

CONTRACT APPROVAL FORM

(Contract Management Use only)

**CONTRACT TRACKING NO.
CM2354-A1**

CONTRACTOR INFORMATION

Name: ALS Group Corp., dba ALS Environmental
Address: 9143 Philips Highway Jacksonville FL 32256
City State Zip
Contractor's Administrator Name: Donna Jackson Title: Technical Sales Rep
Tel#: (904) 874-5826 Fax: (904) 739-2011 Email: donna.jackson@alsglobal.com

CONTRACT INFORMATION

Contract Name: Agreement for Laboratory Services Contract Value: \$27,116.80
Brief Description: Contract for laboratory services for Nassau Amelia Utilities to provide water, WWTF and groundwater analysis.
Contract Dates : From: 10/1/2016 to: 9/30/2018 Status: New Renew X Amend# WA/Task Order
How Procured: Sole Source Single Source XX ITB RFP RFQ Coop. Other

If Processing an Amendment:

Contract #: CM2354 Increase Amount of Existing Contract: No Changes
New Contract Dates: 10/1/18 to 9/30/19 TOTAL OR AMENDMENT AMOUNT: No Changes

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- | | |
|---|--------------------------------|
| 1. <u>Rebecca Ry</u> <u>10/8/18</u> | <u>Nassau Amelia Utilities</u> |
| Department Head Signature Date | Submitting Department |
| 2. <u>Dayton Higgins</u> <u>10/10/18</u> | <u>71508536-531100</u> |
| Contract Management Date | Funding Source/Acct # |
| 3. <u>Office for Justin Stanekewicz</u> <u>10.12.18</u> | |
| Office of Management & Budget Date | |
| 4. <u>[Signature]</u> <u>11-16-18</u> | |
| County Attorney (approved as to form only) Date | |

Comments: _____

RCVD COUNTY MGR
11 OCT '18 AM 10:34

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

[Signature] 10-16-18
Michael Mullin Date

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

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

AMENDMENT NO. 1/FIRST/EXTENSION TO THE
CONTRACT FOR LABORATORY SERVICES FOR NASSAU AMELIA
UTILITIES

THIS ADDENDUM entered into this 16th day of October, 2018 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 **ALS Group Corp., dba ALS Environmental**, 9143 Philips Highway, Suite 200, Jacksonville, Florida 32256 (hereinafter referred to as "Vendor").

WHEREAS, the parties entered into a Contract dated September 21, 2016;

WHEREAS, the original Contract provided for an initial term beginning October 1, 2016 and ending September 30, 2018, with an option to extend upon mutual contract between the Vendor and the County; and shall allow for one (1) year extensions, not to exceed four (4) years in length; and

WHEREAS, the parties desire to amend and extend said Contract.

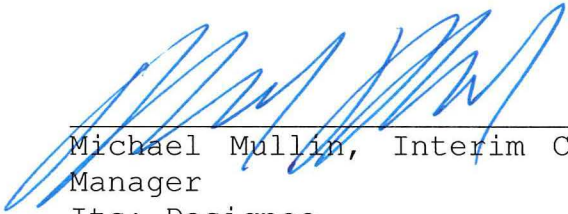
NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. In accordance with Section 19 of the Contract for Laboratory Services for Nassau Amelia Utilities

dated September 21, 2016, the performance period is hereby extended for an additional one (1) year beginning October 1, 2018 and ending September 30, 2019.

- 2. All other provisions of said Contract not in conflict with this Addendum shall remain in full force and effect.

**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**



Michael Mullin, Interim County
Manager
Its: Designee

**ALS Group Corp. dba ALS
Environmental**



Print Name: Donna Jackson

Title: Technical Sales Rep



NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
 Contract Management Department
 96135 Nassau Place, Suite 6
 Yulee, Florida 32097
 904-530-6040

9/14/18

Donna Jackson
 ALS Group USA, Corp
 9143 Phillips Hwy, Suite 200
 Jacksonville, FL 32256

Subject: Renewal/Extension Notice – CM2354
 Laboratory Services for Nassau Amelia Utilities

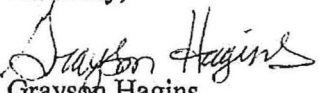
Dear Donna,

The current contract for Laboratory Services expires on September 30, 2018 and has a provision for an extension/renewal of one (1) year increments, not to exceed a total contract period of four (4) years, under Section 10 (10.1) of the contract. This letter is to determine your interest in renewal only, and does not constitute an extension or renewal of this contract.

Please annotate on the bottom of this letter, with your signature and date, as to whether or not you are interested in extending the contract for an additional one (1) year. Your response must be received not later than September 21, 2018. Email response to ghagins@nassaucountyfl.com or fax to (904) 321-5917.

Should you have any questions, please do not hesitate to contact me.


Sincerely,


 Grayson Hagins
 Contract/Purchasing Manager

YES: We want to extend the current contract for an additional one (1) year, at the same terms and conditions.

NO: We do not wish to renew this contract for the following reasons:

Comments: _____



 Signature and Title

09/17/2018

 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/26/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JLT Specialty Insurance Services Inc. 5847 San Felipe St. Suite 2800 Houston, TX 77057	CONTACT NAME: Alise Jenkins	
	PHONE (A/C, No, Ext): E-MAIL ADDRESS: alise.jenkins@jltus.com	
INSURED ALS Group USA, Corp. 10450 Stancliff Road, Suite 210 Houston, TX 77099	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : XL Insurance America Inc.	24554
	INSURER B : Zurich American Insurance Company	16535
	INSURER C : XL Insurance Company SE	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	US00011819LI18A	09/30/2018	09/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BAP 1071598-01	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AU00001947LI18A	09/30/2018	09/30/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	WC 1071597-01	09/30/2018	09/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			AU00001947LI18A	09/30/2018	09/30/2019	Per Claim/Agg \$ 5,000,000
C	Prof. E&O			AU00001947LI18A	09/30/2018	09/30/2019	Per Occ/Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Subject always to policy terms, conditions and exclusions the General Liability, Auto Liability
 Umbrella/Excess Liability policies includes a Blanket Additional Insured Endorsement but only to the extent of risk and liabilities assumed by the named insured in a signed written contract. Subject always to policy terms, conditions and exclusions the General Liability, Auto Liability, Umbrella Liability and Workers Compensation policies includes a Blanket Waiver of Subrogation Endorsement but only to the extent of risk and liabilities assumed by the named insured in a signed written contract.

Coverage for XCU, Contractual Liability and Independent Contractors is provided under General Liability policy.
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Nassau County, Florida Nassau Amelia Utility 5390 First Coast Highway Fernandina Beach, FL 32024	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 JLT Specialty Insurance Services Inc.

**ADDITIONAL REMARKS SCHEDULE**

AGENCY JLT Specialty Insurance Services Inc.		NAMED INSURED ALS Group USA, Corp. 10450 Stancliff Road, Suite 210 Houston, TX 77099 USA	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Nassau County, a political subdivision of the State of Florida, its officers, agents and employees are included as Additional Insureds as respects to General Liability and Auto Liability.

Additional Named Insured's

ALS Industrial USA, LLC
ALS Group USA, Corp
ALS Maverick Testing Laboratories, Inc
ALS Reservoir Laboratories LLC
ALS Services USA, Corp
ALS USA, Inc.
Ellington and Associates Inc.
ALS Marshfield, LLC
Truesdail Laboratories, Inc