly secured)

6. Can you provide attendants to stay with the rider during entire medical appointment, if necessary?

Yes No

Do you contract with an organization that provides attendants? Yes No

7. Do you provide child restraint seats? Yes No

If no, would you consider purchasing car seats as needed? Yes No

(Note: If you do not have child restraint seats, you may not accept any trips that ask for a child seat to be provided by the transportation provider)

8. What is your present service area in which you would like to receive trips for pickup? Please list them by county. If you do not service the entire county, please specify the zip codes you service. Include a separate sheet if needed.

County	Zip	County	Zip	County	Zip
Okaloosa Co.					

**Do not travel out-of-state

9. Are you will to accept van or paralift trips outside of your local area if needs arise?

Yes No

10. Are you able and willing to accept same day requests? Yes No

*Dependent on available resources

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11. What are your regular business hours (when your office is open)?

Monday - Saturday 7:30 - 4:30pm M-F Sundays/Holidays No Sundays - select holidays

12. What are your days and hours of regular transportation service? (our system will not schedule a trip within one hour of start/stop time)

Monday - Saturday 6:00a - 11:00 p Sundays/Holidays 7a - 7p (limited resources)

13. What is the maximum number of **daily round trips** you are willing to accept within your service area?

Ambulatory _____ Wheelchair _____ Other Resources & destination depend

14. Will you agree to place a phone call to each rider informing them of pickup time, and confirm pickup arrangements? Yes _____ No X

15. What is your primary communication system with vehicles/Drivers? Please check all that apply:

2-Way Radio _____ Cell Phone X Other _____

16. Does your business qualify for your State's "Minority-Owned Business Enterprise" (MBE)? NA

Yes _____ No _____ (Note: MBE usually means U.S. citizen(s), a sole proprietorship, partnership, corporation or joint venture, owned, operated and controlled by a minority group member or members who have at least 51 percent ownership. The minority group member(s) must have day-to-day operational and managerial control, and an interest in capital and earnings commensurate with his/her/their ownership. Minority is generally defined as belonging to one of the following racial minority groups: African Americans, Native Americans, and Hispanic Americans, Asian Americans or other similar racial groups.)

If yes, is your company a Certified MBE? Yes _____ No _____ If so please provide us with a copy of your certificate. If not, are you interested in becoming certified? Yes _____ No _____

17. Does your business qualify for your state's "Women-Owned Business Enterprise" (WBE)? NA

Yes ___ No ___ (designation not available in all states; description is above, replace "woman" for "minority".)

If yes, is your company a Certified WBE? Yes ___ No ___ If so please provide us with a copy of your certificate. If not, are you interested in becoming certified? Yes ___ No ___

18. What is your state/commonwealth Medicaid provider #? NA

(If a Medicaid provider # has been assigned to your company)

Access2Care

19. Insurance Information Insurance Company Limit Amount per occurrence/aggregate \$
 VEHICLES ARE LEASED TO OPERATIONS PROVIDER (contractor) SEE ATTACHED INSURANCE CERTIFICATE

Vehicle Liability		
Personal Liability		
Workman's Comp		

NOTE: Attach insurance cover sheets or certificates of insurance to this application.

20. Have there ever been any liability (i.e., malpractice, commercial, or vehicle) claims, suits, judgments, settlements or arbitration proceedings brought against you or currently pending involving you?
 Yes No

21. Have you (or any employee that will provide services for us) ever been suspended, fined, disciplined, investigated, expelled, sanctioned or otherwise restricted or excluded from participation in any private, federal, or state health insurance programs (i.e., Medicare/ Medicaid), or are any such proceedings in progress against you/them? Yes No

22. Have you (or any employee that will provide services for us) ever been disciplined or sanctioned by any professional licensing body or accrediting organization, or are any such proceedings in progress against you/them? Yes No

23. Have you (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contendere to any felony that is reasonably related to your qualifications, competence, functions or duties of the services that will be provided or currently under indictment or currently have pending any such charges? Yes No

24. Have you (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contendere to any felony that alleged fraud, an act of violence, child abuse, patient abuse or sexual misconduct or are currently under indictment or currently have pending any such charges? Yes No

For any of these questions that you answered Yes, please provide a full and complete explanation on an additional sheet of paper. Answering Yes to any of the above questions does not necessarily disqualify you from consideration.

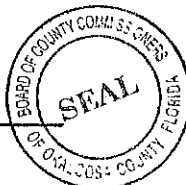
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By signing this application, the Transportation Provider acknowledges that it, as well as any employee or contract employee, is not listed on the U.S. Department of Health and Human Services' Excluded Provider list for federal health care programs. Under no circumstances shall any such excluded provider be allowed to provide services in our Network.

APPLICANT'S SIGNATURE

The undersigned Provider certifies that the above information is true and complete. I further certify that the service specified above will operate in conformity to the requirements of all local, state, and federal regulations. The undersigned Provider hereby consents to its (including any of its principals or employees) background being checked by AMR and/or its agent. Provider consents to the disclosure, inspection and copying of information and documents related to Provider's qualifications for Network participation by and between AMR and other health care organizations and third parties regarding Provider's qualifications for the purpose of evaluating this application. Provider is informed and acknowledges that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications made in good faith in connection with evaluating the qualifications of health care providers. Provider hereby releases all persons and entities, including AMR, their representatives and all persons and entities providing information to AMR, from any liability they might incur for their acts and/or communications in connection with evaluation of Provider's qualifications for Network participation, including any decision to admit or deny Provider's application. Provider understands and agrees that Provider, as an applicant, has the burden of producing adequate information for proper evaluation of Provider's qualifications for Network membership. The undersigned hereby affirms that the information submitted in this application and any addenda thereto is true, current, correct, and completed to the best of my knowledge and belief and is furnished in good faith. Provider agrees to provide AMR with any updated information in the event of any change in the information set forth in this application.


Applicant Signature



11/21/14
Date

PLEASE CHECK THE FOLLOWING TO MAKE SURE YOU'VE SUBMITTED A COMPLETE APPLICATION:

1. Have you completed all provider information?
2. Have you attached a copy of your insurance coverage?
3. Have you attached a copy of your business license?
4. Did you sign the application?

Access2Care

Transportation Provider Contact Sheet

Provider Name: Maruti Fleet & Management

Physical Address: 600 Transit Way

Physical City, State ZIP: Fort Walton Beach, FL 32547

Email address: rberkstresser@co.okaloosa.fl.us

Dispatch Contact: John Fick

Billing Contact Name: Crystal Meyers

Phone: 850-833-9168

Billing Contact Number: 850-833-9168

Fax: 850-833-9286

Billing Contact Fax: 850-833-9286

After hours contact Name: Bob Berkstresser, GM or Crystal Meyers, Asst GM

After hours Number: (850) 238-2046

Please print this page for your records.

Print

Registration Summary

General Vendor Information

Vendor Name: Okaloosa County Board of County Commissioners
Short Name (Does Business As): Okaloosa County
Arlba Network ID:
Dun and Bradstreet Number: 613277649
Web Site: <http://www.co.okaloosa.fl.us>
Federal Tax ID Number: F596000765
Name that appears on 1099 Form: Okaloosa County BOCC
W9 Status: Valid W-9 on File
DFS W9 Last Update Date: May 7, 2014
Business Designation: Government Entity - County

Contacts

Name	Title	Phone	Fax	Email
Gary J. Stanford	Finance Director	850-651-7200	850-689-5882	gstanford@okaloosaclerk.com
Marcella B Eubanks	Contracts & Grants Manager	850-651-7200	850-689-4272	meubanks@okaloosaclerk.com

Locations

<u>Contract & Grants</u>		<u>Sequence 016</u>
P.O. Info: Orders:EMAIL Email:meubanks@okaloosaclerk.com Fax:850-889-4272 Contact:Marcella B Eubanks	Remit To: Fax: Contact:Marcella B Eubanks	Billing Contact: Email: Fax:850-689-4272 Contact:Marcella B Eubanks
101 E James Lee Blvd, Room 104 Crestview, FL 32536 Okaloosa US	302 N Wilson Street, St 203 Crestview, FL 32536 Okaloosa US	101 E James Lee Blvd, Room 104 Crestview, FL 32536 Okaloosa US

Certified Business Enterprise Info (CBE)

Minority Business Designation: Non-Minority
Woman Owned Designation: Non-Woman-Owned
SDVBE Owned Designation: Non-SDVBE

Solicitation Selection

Registered for Solicitations: No
Registered for VBS: No
Solicitation/Sales Contact Email: N/A

Florida Terms of Use

Accepted: 05/06/2014 by Marcella B Eubanks

Commodity Codes

82111600 Non technical writing
84101600 Aid financing
93141501 Social policy services
93151500 Public administration

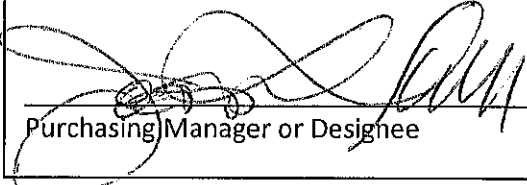
Close Window

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MyFloridaMarketPlace Vendor Registration Customer Service: 866-FLA-EPRO (866-352-3776)

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>New</u>	Tracking Number: <u>1602-16</u>
Contractor/Lessee Name: <u>Access2Care</u>	Grant Funded: YES ___ NO ___
Purpose: <u>To register as a vendor to provide transit services to Access2Care @ Access2Care</u>	
Date/Term: _____	1. <input type="checkbox"/> GREATER THAN \$50,000
Amount: <u>Per A2C's rate schedule</u>	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>GM</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Kompet Willis</u>	
Document has been reviewed and includes any attachments or exhibits.	

Purchasing Coordination	
	Date: <u>1-7-14</u>
Purchasing Manager or Designee	Joanne Kublik or Sunnie Estes

Risk Management Review	
Approved as written:	<u>see attached</u>
_____	Date: _____
Risk Manager or designee	Laura Porter or Krystal King

County Attorney Review	
Approved as written:	<u>see attached</u>
_____	Date: _____
County Attorney	Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or designee

Following Okaloosa County approval:

Contracts & Grants	
Document has been received:	Date: _____

Contracts & Grants Manager	

Joanne Kublik

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Friday, January 08, 2016 10:35 AM
To: Joanne Kublik
Cc: Lynn Hoshihara; Laura Porter; Janet Willis; Elliot Kampert
Subject: RE: Access2Care Please review

Jo:

The above referenced registration form application is approved for legal sufficiency.
Kerry

From: Joanne Kublik [mailto:jkublik@co.okaloosa.fl.us]
Sent: Thursday, January 07, 2016 3:30 PM
To: Parsons, Kerry; Lynn Hoshihara; Laura Porter
Subject: Access2Care Please review

Please review. Thanks, Jo

Joanne Kublik, FCCM
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536
(850) 689-5960
jkublik@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.

Joanne Kublik

From: Laura Porter
Sent: Friday, January 08, 2016 12:22 PM
To: Joanne Kublik
Subject: RE: Access2Care Please review

This meets the requirements for approval by Risk Management.

Laura Porter

Risk Manager
Okaloosa County Board of County Commissioners
(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 e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Joanne Kublik
Sent: Thursday, January 07, 2016 2:30 PM
To: 'Parsons, Kerry'; Lynn Hoshihara; Laura Porter
Subject: Access2Care Please review

Please review. Thanks, Jo

Joanne Kublik, FCCM
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536
(850) 689-5960
jkublik@co.okaloosa.fl.us

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