

SERVICE AGREEMENT

This Agreement made and entered into this 2nd day of November, 2000, by and between Nassau County, a political subdivision of the State of Florida, hereinafter referred to as **COUNTY**, and The Town of Hilliard, hereinafter referred to as **HILLIARD**.

WITNESSETH, that in consideration of the sum of **TEN** and **NO/100** dollars (\$10.00), and other good and valuable considerations, as hereinafter enumerated, the parties hereto agree as follows:

HILLIARD shall provide Fire services within the unincorporated areas of Nassau County as set forth in Exhibit "A".

SECTION I

All Fire personnel of **HILLIARD** who operate within the unincorporated area shall function under the auspices and authority of the Emergency Services Director, Nassau County Emergency Services Department as defined by the Nassau County Board of County Commissioners and shall operate under the stipulations contained herein when providing services in the unincorporated areas.

1. It shall be the responsibility of **HILLIARD** to provide Fire Protection services in their assigned area of responsibility within the areas set forth in Exhibit "A". The area set forth in Appendix "A" shall not be changed unless agreed to by **HILLIARD** and the Board of County Commissioners.

2. Fire Protection services shall be provided on a twenty-four (24) hour

basis, seven (7) days a week.

3. **HILLIARD** shall pay all regular maintenance costs, including repairs, gas, oil, and other fluids necessary to maintain all fire protection apparatus and equipment.

4. **HILLIARD'S** fire protection apparatus and equipment shall be housed at the station of the Town of HILLIARD.

5. **HILLIARD'S** apparatus, equipment and personnel shall be subject to Mutual Aid established by the Board of County Commissioners for other areas within unincorporated and incorporated areas of Nassau County and in surrounding areas as requested (dispatched) on a recall basis. Mutual aid shall only be for emergency incidents only. Non emergency incidents are subject to approval by the Town of Hilliard. **HILLIARD** shall strive to maintain the required equipment as listed under the Fire Suppression Rating Schedule of the Insurance Service Organization (ISO), as approved by the Nassau County Board of County Commissioners.

6. It shall be the responsibility of **HILLIARD** to ensure that any **DEPARTMENT** personnel that respond to an alarm be properly equipped with the necessary personal protective equipment/clothing according to the type of incident. Prior to initiating tactics involving fire suppression, salvage, and overhaul, or entrance into any toxic or oxygen deficient atmosphere, **HILLIARD** shall ensure that all personnel must be protected by the donning of a full fire protective ensemble, a Positive Pressure Self Contained Breathing Apparatus (P.P.S.C.B.A.), and a Personal Alert Safety System (P.A.S.S.).

7. **HILLIARD** shall provide the **COUNTY** with a current roster of their personnel, and provide a roster with each request for payment. The roster shall include

the following information:

- A. Name
- B. Address
- C. Social Security Number
- D. Date of Birth
- E. Place of Employment
- F. Phone Number - Home
- G. Driver's License Number and Type - i.e. - Class - A, B, C, D.
- H. Any other information requested by the Nassau County Human Resource Department
- I. Personal Radio Call Number
- J. Certifications held by each member of the HILLIARD Department

HILLIARD certifies that it is a Drug Free Workplace and has a Policy in effect requiring all personnel to undergo drug tests. HILLIARD further certifies that it has the required insurance coverage and a copy of those policies shall be attached as Exhibit "B" to this agreement.

8. HILLIARD shall ensure that each of their personnel has completed **Level I - Hazardous Material Certification** prior to providing any assistance at a hazardous materials incident. The COUNTY shall provide HILLIARD'S DEPARTMENT with the required training and provide a certificate upon completion. An annual refresher course shall be also provided by the COUNTY at the HILLIARD station, on their designated training night. The COUNTY shall, pursuant to 29 CFR 1910.120 Hazard Communication, provide HILLIARD with all chemical information which they have on file as it relates to chemicals stored or used in the workplace. The Chief or ranking officer of the HILLIARD DEPARTMENT

shall notify the Director of Nassau County Emergency Services Department upon confirmation of any hazardous release, pursuant to **Title III** of the **Superfund Amendment and Re-authorization Act** of 1986 (**SARA**). The **HILLIARD DEPARTMENT** shall also adhere to all other requirements set forth in **29 CFR 1910** that are related to fire protection. The **HILLIARD DEPARTMENT** shall also comply with Florida Administrative Code 38 I-20 regarding the requirements for volunteer fire departments.

9. **HILLIARD** shall, after each alarm/response, using the Local Area Computer Network complete the appropriate Fire Program reporting section. **COUNTY** shall provide **HILLIARD** with training for the proper operation of the Local Area Computer Network system. **HILLIARD** shall also file the appropriate form(s) for any injury and/or fatality, which occurs during an alarm/response. These forms shall also be filed with the Florida Fire Incident Reporting System with notification made to the Nassau County Emergency Services Department and Risk Management Department. All forms shall be sent to the State by way of manual reporting if system should be down. The Board of County Commissioners shall ensure that the computer systems are operational.

10. **HILLIARD** shall keep a record (LOG) of each response. All records are to be open for inspection by the **COUNTY** at mutually agreed upon times and are subject to audit through the Clerk under internal audit procedures.

11. It shall be the responsibility of **HILLIARD** to ensure that all personnel who operate standard emergency vehicles possess a valid **Class "D"** license with an **"E"** endorsement, pursuant to Florida Statutes 322.54. Personnel who are expected to operate specialized apparatus/vehicles, i.e., tractor drawn tankers, are to have the appropriate license.

12. The County shall require **HILLIARD** to ensure that all members of the Department will attend the 40 hour Basic Volunteer Firefighting Minimum Standards Course and 40 hour First Responder Course before participating in interior firefighting operations unless they possess proper documentation of firefighting that meets or exceeds the minimum standards. The current volunteer firefighters with three years experience shall not be required to meet the minimum standards. All new personnel may, at their discretion, Ride Along with Nassau County Fire. In all training provided by Nassau County, it shall be the responsibility of the instructor to file all appropriate certifications with the Nassau County Emergency Services Department.

SECTION II

1. First Responder Level Medical Services shall be available on a twenty-four (24) hour basis, seven (7) days a week. The Department shall respond as identified in Attachment "C".

2. It shall be the responsibility of **HILLIARD** to insure that all members of the Department attend a forty (40) hour First Responder Course in emergency medicine.

SECTION III

1. All members of the **HILLIARD DEPARTMENT** while operating in the unincorporated area shall work under an Incident Command System (ICS) at all emergency incidents. Said Incident Command System (ICS) operations standards shall be developed and approved by the Board of County Commissioners in coordination with the Chiefs Association and a copy furnished to the Town of Hilliard.

2. All members of the **HILLIARD DEPARTMENT** shall abide by the FCC Rules & Regulations regarding radio communications and file the correct number of portable and mobile radios operated by the DEPARTMENT with the COUNTY. Any changes in radio or dispatch procedures shall be the responsibility of the Sheriff and 911 Coordinator and coordinated with the **HILLIARD DEPARTMENT**.

3. The Nassau County Emergency Services Department shall, on a monthly basis, transmit to the **HILLIARD DEPARTMENT** any change in Standard Operating Procedures (SOP's) each month in writing. Any changes in SOP's that affect the volunteer fire department will be communicated with the Chief's Association prior to being implemented.

4. The COUNTY shall appropriate to **HILLIARD** the amount of \$44,348.00 for providing efficient and effective **Fire and First Responder Level Emergency Medical** operations as set forth herein. Said annual amount shall be established by the submission of a request, which shall be received by the Clerk of the Court prior to but no later than June 15th. Upon approval of the amount by the Board of County Commissioners, said funds shall be allocated on a quarterly basis with payments to be made by the 15th day of November, February, May and August. The COUNTY shall require **HILLIARD** to account for all funds allocated and maintain proper accounting records which shall be approved by the Clerk of Court or his designated agents. An acceptable accounting of the previous year's funds must be presented to the Nassau County Clerk of Courts within one hundred and twenty days (120) days of the close of **HILLIARD'S** fiscal year. An audit of accounting records may be performed by an independent accounting firm, paid for by **HILLIARD** and may be accepted by the Nassau County Clerk of Courts in lieu of an Official Audit conducted by the Clerk. Failure to maintain appropriate annual records shall cause the COUNTY to cease providing funds.

5. The Clerk's Office reserves the right to audit and inspect any and all

financial records at times mutually agreeable to the Clerk and **HILLIARD**. Any disputes as to expenditures or accounting policies shall be addressed by both parties and must be resolved to the satisfaction of the Clerk's Office.

6. **HILLIARD** shall be responsible for obtaining and maintaining proper insurance on all of their vehicles and equipment and providing proof of insurance to the **COUNTY** and shall be responsible for payment of same from funds allocated by the **COUNTY**. Nassau County shall provide Workers Compensation coverage for each member of the Department, and provide proof of same.

7. Additions or amendments to this Agreement shall be mutually agreed upon in writing by the **COUNTY** and **HILLIARD**.

8. Failure to adhere to any provision of this agreement shall cause the **COUNTY** to cease providing funds pursuant to this agreement.

9. **HILLIARD** shall maintain a minimum of four (4) certified fire personnel at all times.

10. The **COUNTY** and **HILLIARD** shall meet in the month of April 2001, to review this contract.

This agreement shall be in full force and effect for a period of October 1st, 2000 to September 30th, 2001. However, it may be terminated by either party within thirty (30) days after notice having been given by registered mail, one party to the other. Any cancellation by either party shall require the refund of all unexpended Volunteer Fire Department funds appropriated by the **COUNTY**.

ROBERT PETERS

Robert Peters

Approved as to form by the Town Attorney:

Town of Hilliard

President, Town Council

Kate Bennett

Town Clerk

Lisa Purvis

Attest: *Lisa Purvis*

Its: Mayor

David Buchanan

BY: *David Buchanan*

TOWN OF HILLIARD

Nassau County Attorney

Michael S. Mullin

Michael S. Mullin

Contract Approved as to Form

Its: Ex-Officio Clerk

J. M. "Chip" Oxley, Jr.

J. M. "Chip" Oxley, Jr.

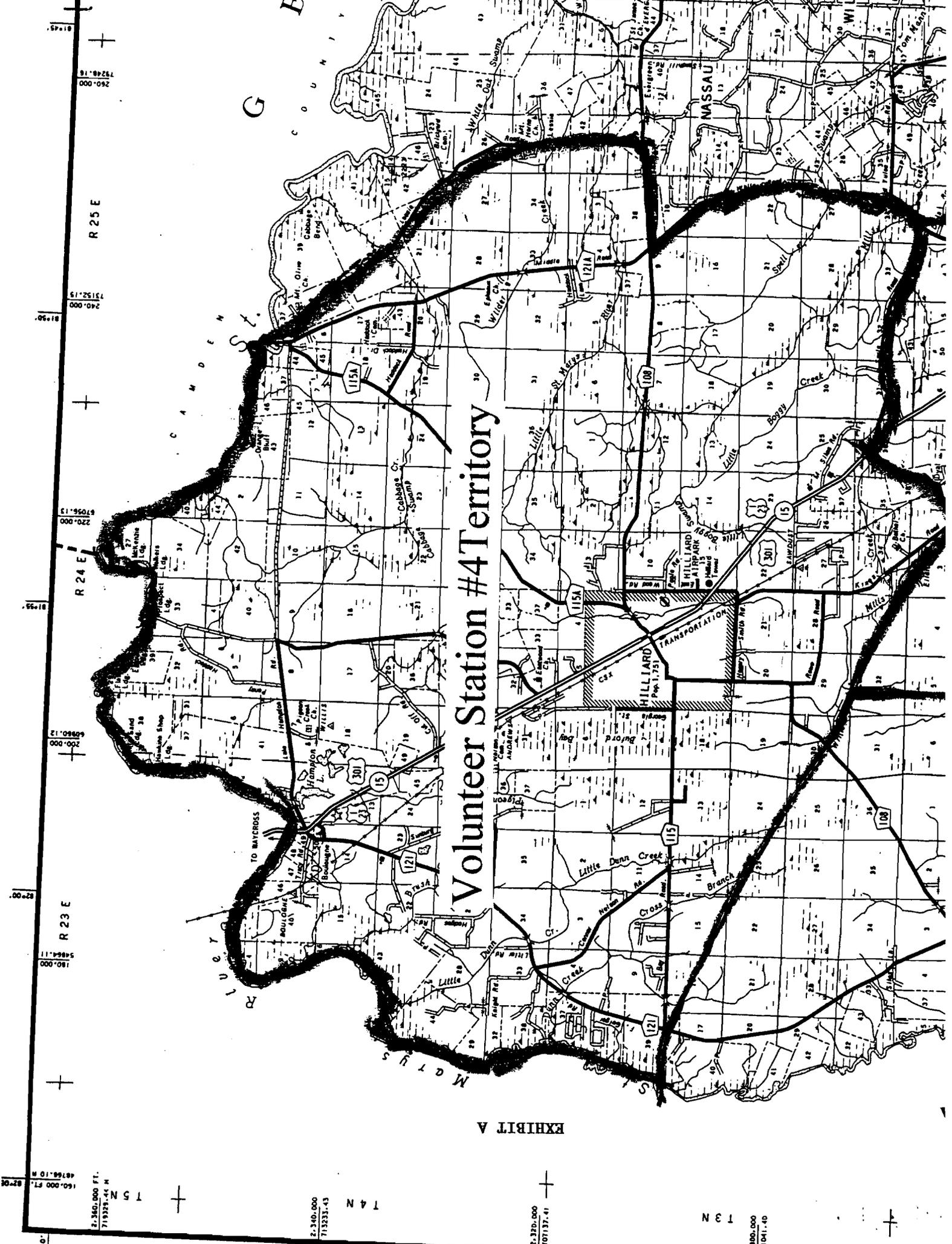
ATTEST:

Chairman

NICK D. DEONAS

Nick D. Deonas

Board of County Commissioners
Nassau County, Florida



Volunteer Station #4 Territory

EXHIBIT A

EXHIBIT B

RESOLUTION NO: 97-29

A RESOLUTION ESTABLISHING A DRUG-FREE WORKPLACE PROGRAM; ESTABLISHING CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM; ESTABLISHING DRUG AND ALCOHOL ABUSE PROCEDURES; PROVIDING FOR PENALTIES; AND, PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town of Hilliard desires to adopt and implement a Drug-Free Workplace Program for its employees; and

WHEREAS, the Town of Hilliard desires to adopt Controlled Substance and Alcohol Testing procedures; and,

WHEREAS, said programs should be adopted in conjunction with the Town's policies and procedures for employees.

NOW THEREFORE, BE IT RESOLVED that:

1. The Town of Hilliard, Florida's Drug-Free Workplace Program Under Florida Worker's Compensation Act and Federal Highway Administration Department of Transportation Controlled Substance and Alcohol Testing manual attached hereto is hereby adopted.

2. This resolution shall become effective on January 1, 1998.

BE IT RESOLVED this 18 day of December, 1997.

Town of Hilliard

BY: *Kenn M. Burnett*
Its President

Attested

Lisa Purvis
Its Clerk

Approved:

Bruce Buchanan
Its Mayor

TOWN OF HILLIARD
HILLIARD, FLORIDA

DRUG-FREE WORKPLACE PROGRAM

UNDER

FLORIDA WORKERS' COMPENSATION ACT

AND

FEDERAL HIGHWAY ADMINISTRATION

DEPARTMENT OF TRANSPORTATION

CONTROLLED SUBSTANCE AND ALCOHOL

TESTING

(Revised and Effective January 1, 1998)

TOWN OF HILLIARD, HILLIARD, FLORIDA

DRUG-FREE WORKPLACE POLICY SUMMARY

(Read carefully, ask any questions and initial each item separately)

_____ I hereby acknowledge that I have received a summary of the Town of Hilliard Drug-Free Workplace Policy. I have had the opportunity to read the Town of Hilliard drug-Free Workplace program and receive satisfactory answers to any questions that I have. I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug test.

_____ I know that if I am taking medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.

_____ I know that if I refuse to submit to a pre-employment drug test I will not be hired and my employment is conditioned upon a negative drug test result.

_____ I know that total compliance with the Town of Hilliard Drug-Free Workplace Policy is a condition of continued employment.

_____ I know that if I refuse a reasonable suspicion, post-injury, post accident, random, fitness-for-duty or post-treatment drug or alcohol test I may lose my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

_____ I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol I will be subject to discipline up to and including discharge.

_____ I know that if I enter into a treatment program for drug or alcohol abuse and test positive for drugs or alcohol following the completion of the primary phase of my treatment I will be subject to discipline up to and including discharge.

_____ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

_____ I know that if I am convicted of a drug related crime I must notify my supervisor within five working days.

_____ I agree to comply with drug and alcohol testing requirements of the Town of Hilliard Drug-Free Workplace Policy.

_____ I give my informed consent for the release of drug and/or alcohol test results to the Town of Hilliard.

DRUG-FREE WORKPLACE POLICY SUMMARY
PAGE 2

_____ I know that the Town of Hilliard Drug-Free Workplace Policy does not constitute an employment contract between the Town of Hilliard and me.

_____ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

Witness

Date

I hereby refuse to submit to a drug test as part of the Town of Hilliard Drug-Free Workplace Program.

Employee

Date

Witness

Date

**TOWN OF HILLIARD
HILLIARD, FLORIDA**

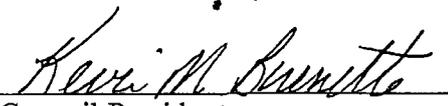
DRUG-FREE WORKPLACE POLICY

NOTICE TO EMPLOYEES

It is still the policy of the Town to maintain a drug-free workplace. Accordingly, all employees are required to refrain from the illegal use of drugs either on or off the job. The Town prohibits the use, sale, manufacture, distribution, purchase, possession, or dispensation of illegal drugs or non-prescribed controlled substances on Town property, while on Town business, or while operating a Town-owned or leased vehicle. Similarly, the use of alcohol on Town property or during the workday is prohibited and employees are prohibited from reporting to work under the influence of alcohol, non-prescription or illegal drugs.

In order to enforce this policy employees may be required to submit to drug testing through urinalysis. Employees may be required to submit to alcohol testing through Breathalyzer or post-accident blood tests. Applicants for employment by the Town of Hilliard may be required to submit to pre-employment drug testing. Any offer of hire made to an applicant is conditioned upon a satisfactory drug test result. Refusal to submit to pre-employment drug testing will void the offer of employment.

Current employees who test positive for illegal drugs or alcohol use will be subject to discipline up to and including termination of employment. Any refusal to test will be considered the same as a positive result. In addition, an employee injured on the job who refuses a drug test or who tests positive for illegal drug or alcohol use will forfeit all workers' compensation medical and indemnity benefits.



Council President

PROCEDURES

Applicants

All applicants who are finalists for a position with the Town will be offered employment contingent upon satisfactory results of a drug and/or alcohol test. Failure to take the test or unsatisfactory results shall result in the rejection of the application of employment.

Current Employees

Employees will be selected for testing under the following circumstances:

1. Reasonable Suspicion Testing: Employees will be tested where there is a reasonable suspicion that an employee has violated this policy.
2. Routine Medical (Fitness for Duty) Examinations: Employees who are otherwise routinely scheduled for medical examinations will be tested for illegal drugs and alcohol as part of the medical examination.
3. Follow-up Testing: All employees who have been determined to have used drugs or alcohol and have been referred to an Employee Assistance Program will be subject to follow-up drug tests.
4. Random Testing for Alcohol and Substance Abuse: The Town of Hilliard reserves the right to conduct substance abuse testing on a random sample basis without prior notice for employees who hold Commercial Drivers Licenses and employees engaged in safety sensitive positions. Safety sensitive positions include but are not limited to those which require operation of any Town owned equipment or vehicle. Those employees shall also be subject to random alcohol testing. Supervisors of employees eligible for random testing will be included in the pool of selects.

The selection of employees to be tested shall be made by a scientifically valid method, such as a computer-based random number generator that is matched with employee's social security number. A contractor outside the Town government will perform this. Under this process each employee shall have an equal chance of being tested each time selections are made.

All random tests conducted under this provision will be unannounced. The dates for administering random alcohol and controlled substance tests may be spread reasonable throughout the calendar year, or may be conducted as often as deemed necessary by the Hilliard Town Council.

- a. A third party administrator at a predetermined location will conduct all testing.
 - b. Selects will be notified individually on the day of testing and will be given the appropriate location and time.
 - c. Failure to report for testing or alteration of a test will be considered a positive result and shall be cause for dismissal.
5. Post Accident Testing.
6. Return to Duty Testing: All employees returning from a leave of absence greater than 21 working days will be tested as well as all employees who are returning to duty after voluntarily or involuntarily entering into a drug or alcohol treatment or rehabilitation program. **All employees who enter into an employee assistance program for drug or alcohol related problems, or a drug or alcohol rehabilitation program, must inform the Town of their entrance into the program as soon as is practicable and before returning to duty. An employee who does not report entrance into such a program is subject to discipline up to and including termination.**
7. Additional Testing: Additional testing may also be conducted as required by state or federal law, or pursuant to Town policy.

Panel of Drugs

The Town will test for the following drugs:

- Alcohol (booze, drink)
- Amphetamines (Binhetamine, Desoxyn, Dexedrine)
- Cannabinoids (marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer)
- Cocaine (coke, blow, nose candy, snow, flake, crack)
- Phencyclidine (PCP, angle dust, hog)
- Methaqualone*
- Opiates* (opium, dover's powder, paregoric, parepectolin, codeine, morphine, heroin, demoral)
- Barbiturates* (Phenobarbital, Tuinal, Amytal)
- Benzodiazepine*
- Synthetic narcotics-Methadone and Propoxyphene
- Metabolites of any of the foregoing

Prescription Drugs

The proper use of legal drugs prescribed by a licensed physician for specific treatment purposes will not result in disciplinary action. However, such prescriptions can have a direct impact on vigilance, judgment and coordination. Therefore, an employee who must use prescribed drugs during work and whose physician advises that performance or behavior could be negatively affected by such use must report this fact to his/her supervisor and provide acceptable medical documentation.

Confidential Reporting of Medication

Prior to any drug or alcohol testing, applicants and employees will be provided confidential "History of Medication" forms on which to report to an independent Medical Review Officer ("MRO") the use of prescription and non-prescription medications before being tested. Individuals who test positive for drug or alcohol use will be given an additional opportunity to provide this information to the MRO after being tested. A list developed by the Agency for Health Care Administration, of the most common drugs or medications (by brand name or common name, as well as by chemical name) which may alter or affect a drug test, is attached to this policy statement. The Medical Review Officer may also be consulted for technical information concerning prescription or non-prescription medication.

Explanation of Test Results - Employees Only

An employee in Florida who receives a positive confirmed drug test result may contest or explain the result to the Medical Review Officer ("MRO") within five (5) working days after written notification of the positive test result. If an employee's explanation or challenge is unsatisfactory to the MRO, the MRO will report the positive test result back to the employer. The employer then has another five (5) working days to contact the employee again to advise him/her of the test result and the employee's right to attempt to explain or contest the results. Within five (5) working days after receiving the Notice from the employer, the employee has the right to attempt to explain the test results by submitting information in writing to the employer. If the employee's explanation is unsatisfactory to the employer, the employer will explain to the employee in writing, within fifteen (15) days of receipt of the explanation, why the employee's explanation is unsatisfactory and give the employee the report of positive results. The employee may also contest the test result as provided by the Rules of the Florida Division of Worker's Compensation by filing a claim for benefits with the Judge of Compensation Claims in Florida or, if no injury has occurred, with a court of competent jurisdiction. Any such challenge must be filed within 30 days after the individual receives notice that his or her explanation of the test result was unsatisfactory. In addition, at the individual's own expense, the applicant or employee may request re-testing at a state approved testing facility. If the individual contests the test result, the employee may notify the laboratory. The applicant or employee must also notify the laboratory of any administrative or civil action filed pursuant to Florida Statute, Chapter 440.

Confidentiality:

Information about drug screening, including all records, forms, or test results, are confidential communications. Unless authorized by law, the Town will not release such information without appropriate written consent from the applicant or employee.

Arrest or Conviction for drug-related offenses

Any employee, who is either arrested, indicted or convicted of a drug or alcohol related violation must report this information to his or her Supervisor no later than five (5) days after such arrest, indictment or conviction. Any employee who is convicted of a drug-related charge, and any employee who is arrested, or indicted, or convicted for a work-related drug or alcohol charge, may be subject to discipline, up to and including termination of employment.

Local Drug and Alcohol Rehabilitation Facilities

Any applicant or employee who may be abusing alcohol and/or engaged in the illegal use of drugs is encouraged to obtain treatment. A list of treatment programs is attached to this policy statement. **This is provided only as a potential source of information, and does not constitute an endorsement by the Town or any facilities or programs listed.**

Detail of Policy

Additional information concerning this policy or answers to your questions may be obtained from the Town Clerk. Neither this notice nor any other documents associated with the Town's Drug-Free Workplace Program are to be construed as a contract or guarantee of initial or continued employment. The Town reserves the right to modify and update this policy without advance notice in order to serve the best interests of the Town and its employees.

CERTIFICATE OF COVERAGE

Certificate Holder
 NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
 P.O. BOX 1010
 FERNANDINA BEACH, FL 32035 1010

Administrator Issue Date 11/22/00 BDM
 Florida League of Cities, Inc.
 Public Risk Services
 P.O. Box 830088
 Orlando, Florida 32883-0088

COVERAGE PROVIDED BY:
FLORIDA MUNICIPAL INSURANCE TRUST

AGREEMENT NUMBER: PMIT 295
 COVERAGE PERIOD: FROM 10/1/00
 COVERAGE PERIOD: TO 9/30/01 12:00 Midnight Standard Time

TYPE OF COVERAGE - LIABILITY

General Liability
 Comprehensive General Liability, Bodily Injury, Property Damage and
 Personal Injury
 Fire and Other Property Liability
 Supplemental Employment Practices
 Employee Benefits Program Administration Liability
 Medical Attendants/Medical Directors/Malpractice Liability
 Broad Form Property Damage
 Law Enforcement Liability
 Underground, Explosion & Collapse Hazard
 Limits of Liability
 Combined Single Limit
 Deductible N/A
 Automobile Liability
 All owned Autos (Private Passenger)
 All owned Autos (Other than Private Passenger)
 Hired Autos
 Non-owne Autos
 Limits of Liability
 Combined Single Limit
 Deductible N/A

TYPE OF COVERAGE - PROPERTY

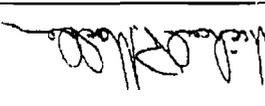
Buildings
 Miscellaneous
 Inland Marine
 Special Form
 Personal Property
 Personal Property
 Special Form
 Bond Form
 Special Form
 Agreed Amount
 Deductible \$500
 Coinsurance 80%
 Bankers
 Spoils
 Replacement Cost
 Actual Cash Value
 Limits of Liability on File with Administrator
TYPE OF COVERAGE - WORKERS COMPENSATION
 Statutory Workers' Compensation
 Employee Liability
 \$1,000,000 By Disease
 \$1,000,000 Aggregate By Disease
 Deductible N/A
 Deductible N/A

Automobile/Equipment - Deductible

Physical Damage Per Schedule - Comprehensive - Auto
 Per Schedule - Collision - Auto
 Per Schedule - Miscellaneous Equipment
 Other
 The limit of liability is \$100,000 Bodily Injury and/or Property Damage per person or \$200,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$500,000 (combined single limit) per occurrence, solely for any liability resulting from any of a claim will pursuant to Section 788.25 (b) Florida Statutes or liability imposed pursuant to Federal Law or actions outside the State of Florida.
 Description of Operations/Locations/Vehicles/Special Items
RE: FIRE PROTECTION SERVICE AGREEMENT
 BOND IS: \$50,000 HONESTY BLANKET BOND
 DEDUCTIBLE: \$100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE AGREEMENT ABOVE.

DEFINITIONS
 MS LISA PURVIS
 TOWN OF HILLIARD
 POST OFFICE BOX 249
 HILLIARD FL 32048

AUTHORIZED REPRESENTATIVE


**Hilliard Volunteer Fire Dept.
Nov. 2000 Roster**

NAME	Address	City	Zip	SS	DRVS LCNSE #	DOB	WORK PLACE	On Board	RANK	Work #	Home #	ID.#
Jerry Cockerham	2550 Georgia St	Hilliard	32046	238-94-9176	C265-439-55-130-0	4/10/55	Nassau County Sherriff Office	9/22/95	Chief	879-3853	845-2840	410
Toby Dixon	P O Box 61	Hilliard	32046	285-51-9731	D250-812-60-461-0	12/21/60	D&L Const.	10/17/97	Asst.Chief	845-7741	845-7741	411
Chris Sweat	P O Box 1756	Hilliard	32046	228-98-1761	S300-763-63-420-0	11/20/62	Bridge Co.	10- -90	Capt	N.A	N/A	412
Dee Herrington	2422 Georgia St	Hilliard	32046	264-43-3992	H652-172-63-753-0	7/13/63	Nassau County School Board	1/14/00	1st LT	845-2020	845-4449	415
Steven Lane	2390 Cypress St	Hilliard	32046	386-66-0048	L500-777-76-3615	8/6/76	Cornell	4/16/98	2nd LT	496-6242	845-3012	416
Myra Cockerham	2550 Georgia St	Hilliard	32046	264-35-6877	C265-439-55-130-0	11/1/58	Hilliard Town Hall	8/15/95	Sec/FF	845-3555	845-2840	417
Michael Stokes	Murhee Rd	Hilliard	32046	590-44-4940	S322-544-76-420-0	7/23/76	Self Employed	6/24/98	FF	N/A	845-2381	418
Glenn Palmer	Eastwood Apt	Hilliard	32046	285-96-0343	P456-281-46-081-0	3/1/46	Nassau Co Sherriff Office	04- -67	FF	879-3853	N/A	419
Don Shaw	Eastwood Apt	Hilliard	32046	593-58-0870	S000-187-81-456-0	12/16/81	Lea Elect Contractor	8/26/00	FF	355-7887	845-3680	420
Dawn Kiser	Eastwood Apt	Hilliard	32046	593-60-4288	K260-172-81-791-0	8/11/81	Nassau County Sherriff Office	8/26/00	FF	879-3853	845-3680	421
Brad Mizeras	Eastwood Apt	Hilliard	32046	207-44-9853	M262-077-69-2631	7/23/69	Division of Forestry	10/26/00	FF	845-3553	845-7353	422
NAME : Station 4 Hilliard Vol Fire Department												
Address: 7986 W. CR.108 Hilliard,FI 32046												
Phone: 845-2943 845-3555 Fax 845-1221												
Member NFPA												

HILLIARD FIRE DEPARTMENT
MEMBERS CLASSIFICATION

J. Cockerham: D/L Class A.T.E / EMD #946462 EVOC, Safety & Scene Size Up, Vol. Basic 160 hrs, Extrication, First Responder, Am Track Emergency Response, Haz-Mat Level 1 , State Fire Marshal Fire Investigation, State of Georgia Fire Inspector & Code Enforcement (Dept of Correction), Peace Officer Standards & Training pbc0991631s , Member of NFPA, Florida Fire Chief Association.

T. Dixon: D/L Class D,E / First Responder, Vol Basic 40, Vol Basic 160, State Fire Marshal Fire Investigation, EVOC, Safety & Scene Size Up, Extrication Haz-Mat Level 1.

C. Sweat: D/L Class D, E / Grandfather in 160 Vol Basic, Safety & Scene Size up, MCI Training, First Responder, Am Track Emergency Response, Extrication, State Fire Marshal Fire Investigation.

D. Herrington : D/L Class B,E / First Responder, EVOC, Basic Vol 160, Extrication.

Steven Lane : D/L Class A,E / First Responder, EVOC, Basic Vol 160 ,Extrication, State Fire Marshal Fire Investigation, Bloodborne Pathogen.

M. Cockerham: D/L Class E / Grandfather in Basic Vol Fire 160, Am Track Emergency Response, First Responder.

M. Stokes: D/L Class A&E / Basic Vol 160, State Fire Marshal Fire Investigation , First Responder, Bloodborne Pathogens, MCI Training, Safety & Scene Size Up, EVOC.

G. Palmer: D/L Class D, E / Vol. Basic 40, Fire Responder, Ga. EVOC, Haz-Mat Level 1, Ga EMT, Safety & Scene Size Up, Hurst Rescue Tool Training, Extrication.

D. Shaw: D/L Class D,E, First Responder, Bloodborne Pathogens, Gas & Fire Emergency Training, EVOC.

D. Kiser; D/L Class E / First Responder.

B. Mizeras: D/L Class A,E / State Fire Marshal 580 hrs, EVOC, First Responder, Div. Of Forestry Fire Fighter.

TOWN OF HILLIARD
A Florida Municipality

November 22, 2000

Nassau County Board of County Commissioners
C/O Ms. Joyce Bradley, Clerk's Office
Post Office Box 456
Fernandina Beach, FL 32035-0456

Dear Ms. Bradley:

Please find enclosed the fully executed Fire Service Agreement between the Nassau County Board of County Commissioners and the Town of Hilliard.

Note that the map of the unincorporated areas and the Town's drug policy have not changed since last submitted to your office.

If anything further is needed, please contact me.

Sincerely,

TOWN OF HILLIARD



Lisa Purvis,
Town Clerk

Enclosure