CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:	01/26/2016
Contract/Lease Control #	: <u>C16-2364-GM</u>
Bid #:	
Contract/Lease Type:	CONTRACT
Award To/Lessee:	ACCESS2CARE
Owner/Lessor:	<u>OKALOOSA COUNTY</u>
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 CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN: REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	IVEL SURA ND T is an t to t	Y OF NCE HE C ADE he te	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER. DITIONAL INSURED, the rms and conditions of th	EXTE TE A (policy(ne polic	ND OR ALT CONTRACT ies) must ha cy, certain p	ER THE CO BETWEEN T ve ADDITIOI olícies may	VERAGE AFFORDED E THE ISSUING INSURER	SY THE (S), AL	POLICIES
PRODUCER	to the	e cen	incate holder in lieu of s	I CONTA	dorsement(s	·).			
Arthur J. Gallagher Risk Management	Sen	/ices	, Inc.	NAME: PHONE	CT Donny Du	ncan	FAX		
2345 Grand Blvd., Suite 400				A/C.N	p, Ext): 816-32	9-0856	FAX (A/C, No):	816-21	8-0856
Kansas City MO 64108				ADDRE	ss: donny_d	uncan@ajg.c	om		
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
			-	INSURE	RA: Columbi	a Casualty C	ompany		31127
INSURED	MARU	FLE-0	1	INSURE	кв: Contine	ntal Casualty	Company		20443
Maruti Fleet & Management, LLC Maruti Transit Group, LLC				INSURE	RC:				
2301 South Division Ave.				INSURE	RD:				
Orlando FL 32805				INSURE	RE:				
				INSURE	· · · · ·				
COVERAGES CEF	TIFI	CATE	E NUMBER: 1898572735		-121		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	s of Equip Pert Poli	INSUF REME FAIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ed named above for th Document with respec D herein is subject to	ст то у	WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY	Y		HMA 6072163294		5/23/2018	5/23/2019	EACH OCCURRENCE	\$ 1,000,0	000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
							MED EXP (Any one person)	\$ 5,000	
······································							PERSONAL & ADV INJURY	\$ 1,000,0	200
GEN'L AGGREGATE LIMIT APPLIES PER:									
	ł						GENERAL AGGREGATE	\$ 3,000,0	
							PRODUCTS - COMP/OP AGG	\$ 3,000.0	000
B AUTOMOBILE LIABILITY	Y		Dilla 0070400040		5/00/2010	5500040	COMBINED SINGLE LIMIT	\$	
	ľ		BUA 6072126343		5/23/2018	5/23/2019	(Ea accident)	\$ 1,000,0	
ANY AUTO							BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
			-					\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION	<u> </u>						PER STATUTE ER		
AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED?	N/A							·····	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
					L <u></u>		L		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Re: Any vehicles leased/rented/borrowed to Okaloosa County is listed as Additional Insi 01-2016. Physical Abuse and/or Sexual Mit Physical Damage is included on the Auto L	o the ured a scond	Name applic luct is	ed Insured able to Auto Liability per fo not excluded from the Ge	orm SC. neral Li	A23500D09 1 ability policy.	0 11, and Ge	eneral Liability per form CN	IA7181	8XX
C15-2323-GU1	CI	.6-	2364/016-	93,	12.Cr	elciu	-2401-G.W		
CERTIFICATE HOLDER				CANC	ELLATION	······			
Okaloosa County 602-C North Pearl Street			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Crestview FL 32536				AUTHO	RIZED REPRESE	NTATIVE			
					© 19	88-2015 AC	ORD CORPORATION.	All righ	its reserved.

A X conversion Sector	ACORD	CERTIFICATI	E OF LIABILITY	INSURANC	E	DATE (MM/DD/YYYY) 5/31/2018		
the terms and conditions of the policy, certain policias margequire an endorsement. A statement on this certificate does not confer rights to the certificate holes must consider rights to the certificate holes must consider and the certificate holes must be certifi	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							
Produces Cobbs Allen T15 Office Park Drive Bimmingham AL 55223 WUN 0 7 2018 WUN 0 W	the terms and conditions of the	oolicy, certain policies ma	ay re quire an endorsemen					
NAUT2 Maruti Tarchi Group LC Maruti Tarchi G	PRODUCER Cobbs Allen	I les which is a	CONTACT NAME: A		FAX (A/C, No):			
INSURED MANUT2 MANUT2 Marut1 Freet & Management, LLC Marut1 Transit Group, LLC 2001 South Division Street Orlando FL 52805 MARUT2 Insure e.: Insure	Birmingham AL 35223	BY: PURCH		INSURER(S) AFFO	RDING COVERAGE	NAIC #		
Orlando FL 32805 Insureme E: Insureme E: INSURER E: INSURE TO ALL THE FOLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICY PERIOD INSURER E:	Maruti Fleet & Management, LLC Maruti Transit Group, LLC		INSURER B :	Scottsdale Insurance				
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2011 Ford Pick Up 1FTM1CM7BKD35493 \$14,925 2014 Chevrolet Cutaway 1GB6G5BGXE1198685 \$74,882 See Attached CERTIFICATE HOLDER 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		20 .	included on General Liability	/ policy \$250,000 Eac		te		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 602 C N Pearl Street Crestview FL 32536	2011 Ford Pick Up 1FTM1CM7BKD3 2014 Chevrolet Cutaway 1GB6G5BG	5493 \$14,925			R 0 0			
Okaloosa County THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 602 C N Pearl Street Authorized Representative	CERTIFICATE HOLDER		CANCELI	ATION				
Crestview EL 32536			THE EX	PIRATION DATE TH	EREOF, NOTICE WILL BE			
© 1988-2014 ACORD CORPORATION. All rights reserved.	Crestview FL 32536		Construction of the second se second second sec	Priz				

AGENCY CUSTOMER ID:	MARUT-2	
LOC #:		



ADDITIONAL REMARKS SCHEDULE

Page <u>1</u> of <u>1</u>

Cobbs Allen		NAMED INSURED Maruti Fleet & Management, LLC
POLICY NUMBER		Aruti Transit Group, LLC 2301 South Division Street Orlando FL 32805
CARRIER	NAIC CODE	-
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF		ISURANCE
2014 Chevrolet Cutaway 1GB6G5BG1E1195495 \$71,922 2014 Chevrolet Cutaway 1GB6G5BG5E1198531 \$74,882 2015 Ford Cutaway 1GB6G5BG4E1198531 \$74,882 2014 Chevrolet Cutaway 1GB6G5BG4E1195830 \$74,882 2014 MOVT Mini Van 57VMD1A68EM100941 \$47,000 2014 MOVT Mini Van 57VMD1A68EM100945 \$46,598 2007 Ford Sedan 3FAHP07187R204915 \$16,100 2007 Ford Sedan 3FAHP07187R204915 \$16,100 2012 Chevrolet Cutaway 1GB6G5BG0B117726 \$71,383 2012 Chevrolet Cutaway 1GB6G5BG0B1177596 \$71,383 2012 Chevrolet Cutaway 1GB6G5BG5BG1177670 \$71,383 2012 Chevrolet Cutaway 1GB6G5BG7B117790 \$71,383 2012 Chevrolet Cutaway 1GB6G5BG7B1177952 \$71,383 2012 Chevrolet Cutaway 1GB3G31K191160299 \$72,444 2009 Chevrolet Cutaway 1GB3G2BG6C1199034 \$847,613 2012 Chevrolet Cutaway 1GB3G2BG6B1177526 \$71,383 2012 Chevrolet Cutaway 1GB3G2BG6B1175126 \$67,613 2014 Chevrolet Cutaway 1GB6G5BG7E1198350 \$74,882 2014 Chevrolet Cutaway 1GB6G5BG7E1198306 \$74,882 2014 Chevr		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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t	MPORTANT: If the certificate holder he terms and conditions of the policy ertificate holder in lieu of such endor	, certain	n policies may require an e	policy(ies) mu ndorsement.	ist b A sta	e endorsed. Itement on th	If SUBROGATION IS V is certificate does not o	VAIVED confer r	, subject to ights to the
1.2.2.2.2.2.2	boucer bbbs Allen			CONTACT NAME: Andr			1 27112		
11	5 Office Park Drive			PHONE (A/C, No, Ext): 20 E-MAIL)5-41	4-8100	FAX (A/C, No)	:	
Bir	mingham AL 35223			ADDRESS: agil					
				N/a		12 22 8 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RDING COVERAGE		NAIC #
INSI	JRED	MARUT-2		INSURER A : Ma	2007 10	Contraction of the second	new second s		44007
	aruti Fleet & Management, LLC			INSURER C : RL		ale insulance	Company		41297 13056
	aruti Transit Group, LLC 01 South Division Street			INSURER D :					13030
	lando FL 32805			INSURER E :					
				INSURER F :					
			TE NUMBER: 1988473415				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	IENT, TERM OR CONDITION	OF ANY CONT ED BY THE PO	RACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY (MM/DD/	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
A	X COMMERCIAL GENERAL LIABILITY	Y	PFP602515604	10/1/20	Concerned and the second	10/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,	000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,	000
С	OTHER:	Y	LFB0017823	40/4/00	47	40/4/0040	Deductible Per Claim COMBINED SINGLE LIMIT	\$ 5,000	
C		T.	LFB0017623	10/1/20	17	10/1/2018	(Ea accident)	\$ 1,000,0	000
	ANY AUTO						BODILY INJURY (Per person) BODILY INJURY (Per accident)	1.000	
	AUTOS AUTOS X HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	\$	
							(Per accident)	\$	
В	UMBRELLA LIAB X OCCUR		XLS0103375	10/1/20	17	10/1/2018	EACH OCCURRENCE	\$ 5,000,0	000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,0	000
	DED RETENTION \$				7-		APPLIES	\$ TO GL	ONLY
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		RECE	IVED	1		PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	MANY O	1 0010			E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		MAY 3	1 2018			E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS DOIOW		Pa	0.1-	+		E.L. DISEASE - POLICY LIMIT	\$	
			BY: 10.2	- <u>c.it</u>	<u>.</u>				
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL COUNTY of Okaloosa is Additional Insure ce of cancellation, except 10 days for no	ed with re	espects to Commercial Gene	eral Liability and	Auto	b Liability, whe	^{ed)} ere required by written co	ontract. 3	0 days
Pny	vsical Abuse and/or Sexual Misconduct S	Sub-Limi	t of Liability included on Gen	eral Liability pol	icy \$	250,000 Each	n Claim/ \$250,000 Aggreg	gate	
201 201	7 Ford Sedan 3FAHP07137R209181 1 Ford Pick Up 1FTM1CM7BKD35493 4 Chevrolet Cutaway 1GB6G5BGXE119	98685	C16-231	04-G-1	У				
1.825-339	Attached								
UE	RTIFICATE HOLDER			CANCELLAT	ION				
	Okaloosa County 602 C N Pearl Street			THE EXPIRA ACCORDANC	E WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.		
	Crestview FL 32536			AUTHORIZED REP					
	1			Out F		V			

THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

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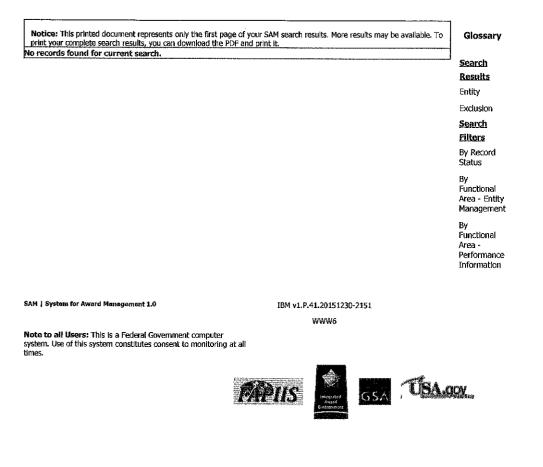
LOC #:

ACORD [®] ADDITIONAL R	EMARKS SCHEDULE	Page _1_ of _1_
AGENCY Cobbs Allen	NAMED INSURED Maruti Fleet & Management, LLC Maruti Transit Group, LLC	
POLICY NUMBER	2301 South Division Street Orlando FL 32805	
CARRIER NAIC	CODE EFFECTIVE DATE:	
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD F	ORM.	
FORM NUMBER:FORM TITLE: CERTIFICATE OF LIAB	BILITY INSURANCE	
2014 Chevrolet Cutaway 1GB6G5BG5E1198531 2015 Chevrolet Cutaway 1GB3G2BG0B1176918 2015 Chevrolet Cutaway 1GB6G5BG4E1195836 2014 MOVT Mini Van 57WMD1A68EM100941 2014 Chevrolet Cutaway 1GB6G5BG4E198309 2014 MOVT Mini Van 57WMD1A68EM100945 2007 Ford Sedan 3FAHP07187R204915 2007 Ford Sedan 3FAHP07187R204915 2007 Ford Sedan 3FAHP07187R204915 2007 Ford Sedan 3FAHP07187R204914 2012 Chevrolet Cutaway 1GB3G2BG5B1175702 2012 Chevrolet Cutaway 1GB3G5BG5B1177702 2012 Chevrolet Cutaway 1GB3G5BG5B1177702 2012 Chevrolet Cutaway 1GB3G5BG5B1177710 2012 Chevrolet Cutaway 1GB3G5BG5B1177710 2012 Chevrolet Cutaway 1GB3G31K191160899 2009 Chevrolet Cutaway 1GB3G2BG3B117673 2009 Chevrolet Cutaway 1GB3G2BG3B1176847 2012 Chevrolet Cutaway 1GB3G2BG3B1176847 2012 Chevrolet Cutaway 1GB3G2BG6B1176308 2012 Chevrolet Cutaway 1GB3G2BG6B1176308 2014 Chevrolet Cutaway 1GB3G2BG6B1176308 2015 Chevrolet Cutaway 1GB3G2BG6B1176308 2015 Chevrolet Cutaway 1GB3G2BG6B1176308 2014 Chevrolet Cutaway 1GB3G2BG6B1176308 2015 Chevrolet Cutaway 1GB3G2BG6B1176308 2014 Chevrolet Cutaway 1GB3G5BG7E1198353 2014 Chevrolet Cutaway 1GB6G5BG7E1198353 2014 Chevrolet Cutaway 1GB6G5BG7E1198350 2015 Chevrolet Cutaway 1GB6G5BG7E1198473 2016 Chevrolet Cutaway 1GB6G5BG3E1199130 2015 Chevrolet Cutaway 1GB6G5BG3E1199130 2015 Chevrolet Cutaway 1GB6G5BG3E1199130 2015 Chevrolet Cutaway 1GB6G5BG3E1199410 2014 Chevrolet Cutaway 1GB6G5BG3E1199410 2014 Chevrolet Cutaway 1GB6G5BG3E1199410 2015 Chevrolet Cutaway 1GB6G5BG3E1199410 2016 Chevrolet Cutaway 1GB6G5BG3E119542 2017 Ford Transit 1FDVU4XG0HKB22083 2017 Ford Transit 1FDVU4XG0HKB22081 2017 Ford Transit 1FDVU4XG0HKB22081 2017 Ford Transit 1FDVU4XG0HKB22081 2017 Ford Transit 1FDVU4XG0HKB22081 2017 Ford Transit 1FDVU4XG0HKB22081 201		

ACORD CERTIFICATE OF LIA	BILITY INS	URANC	E	DATE (НМ/DD/YYYY) 12/28/2017		
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 the terms and conditions of the policy, certain policies may require an er certificate holder in lieu of such endorsement(s).	ndorsement. A stat	ement on th	If SUBROGATION IS V is certificate does not o	VAIVED, confer ri	subject to ghts to the	
PRODUCER	CONTACT NAME: Andrea Gi	lley				
Cobbs Allen 115 Office Park Drive	(A/C, No, Ext): 205-41	4-8100	FAX (A/C, No)			
Birmingham AL 35223	ADDRESS: agilley@d		and the second			
			DING COVERAGE ce Insurance Company	<u>.</u>	HAIC #	
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Maruti Fleet & Management, LLC	INSURER C :					
Maruti Transit Group, LLC 2301 South Division Avenue	INSURER D :					
Orlando FL 32805	INSURER E :					
	INSURER F :	and the second se				
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			GENERAL AGGREGATE	5		
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AND EMPLOYERS' LIABILITY Y / N		10017632070	E.L. EACH ACCIDENT	\$ 1,000.0	000	
OFFICER/MEMBER EXCLUDED?		ľ	E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ile, may be atlached if mor	e space is requir	ed}			
C16-2364-GN						
			Change and the second			
CERTIFICATE HOLDER	CANCELLATION					
		DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.			
Okaloosa County 602-C North Pearl Street			(internet) (1996)			
602-C North Pearl Street Crestview FL 32536	AUTHORIZED REPRESE					
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Search Results

Current Search Terms: access2care*



CERTIFIED A TRUE AND CORRECT COPY

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Non-Emergency Transportation Vendor Application PUTY 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?

Company Information

Legal Name of Service:		DBA:			
Okaloosa County Boa	rd of county				
Commissioners	1	Emerald Coast Rider			
Corporate Street Address:		City:			-
101 E. James Lee B	lvd #104	Crestview			
County:	State:	Zip Code:		Phone:	-
Okaloosa	FL	32536		850-651-7200	
Fax:	E-mail:	Federal Tax ID Numb	ber (or SS# if	sole proprietor)	
850-689-4272		59-6000765			
Mailing Address: (if different) 600 Trans	it Way	v]
City:	State:		Zip Code:		-
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Fort Walton Beach If multiple locations, please att	ach a separate list of all ap	plicable service lo	cations, ac	dresses and contact inform	」 nation
1. Names of contacts for y					
in Thimes of contacts for y	our business.				
Name	Title	Phone		Email	
Janet Willis Trans	sit Coordinator	850-609-7003	jwill	is@co.okaloosa.fl.	us
Marcella Eubanks Con	ntracts & Grants Ma	anager 850-6	551-5000) meubanks@okaloosa	clerk.com
2. Please identify the type	s of service you provide	AND the number	r of vehic	les you use in regular se	rvice
				and the second contract where were the	
<u> </u>	9)	X Wheelchair	(45)		
Stretchers	Other	<u>Service -2</u>	0		
Ambulances					
2 337/11 1				inerati na se su la	
3. Will your drivers assist	ambulatory members if	necessary (i.e., f	rail and/o	r elderly patient)?	
Yes No	If yes, indicat	e specific assistar	nce: (chec	k all that apply)	
x To/From Front Do	oor <u>x</u> Up / Down S	Stene v Inc	an Flavota	Te a Charler	Deale
	opop / Down t	<u> </u>		\underline{X} To a Check-In	Desk.

CONTRACT# C16-2364-GM ACCESS2CARE NON-EMERGENCY TRANSPORTATION VENDOR EXPIRES: 09/30/2020

- 4. Will your drivers assist riders as they transfer from wheelchair to seat? Yes X 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 X 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__X___

Do you contract with an organization that provides attendants?	Yes	No	Х
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7. Do you provide child restraint seats? Yes X 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 <u>by</u> <u>county</u>. 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 x No

10. Are you able and willing to accept same day requests? Yes <u>*</u>	No
*Dependent on available resources	

Page 2 of 5

Access2Care
11. What are your regular business hours (when your office is open)?
Monday-Saturday <u>7:30 - 430pm M-F</u> Sundays/Holidays <u>No Sundays~- se</u> lect 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 pSundays/Holidays 7a - 7p (limited resources)
13. What is the maximum number of <u>daily round trips</u> you are willing to accept within your service area?
Ambulatory Wheelchair Other Resources & destination depender
14. Will you agree to place a phone call to each rider informing them of pickup time, and confirm pickup arrangements? Yes <u>No X</u>
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)?
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
YesNo (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)
Page 3 of 5

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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 X□ 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?
- 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 x No
- 24. Have you (or any employee that will provide services for us) ever been convicted of, pled guilty to, or pled nolo contrendere 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 X 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.

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. Providers 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 gualifications 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.

<u>//2./14</u> Date N.A. Applicant Signature

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?

Transportation Provider Contact Sheet

Provider Name: Maruti Fleet & Management

Physical Address: <u>600 Transit Way</u>

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

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

Dispatch Contact : John Fick
Phone : <u>850-833-9168</u>
Fax: <u>850-833-9286</u>

Billing Contact Name:Crystal MeyersBilling Contact Number:850-833-9168Billing Contact Fax:850-833-9286

After hours contact Name: Bob Berkstresser, GM or Crystal Meyers, Asst GM After hours Number: (850) 238-2046



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Please print this page for your records.

Registration Summary

General Vendor Information

Vendor Name:	Okaloosa County Board of County Commissioners
Short Name (Does Business As):	Okaloosa County
Ariba 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	<u>Phone</u>	<u>Fax</u>	Emall
Gary J. Standford	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

Contract & Grants	Sequence 016		
P.O. Info: Orders:EMAIL Email:meubanks@okaloosaclerk.com Fax:850-689-4272 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: 1602-16
Contractor/Lessee Name: <u>ACC</u>	ess2 Care	Grant Funded: YES NO
Date/Term:	yès pute pakedi	<i>ovide <u>Fransiet</u>pervecs</i> 1. □ GREATER THAN \$50,000 1. □ GREATER THAN \$25,000 3. □ \$25,000 OR LESS
Document has been reviewed and include	es any attachments or exhibits.	
Purchasing)Manager or Designee	Purchasing Coordination	Date: <u>1-7-16</u> Inie Estes
	Risk Management Review	,
Approved as written:	per allached	
Risk Manager or designee	Laura Porter or Krystal Kin	Date: Ng
Approved as written:	County Attorney Review Decattached	

 Date:
 Date:

 County Attorney
 Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or designee

Following Okaloosa County approval:

	Contracts & Grants	
Document has been received:		
Contracts & Grants Manager	Date:	

Joanne Kublik

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

Jo:

The above referenced registration form application is approved for legal sufficieny. 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: Sent: To: Subject: Laura Porter Friday, January 08, 2016 12:22 PM Joanne Kublik 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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