

CS09-40

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

Cm1481

CONTRACTOR INFORMATION

Name: Medical Director - Nassau County Fire Rescue

Address: 2334 S. 8th Street, Fernandina Bch, FL 32034

Contractor's Administrator Name: Dr. Farid Ullah City: _____ State: _____ Title: M.D. Zip: _____

Tel#: (904) 261-6135 Fax#: _____ Email: _____

CONTRACT INFORMATION

Contract Name: Medical Director - Nassau County Fire Rescue Contract Value: \$20,907.00 + 4821.17 malpractice

Brief Description: Please see attached.

= \$25,728.17 TOTAL

Contract Dates: 10/16/09 to 10/15/10 Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other Prof. Service

If Processing an Amendment: _____

Contract #: _____ Increase Amount of Existing Contract: _____ No Increase _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

1. [Signature] 9/30/09 01261526-531034
Department Head Signature Date Funding Source/Acct #
2. Charlotte Young 10/1/09
Contract Management Date
3. [Signature] 10/1/09
County Attorney (approved as to form only) Date
4. [Signature] 10/6/09
Office of Management & Budget Date

09 OCT -5 AM 10:55

COUNTY COORDINATOR - FINAL SIGNATURE APPROVAL

[Signature] 10/6/09
Edward Sealover Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: _____ Clerk's Services; Contractor (original or certified copy)
- _____ Department
- _____ Office of Management & Budget
- _____ Contract Management
- _____ Clerk Finance

Also to:
Barbara Hyde
Division of Emergency Medical Svc
4052 Bald Cypress Way, Bin C-18
Tallahassee, FL 32399-1736

RECEIVED CONTRACT MANAGEMENT 09 OCT -8 PM 3:32

RECEIVED CONTRACT MANAGEMENT 09 OCT -7 AM 10:33

Dr. Farid Ullah's agreement with Nassau County is up for renewal. State laws and regulations require that such medical director, who shall be a licensed physician, shall supervise and accept responsibility for the medical performance of the emergency medical technicians and paramedics operating for the emergency medical services system. Dr. Ullah has provided services as set forth by the State of Florida since the inception of Nassau County Fire Rescue. This year (as was last year) there is no increase in his fees - \$20,907.00 paid in equal monthly installments. Separate malpractice insurance coverage for Dr. Ullah as medical director is incorporated in the agreement up to \$5,000.00.

**CONTRACT FOR MEDICAL DIRECTOR SERVICES FOR BASIC LIFE
SUPPR AND ADVANCED LIFE SUPPORT**

THIS AGREEMENT made and entered into this 9th day of October, 2009, by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY**, FLORIDA, a political subdivision of the State of Florida, hereinafter referred to as "COUNTY" and **FARID ULLAH, M. D.** Advanced Life Support Medical Director, Basic Life Support (BLS), and Advanced Life Support (ALS) Medical Director, 2334 S. 8th Street, Fernandina Beach, Florida 32034, hereinafter referred to as "Medical Director".

WHEREAS, Section 401.265(1), Florida Statutes, requires that each basic life support transportation service or advanced life support service must contract with a medical director, and Chapter 64E-2.004(1), Florida Administrative Code, requires that each ALS or BLS provider shall maintain on file for inspection and copying by the Department of Health, its current contract for a medical director by which it employs or independently contracts with a physician qualified pursuant to this Section to be its medical director; and

WHEREAS, Section 401.265(1), Florida Statutes, requires that such medical director, who shall be a licensed physician, to supervise and accept responsibility for the medical performance of the

emergency medical technicians and paramedics operating for that emergency medical services system; and

WHEREAS, the County is desirous of obtaining the services of a qualified practicing physician to serve as BLS and ALS Director in the performance of duties relating to the establishment and operation of BLS and ALS services within Nassau County; and

WHEREAS, Dr. Farid Ullah currently holds a valid and unrestricted license to practice medicine in the State of Florida and possesses the expertise necessary to supervise and accept responsibility for the establishment and maintenance of the BLS and ALS services within Nassau County; and

WHEREAS, Dr. Farid Ullah also holds a valid DEA registration to provide controlled substances to the County, and said proof of registration shall be maintained on file with the County and shall be readily available for inspection; and

WHEREAS, Dr. Farid Ullah has been advised by his malpractice insurance carrier that it will no longer indemnify him for his services to the County; and the Board of County Commissioners has agreed to pay the premium for said insurance.

NOW THEREFORE, in consideration of the covenants hereinafter contained, it is mutually agreed between parties as follows:

1. PAYMENTS: For the services, duties, and facilities hereinafter provided and performed, the County agrees to pay to the Medical Director a retainer equal to the sum of \$20,907.00 payable in equal monthly installments of \$1,742.25.

2. In addition to the compensation as set forth in Paragraph 1, the County shall reimburse the Medical Director for registration fees, travel, hotel and meals to permit the Medical Director to attend professional conferences pertaining to emergency medical services in each fiscal year; provided further that such funds are provided for in the annual budget of the County in any fiscal year during the term of this agreement. Selection of any such professional conferences shall be in the sole discretion of the Medical Director with prior notification of the Board. Proper accounting documents shall be provided to the Clerk's Office.

3. RESPONSIBILITIES: Professional services, duties and responsibilities of the Medical Director shall be:

(a) To have and maintain the expertise and competence to serve as BLS and ALS Medical Director for Nassau County as defined by applicable State laws and regulations.

(b) Responsibility for advising the Nassau County Fire Rescue as to his assessment of the competence of

each of the Department's paramedics and for making recommendations regarding the medical procedures which each paramedic should be authorized to perform. Such assessment shall be made by utilizing reasonable evaluation processes and techniques and shall include, at least, assessment of each paramedic's ability to:

(1) Appropriately evaluate emergency medical patients and determine proper priorities for emergency medical care;

(2) Communicate the findings of such evaluation to a physician who has agreed to provide reasonable supervision of that paramedic;

(3) Receive and understand proper orders from a physician providing direct supervision of the paramedic;

(4) Understand and properly apply any standing orders authorized by the Medical Director;

(5) Understand the legal relationships between the paramedic and the Medical Director(s) under agreement to provide responsible supervision of the paramedic and any other physicians; and

(6) Perform the specific medical procedures which the paramedic is specifically authorized by the Medical Director and by the Nassau County Fire Rescue to perform.

(c) To demonstrate and have available for review

by the Department of Health documentation of active participation in a regional or statewide physician group involved in pre-hospital care.

(d) To develop medically correct standing orders or protocols which permit specified BLS and ALS procedures when communication cannot be established with a supervising physician or when any delay in patient care would potentially threaten the life or health of the patient. The Medical Director shall issue standing orders and protocols to the provider to ensure that the provider transports each of its patients to facilities that offer a type and level of care appropriate to the patient's medical condition in available with the service region.

(e) The Medical Director, or his appointee, shall provide continuous 24-hour-per-day, 7-day-per-week medical direction which shall include, in addition to the development of protocols and standing orders, direction to personnel of the County as to availability of medical director "off-line" service to resolve problems, system conflicts, and provide services in an emergency as that term is defined by Florida Statutes, Section 252.34(3).

(f) Develop, implement, and maintain a patient care quality assurance system to assess the medical performance of Emergency Medical Technicians and

paramedics. The Medical Director shall audit the performance of system personnel by use of a quality assurance program to include, but not be limited to, a prompt review of patient care records, direct observation, and comparison of performance standards for drugs, equipment, system protocols, and procedures. The Medical Director shall be responsible for participating in quality assurance programs.

(g) The Medical Director shall ensure and certify that security procedures of the County for medications, fluids, and controlled substances are in compliance with Florida Statutes, Chapters 499 and 893, and with Chapter 64f-12, Florida Administrative Code.

(h) Create, authorize, and ensure adherence to detailed written operating procedures regarding all aspects of the handling of medications, fluids, and controlled substances by all County personnel.

(i) Notify the Department in writing of each substitution by the County of equipment or medication.

(j) Assume direct responsibility to develop guidelines for the use of an EMT, of an automatic or semi-automatic defibrillator. The Medical Director is to ensure that the EMT is trained to perform these procedures, shall establish written protocols for the performance of these procedures, and shall provide written evidence to the Department documenting

compliance with the provisions of this Paragraph.

(k) Ensure that all Emergency Medical Technicians and Paramedics are trained in the use of the trauma scorecard methodologies as provided in Section 64E-2.017, Florida Administrative Code, for adult patients, and in Section 64E-2.0175, Florida Administrative Code, for pediatric trauma patients.

(l) Develop and revise, when necessary, trauma transport protocols for submission to the Department for approval.

(m) Participate as a crewmember on an EMS vehicle for a minimum of ten (10) hours per year, and complete a minimum of ten (10) hours per year of continuing medical education related to pre-hospital care and teaching, or a combination of both.

4. INSURANCE AND INDEMNIFICATION:

(a) The Medical Director shall at all times be covered by professional liability insurance for his work performed under this Agreement in an amount of not less than \$500,000.00/\$1,000,000.00 per person, no aggregate, unless otherwise approved by the County, which shall be paid for by the County, not to exceed a yearly premium of \$4,821.17. Nassau County agrees to pay for said coverage through October 15, 2010.

(b) Except otherwise provided herein, the County and Medical Director hereby acknowledge that they are

not liable for the negligence of each other, and that they will indemnify and save harmless each from all liability, (including attorney's fees), arising out of any service, duty or obligation herein set forth.

5. INDEPENDENT CONTRACTORS: The Medical Director shall perform the conditions of this Agreement as an independent contractor and nothing contained herein shall be construed to be inconsistent with this relationship or status. Nothing in this Agreement shall in any way be interpreted or construed to constitute the Medical Director or any of his agents or employees as the agent, employee, or representative of the County.

6. TERM: The term of this Agreement shall begin on the 16th day of October, 2009, and shall terminate on the 15th day of October, 2010.

This Agreement supersedes any and all contracts of agreements, oral or written, express or implied, heretofore entered into by and between the parties hereto. Either party to this Agreement shall have the right to terminate same at any time upon thirty (30) day notice to the other party, provided, however, that this Agreement shall automatically terminate upon suspension or revocation of the license to practice medicine in the State of Florida held by the Medical Director.

7. NOTICE: Notice under this Agreement shall be given by delivering written notice to the following:

COUNTY:

Fire Chief
Nassau County Fire Rescue
96135 Nassau Place
Yulee, Florida 32097

MEDICAL DIRECTOR:


Farid Ullah, M.D.
2334 8th Street
Fernandina Beach, FL, 32034

8. APPROPRIATE OF FUNDS: This Agreement shall remain in full force and effect only as long as the expenditures provided for in the Agreement have been appropriated by the County Commission of the County of Nassau in the annual budget for each fiscal year of this Agreement, and is subject to termination based on lack of funding.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seal on the day and year first above written.

[Signatures begin on next page]

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

 10/9/09

BARRY V. HOLLOWAY EDWARD SEALOVER
Its: Chair Designee

~~Attest as to authenticity of
Chair's signature:~~

JOHN A. CRAWFORD
Ex-Officio Clerk

~~Approved as to form by the
Nassau County Attorney:-~~

DAVID A. HALLMAN

MEDICAL DIRECTOR


FARID ULLAH

Signed, Sealed, and Delivered
in the Presence of:

Anna Simon
Witness Signature
Anna Simon
(Printed Name of Witness)

8 10/6/09

Sue Ellen Taylor
Witness Signature
Sue Ellen Taylor
(Printed Name of Witness)

J. P. Perry Insurance, Inc.

3342 Kori Road
 Jacksonville, FL 32257
 (904)268-7310

Invoice

Account	00017481
Policy	NASSAU
Invoice	10/15/09-2010
Date	9/21/2009
Page	1

Dr. Farid Ullah Medical Directory
 Nassau County Fire & Rescue

Account Executive
Kerri J Henderson

Account Representative
Tracy M Munsey

Insured's Name	Policy Number	Policy Period
Amelia Institute of Cardiology & Medicine, PA	NASSAU 10/15/09-2010	10/15/2009-10/15/2010

Transaction Type	Effective	Company	Description	Amount
Medical Director E & O, Professional Liability	10/15/09	ProAssurance Specialty Insurance Co. Inc. /Midcontinent	Dr. Farid Ullah Nassau County Fire & Rescue Medical Director Please make check payable to JP Perry Insurance. Thank you,	\$4,821.17

Invoice Total
\$4,821.17

Thank you

J. P. Perry Insurance, Inc.	Date
904-268-7310	9/21/2009

FARID ULLAH, MD, FACC
CARDIOLOGY

St. Vincent's HealthCare

Diplomate American Board of Internal Medicine
Fellow American College of Cardiology

ADDRESSED TO: Lloyds of London - Policy #'s PLP8681409 & PLP8399508

By signing this document, I hereby appoint as my representative the following brokers and/or agents giving them authorization and consent to investigate and release information needed to apply for insurance and to service my existing insurance. This appointment will be effective as of the date entered below and will continue until cancelled.

Managing General Agency: Mid-Continent General Agency, Inc.
P. O. Box 27609
Houston, TX 77227

Wholesale Broker: Swett & Crawford


Address: 17757 US Hwy 19N

Clearwater, FL

Retail Agency: JP Perry Insurance

Address: 3342 Kori Road

Jacksonville, FL

Signature: 
(Authorized Representative)

Date: 9/24/76

9/21/09

Colemont Insurance Brokers
Mid Continent
ProAssurance Specialty Insurance Company, Inc.

Re: AOR & BOR for Dr. Farid Ullah
Professional Policy # TBA
Policy Term: 10/15/09-10/15/2010, Retro date: 6/24/06

To Whom this May Concern:

Please accept this letter as written authorization that I want to appoint Swett & Crawford of Florida of 17757 US Highway 19N, Suite 470 Clearwater, Fl 33764 as my new broker through J P Perry Insurance, Inc., 3342 Kori Road, Jacksonville, Florida 32257 effective immediately as pertains to the above referenced policy(ies) with Mid Continent, ProAssurance Specialty Insurance Company, Inc.. This letter revokes any agent of record/broker of record letter that may have been previously granted.

Please waive the customary 10 day waiting period.

If you have any questions or concerns I can be reached at (904)280-7960.

Sincerely,

Dr. Farid Ullah



COLEMONT
INSURANCE BROKERS

RENEWAL INDICATION

(Please note that this is only an indication, additional information required for a firm quote.)

Insurance Company: ProAssurance Specialty Insurance Co., Inc.

Date: September 21, 2009

Policy Period: 10/15/2009 – 10/15/2010
Retroactive Date: 6/24/2006

PL Policy Form: Business/Profession: Medical Director
Claims Made and Written Demand

Insured: Farid Ullah, M.D.
2334 S 8th Street
Fernandina Beach, FL 32034

Errors and Omissions

Each Professional Incident	\$	500,000
Aggregate	\$	1,000,000
Deductible each Claim	\$	1,000

Premium, Fees, and Taxes

Premium:	\$	4,482.00
Policy Fee:	\$	35.00

Total: \$ 4,517.00

Grand Total: \$ 4,552.00

Additional Options

Sexual Misconduct \$ 448.00

(Sublimit: \$100,000/300,000 Retroactive Date: 10/15/2009)

Defense Outside The Limits \$ 672.00

*+ 35 filing fee = 4587 x .109. 50% Amt
4.59 = 4,591.59 x 5% Tax =*

*229.58
\$ 4,821.17*

Terms and Conditions:

- Premium is subject to 25% minimum earned.
- Claims expenses are included within the limits.

We Require the Following Items:

- Please note that coverage is limited to medical director services provided by the insured for Nassau County only
- Signed and dated Mid Continent Application
- Sexual Misconduct Supplement if this coverage is elected
- Current copy of the contract
- Tax Affidavit (Attached)

See attached for Taxes + fees



Kerri Henderson

From: William Urso [William.Urso@colemont.com]
Sent: Monday, September 21, 2009 11:08 AM
To: Kerri Henderson; Jan Rose; Tracy Munsey
Subject: RE: Response needed - Urgent Dr. Farid Ullah, 10/15/09 renewal PLP839950 - need taxes and fees

Taxes & fees
↓

Kerri,

5% FL surplus lines tax
.10% FL service Fee
\$35 Filing fee - This is taxed.
\$35 Policy Fee (this is on the quote- This is taxed)

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

From: Kerri Henderson [mailto:khenderson@jpperry.com]
Sent: Monday, September 21, 2009 9:58 AM
To: William Urso; Jan Rose; Tracy Munsey
Subject: FW: Response needed - Urgent Dr. Farid Ullah, 10/15/09 renewal PLP839950 - need taxes and fees

Bill, does this included all taxes and fee's? We need the out the door as we need to include an invoice on our end for the insured to submit to the city.

Thanks.

Sincerely,

Kerri J. Henderson
Account Executive
JP Perry Insurance
904-268-7310 office
904-268-2801 fax
904-657-9376 cell
khenderson@jpperry.com

The information contained in this email/fax and the attachments transmitted herewith is confidential and is intended solely for the use of the individual or entity to whom it is addressed. This email/fax and the attachments sent herewith may contain material that is privileged or protected from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivering this information to the intended recipient, please (1) be advised that any use, dissemination, forwarding, or copying of this document IS STRICTLY PROHIBITED; and (2) please notify the sender immediately and delete this message and all copies and backups thereof. Thank you.

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

From: William Urso [mailto:William.Urso@colemont.com]
Sent: Monday, September 21, 2009 10:50 AM
To: Kerri Henderson
Cc: Tracy Munsey; Jan Rose
Subject: RE: Response needed - Urgent Dr. Farid Ullah, 10/15/09 renewal PLP839950

Kerri,

Please see the attached renewal quote from Mid Continent (non-admitted).
Colemont will file the taxes on this.
that the premium does not included the SL taxes and fees.

Endorsements:

Elective

- PL011 - Persons Insured - Medical Director
- PL125 - Schedule of Operations - Limitation of Coverage
- PL126 - Limits of Liability - Limitation (Drop Down)

Mandatory

- MC004-PAS (05/09)Company Name Change
- MC005 (12/08)Service Of Suit
- MC011 (12/08)Minimum Earned Premium
- MC012 (12/08)Conditions-Cancellation Amended
- MC019 (12/08)HIPAA Exclusion
- MC021 (12/08)Silica Exclusion
- MC108 (03/09)Claims Reporting
- PL001 (12/08)Declarations Page
- PL002 (12/08)Errors & Omissions Liability Policy Form

Insured Locations:

96135 Nassau Place, Yulee FL

Additional Named Insureds:

None

Additional Insureds:

None

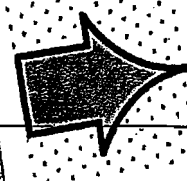
Extended Reporting Period:

An extended reported period will be afforded in accordance with the policy conditions for a period of 90 days for an additional premium of 35%.

This quotation is valid for 30 days.

TERMS AND CONDITIONS

- The following Terms & Conditions apply to the relationship between JP Perry Insurance, Inc. and any and all entities purchasing coverage through JP Perry Insurance, Inc. This includes all of the Named Insured's as well as any other entities that may be covered by the aforementioned policy.
- All quotes provided by JP Perry Insurance, Inc., also referred to herein as "the agency", are good faith estimates only. Quotes are based on information provided to us by you and the business you represent, also referred to as "the customer", and by the insurance companies quoting or writing coverage. Quotes and policies are subject to underwriting rules and requirements, such as loss history, driver records, and loss control inspections. Quotes and policies or both may differ from the coverage applied for on the application. If there are unacceptable variations from the application, it is the customer's responsibility to notify the agency.
- The customer has purchased insurance based on their own desires and interests. The agency makes no claim or warranty that all possible coverages or options have been offered. It is the customer's sole responsibility to judge the suitability and adequacy of their insurance policies for their own purposes, and to understand the limits, perils insured against, exclusions, and limitations of the policies. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, and any desired changes to the limits, coverages or deductibles.
- JP Perry Insurance, Inc. does not warrant any of the limits contained in the proposal or policy are adequate for the needs of the customer. Higher limits of coverage may be available.
- JP Perry Insurance, Inc. does not guarantee the financial status or solvency of any insurance company, organization, professional employer organization (PEO), self-insurance fund, reciprocal, other entities or insurance vehicles that may provide coverage. Some insurance providers are assessable and you should read their application and disclosure form(s). The agency will provide any information we have regarding insurance company ratings or financials upon request.
- The insured expressly grants JP Perry Insurance, Inc. the authority to cancel any or all policies in order to recover monies due because of non-payment of premium on any policy. Some policies contain cancellation provisions where as any return premiums are at the discretion of the insurance company.
- The individual signing for the company hereby agrees to personally indemnify the agency for any non-payment by the corporation or other entity for which they sign. In the event legal proceedings are necessary to collect premiums due or enforce any aspect of these terms and conditions, JP Perry Insurance, Inc. shall be entitled to collect reasonable attorney's fees.
- Some of your policies may be written through an authorized Excess and Surplus Lines Market. The agency does not control the binding of these policies. These policies may be subject to exclusions and limitations of coverage that are not found in standard forms. Should a policy be cancelled, the refund of unearned premium, if any, will be determined at the sole discretion of the company.

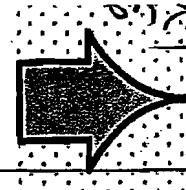



Initial

TERMS AND CONDITIONS

- Property valuations for buildings, business personal property, business income or any other items insured, are the responsibility of the customer. It is also responsibility of the customer to notify the agency should there be changes in the valuations or any increased cost of construction of properties. The agency or insurance company may from time to time use building replacement cost calculations in an attempt to determine coverage levels acceptable to the insurance company. Coverage levels acceptable to the insurance company may or may not be appropriate for the customer's needs. These calculations do not remove the customer's responsibility for determining adequate replacement cost coverage for buildings, business personal property, business income, equipment or any other property to be insured. The customer expressly holds the agency harmless and agrees to indemnify the agency for any alleged error or omission in property or other valuations.
- Many policies contain coinsurance penalties. You will be assessed a penalty if you have a loss and your property does not meet the coinsurance requirements of the policy. The customer is responsible for purchasing adequate property limits that meet the required coinsurance percentage. You may need to obtain, at your expense, a professional appraisal to determine the replacement cost value of your property. JP Perry Insurance, Inc. relies on the customer's assertion of property values and makes no guarantee that property values are adequate.
- In the event any policies have a tentative rate provided by the Insurance Service Office, the final rate is subject to inspection and promulgation by the Insurance Service Office (ISO). The customer agrees that any additional premium resulting from ISO inspections is due and payable when billed.
- Flood coverage is excluded under most policies and may be purchased separately.
- Pollution and pollution cleanup are excluded or limited in most policies. Coverage for these exposures may be available.
- Your policy may contain auditable exposures whereby the final premium is determined by multiplying "the rate" times "the basis", such as payroll, sales, cost, etc., or under which vehicles and their weights, operation territory, and radius of operation are subject to verification and rate adjustment. Exposures requiring code changes will be governed by the rules of the Insurance Service Office (ISO) for General Liability and the National Council on Compensation Insurance for Workers' Compensation. The customer understands and agrees that the General Liability and Workers' Compensation codes are subject to change as a result of the final audit. Any change in the classification codes can also generate an endorsement to the current year's policy. Audit changes to the exposure basis or codes may generate additional premiums.
- The customer agrees any additional premiums resulting from said audit calculations are due when billed. Failure to pay audit premiums subjects all current term policies to cancellation. Any return premiums will be applied to outstanding audit balances. Some policies may be written on a minimum and deposit basis where additional premiums may apply if the exposure basis is higher than estimated but no monies will be returned if the audit reveals a lower exposure basis.
- Coverage for liability arising from employment related practices, such as sexual harassment, discrimination, Americans with Disabilities Act violations, and ERISA, COBRA or other legislative violations, is not provided by most general liability policies. Employment Practices Liability coverage may be available for purchase separately.

INITIAL
HERE



X
Initial.

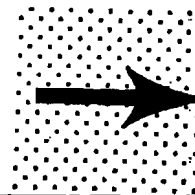
TERMS AND CONDITIONS

- Liability under the Jones Act or the Longshoreman's and Harbor Worker's Act are not covered by most policies. JP Perry Insurance, Inc. recommends consultation with an attorney to determine if you have any exposure under the above laws.
- It is imperative that all claims be reported promptly to the agency or to the insurance company.
- All coverages are afforded by a written binder or by a company-issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. All additions, deletions, or other changes must be issued by the insurance company to be valid.
- Should there be any material changes in your operations, you are responsible to report to the changes to the agency.
- Most policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States. For Workers' Compensation insurance, coverage must be purchased for each and every state in which your employees reside.

ADDITIONAL COVERAGES THAT MAY BE AVAILABLE INCLUDE BUT ARE NOT LIMITED TO:

401K Plans	Errors & Omission Liability	Pollution Liability
Accounts Receivable	Estate Planning	Power Failure
Automobile	Fiduciary Planning	Prepaid Legal
Aviation	Flood	Professional Liability
Boiler & Machinery	Garage Liability	Rented Equipment
Bonds	Garagekeepers	Retirement Plans
Builder's Risk	Glass	Signs
Building Ordinance or Law	Group Health	Stop Gap Liability
Business Income / Extra Expense	Property & Casualty	Surety Bonds
Computers / Data Processing	Installation Floater	Systems Breakdown
Contractor's Equipment	International Exposures	Terrorism
Credit Insurance	Kidnap and Ransom	Tools & Equipment
Crime	Life Insurance	Transit or Transportation
Difference in Conditions	Liquor Liability	Umbrella
Director's & Officer's Liability	Long Term Care	Uninsured Motorists
Disability Income	Marine	USL&H
Earthquake	Mobile Equipment	Valuable Papers & Records
Employee Benefits	Off Premises Power Interruption	Watercraft Liability
Employee Benefits Liability	Owners'/Contractors' Protective Liability	Workers' Compensation
Employee Dishonesty	PEO & Payroll Services	
Employment Related Practices Liability	Personal Auto & Home	

**INITIAL
HERE**




Initial

TERMS AND CONDITIONS

- Should a court of competent jurisdiction declare any of the terms and conditions set forth in this document unenforceable, the parties agree that such court shall be authorized to modify such terms so as to render the remaining terms and the modified terms valid and enforceable to the maximum extent possible, and as so modified, to enforce this agreement in accordance with its terms. In accordance with the foregoing, if any of the terms shall be held to be excessively broad, it shall be limited to the extent necessary to comply with applicable law.
- No information or representation given or made by anyone contradicting or in conflict with any of these terms is valid regardless of whether it is written or oral. If you have any questions about these terms and conditions, please seek written explanations from an officer of JP Perry Insurance, Inc. The customer agrees that these terms and conditions apply to the current policy(ies), all future renewals, continuations, changes, replacements or new policies and coverages, until and unless replaced by a subsequent signed terms and conditions form.
- Acceptance of this proposal by signature or by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.



_____ **Date**

[Handwritten Signature]
_____ **Signature of Insured**

_____ **Print Name**

_____ **Title**

_____ **First Named Insured**

Nassau County



MID-CONTINENT GENERAL AGENCY, INC.

PROFESSIONAL LIABILITY APPLICATION FOR MEDICAL DIRECTOR'S PROFESSIONAL LIABILITY INSURANCE

GENERAL INFORMATION

- Physician Applicant Name: Dr. Farid Ullah
- Address: 2334 e. State Road 200 #100
- Telephone Number: Office 1 904-261-6134 Fax 1 904-261-9998
- Type of organization, service or facility where applicant provides services as Medical Director: Board of County Commissioners of Nassau County
- Name of organization: Nassau County Fire & Rescue
- Address: 96135 Nassau Place, Yulee, FL 32077
- Telephone Number: Office 1 904-753-1134 Fax 904-481-9044 / 904-484-3628
- Extent of operations (size) of organization, service or facility, for which these units of exposure are applicable:
 - No. of bed N/A No. of Out Patient Visits N/A No. of Ambulances 7-Rescue / 7 Fire Engines
- Medical Director Duties / Contract: attach copy of contract between Medical Director & organization, and description of the duties and responsibilities of medical director, if not included in contract.
- Describe any circumstances wherein the applicant in his/her capacity as Medical Director may also be called upon to act within his/her capacity as a "physician" to treat, intervene in the treatment, direct the treatment or consult in the treatment of any person (patient / client): Dr. Ullah is an offline physician as a Director for treatment when there is either a conflict on orders received or if the receiving physicians cannot be reached.
 How often might such circumstances occur? 10 hours per year
- Time commitment - number of hours per month applicant will provide services as Medical Director: on call 24/7
- Remuneration - annual remuneration applicant will be paid for services as Medical Director: \$ 28,909.00
- LIMIT OF LIABILITY requested: \$ 500,000 per incident / \$ 1,060,000 per aggregate
- PROPOSED EFFECTIVE DATE: 10/15/09 No. Years as Medical Director 25 years

that steps in

APPLICANT PHYSICIAN INFORMATION

- License # ME18615, FL Expiration Date _____ State FL
- Years licensed 1960 Pakistan, 1962-1968 District of Columbia, 1968 NY, 1969 Rhode Island, 1971 Florida, Vincent's Health System
- Certification: American Society of Nuclear Cardiology
- Current Practice: Amelia Institute of Cardiology (dates from 1971 to present)
- Specialty: Cardiology Board Certified? yes
- Type Practice: Solo Practice Partnership Group Practice Other: practice owned by St. Vincent's
- Medical School: Kyber Medical College Date completed: 1966
- Degree: University of Peshawar
- Internship / Residencies:
 - Medical Center: Memorial Hospital, Albany dates served: 6/63 to 6/64
 - Medical Center: St. Paul's Hospital, Brooklyn dates served: 6/64 to 6/65
- Hospital Privileges (hospital name / address & nature of privileges): * See attached Certificate
- Medical Malpractice Insurance - attach certificate or other verification of current insurance.

21. **Claims Information:** Has any claim or suit for alleged malpractice been brought against you in the last Five (5) years, or are you aware of circumstances that might lead to such a claim/suit? Yes No
If yes, describe event including claimant name, date of incident, suit status, amount of settlement or reserve (or attach separate sheet): _____

22. **Sanctions:** Has applicant ever had his/her license or certification revoked, suspended, or restricted, been subject to any disciplinary proceeding, been reprimanded by an administrative agency, professional association or peer committee: Yes No If yes, describe in detail: _____

STATEMENT OF NON-CONFLICT OR RELATIONSHIP:

- i. Applicant is NOT a principal, proprietor, superintendent, officer director, stockholder or member of the board of directors, trustees, or governors, of the organization named in Item 5 of this application, nor is applicant in any other manor, except as Medical Director, affiliated or associated with said organization.
- ii. No patient or client of the organization named in Item 5 of this application is (will be) billed or charged specifically for services afforded by the applicant whether in his/her capacity as Medical Director, physician or otherwise.
EXCEPTIONS, if any, to above (absence of entry means "no exceptions"): _____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided.

Applicant warrants the truth of all answers to the above questions, and the applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date



Applicant



ACORD COMMERCIAL INSURANCE APPLICATION DATE: 08/05/2009
APPLICANT INFORMATION SECTION

PRODUCER PHONE (A/C, No, Ext): (904)268-7310 FAX (904)268-2801 JP Perry Insurance Inc 3342 Kori Road Jacksonville, FL 32257 CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID 00017481	CARRIER NAIC CODE: _____ UNDERWRITER _____ INDICATE SECTIONS ATTACHED PROPERTY _____ GLASS AND SIGN _____ ACCOUNTS RECEIVABLE/ VALUABLE PAPERS _____ X CRIME/MISCELLANEOUS CRIME _____ TRANSPORTATION/ MOTOR TRUCK CARGO _____	POLICIES OR PROGRAM REQUESTED EQUIPMENT FLOATER _____ INSTALLATION/BUILDERS RISK _____ ELECTRONIC DATA PROC _____ COMMERCIAL GENERAL LIABILITY _____ BUSINESS AUTO _____ TRUCKERS/MOTOR CARRIER _____ GARAGE AND DEALERS _____ VEHICLE SCHEDULE _____ BOILER & MACHINERY _____ WORKERS COMPENSATION _____ UMBRELLA _____
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STATUS OF SUBMISSION	PACKAGE POLICY INFORMATION															
QUOTE _____ ISSUE POLICY _____ BOUND (Give Date and/or Attach Copy): DATE _____ TIME _____ AM _____ PM _____	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">PROPOSED EFF DATE</td> <td style="width: 15%;">PROPOSED EXP DATE</td> <td style="width: 15%;">BILLING PLAN</td> <td style="width: 15%;">PAYMENT PLAN</td> <td style="width: 15%;">AUDIT</td> </tr> <tr> <td>10/15/2009</td> <td>10/15/2010</td> <td>DIRECT BILL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	10/15/2009	10/15/2010	DIRECT BILL					AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT												
10/15/2009	10/15/2010	DIRECT BILL														
		AGENCY BILL														

APPLICANT INFORMATION		
NAME (First Named Insured & Other Named Insureds) Dr. Farid Ullah	FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): (904)261-6135	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2334 S. 8th Street Fernandina Beach, FL 32034
INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____ JOINT VENTURE _____ SUBCHAPTER 'S' CORPORATION _____ LIMITED CORPORATION _____	NOT FOR PROFIT ORG _____ CR BUREAU NAME _____ ID NUMBER _____	YEAR BUS STARTED _____
INSPECTION CONTACT Sam Young	PHONE (A/C, No, Ext): (904)753-1134	ACCOUNTING RECORDS CONTACT Sam Young
	PHONE (A/C, No, Ext): (904)753-1134	PHONE (A/C, No, Ext): (904)753-1134

PREMISES INFORMATION								
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
00001	00001	96135 Nassau Place Yulee Nassau FL 32097			X INSIDE	X OWNER		Nassau County Fire & Re
					OUTSIDE	TENANT		
					INSIDE	OWNER		
					OUTSIDE	TENANT		
					INSIDE	OWNER		
					OUTSIDE	TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 See Attached

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	X		7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION-ALLEGATIONS, DISCRIMINATION OR NEGLIGENT-HIRING?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X		8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In FL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	X		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
4. ANY CATASTROPHE EXPOSURE?	X		10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	X		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO	X		

REMARKS
 See Attached

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, VT, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE:  PRODUCER'S SIGNATURE: _____

PRIOR CARRIER INFORMATION

LINE	CATEGORY	2008-2009		2007-2008										
GENERAL LIABILITY	CARRIER	Lloyd's		Lloyd's										
	POLICY NUMBER	Medical Director		Medical Director										
	POLICY TYPE	X	CLAIMS MADE		OCCURRENCE	X	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
	RETRO DATE	6/24/06		6/24/06										
	EFF-EXP DATE	10/15/08-09		10/15/07-08										
	GENERAL AGGREGATE	1,000,000		1,000,000										
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV INJ													
	EACH OCCURRENCE	500,000		500,000										
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY	OCCURRENCE												
		AGGREGATE												
	PROPERTY DAMAGE	OCCURRENCE												
		AGGREGATE												
COMBINED SINGLE LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM	5078		4791											
AUTOMOBILE LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY	EA PERSON												
		EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING AMT													
	PERS PROP AMT													
MODIFICATION FACTOR														
TOTAL PREMIUM														
CARRIER														
POLICY NUMBER														
POLICY TYPE														
EFF-EXP DATE														
LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM														

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 Y							X	CHK HERE IF NONE	SEE ATTACHED LOSS
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
						OPEN			
						CLOSED			
						OPEN			
						CLOSED			
REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY								

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Dr. Farid Ullah

Applicant Information Supplemental Schedules
JP Perry Insurance Inc

08/05/2009

Named Insureds

Named Insured	Entity Type	Insured Type
Dr. Farid Ullah		First Named Insured

Contact Names

Contact Name	Responsibility	Phone number ext
Sam Young	Accounting Records	(904)753-1134
Sam Young	Inspection	(904)753-1134

Nature of Business/Description of Operations

Professional Policy to cover Dr. Ullah's Exposure as Medical Director for Nassau County, He presently carries a separate policy for his Malpractice exposure as a St. Vincent's employee as they own his private practice. He is also the Medical Director for Fernandina Beach Fire and Rescue and there is a separate policy for that as well. Fernandina Beach Fire/Rescue broke away from Nassau County Fire and Rescue in 08 operate on their own and we were referred in since we write the other policies

Remarks

Professional Policy to cover Dr. Ullah's Exposure as Medical Director for Nassau County, He presently carries a separate policy for his Malpractice exposure as a St. Vincent's employee as they own his private practice. He is also the Medical Director for Fernandina Beach Fire and Rescue and there is a separate policy for that as well. Fernandina Beach Fire/Rescue broke away from Nassau County Fire and Rescue in 08 operate on their own and we were referred in since we write the other policies

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			X	4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			X
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			X	5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			X
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			X	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			X
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			X	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			X
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			X	7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			X
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			X	8. PRODUCTS UNDER LABEL OF OTHERS?			X
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			X	9. VENDORS COVERAGE REQUIRED?			X
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			X	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			X

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	X	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED		Nassau County Board Of County Commissioners				LOCATION: 00001	BUILDING: 00001
LOSS PAYEE		Att: Fire & Rescue				VEHICLE:	BOAT:
MORTGAGEE		96135 Nassau Place				SCHEDULED ITEM NUMBER:	
LIENHOLDER		Yulee, FL 32094				OTHER	
EMPLOYEE AS LESSOR							
X		Certificate holder: Ann Sa Young					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			X	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			X
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			X	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			X
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			X	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			X	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			X	16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			X	17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			X
7. ANY PARKING FACILITIES OWNED/RENTED?			X	18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			X
8. IS A FEE CHARGED FOR PARKING?			X	19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			X
9. RECREATION FACILITIES PROVIDED?			X	20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			X
10. IS THERE A SWIMMING POOL ON THE PREMISES?			X				
11. SPORTING OR SOCIAL EVENTS SPONSORED?			X				

REMARKS

Dr. Farid Ullah

General Liability Supplemental Schedules
JP Perry Insurance Inc

08/05/2009

Liability Coverage Type: Commercial General Liability

Coverage Basis: Claims Made

Line of Business Coverages

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	1,000,000	1,000/Flat Basis: Per Claim; Applies: Both BI & PD			
Each Occurrence	500,000	1,000/Flat Basis: Per Claim; Applies: Both BI & PD			

