

## NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS 96135 Nassau Place Suite 1

VENDOR NAME/ADDRESS Ring Power Corporation P.O. Box 935004

Yulee, FL 32097

DEPARTMENT Solid Waste

Date:

						Becky	Diden
NDOR NUMBER	PROJECT NAME	FUNDING SOURCE		AMOUNT AVAILABLE	STANDARD F	O OR ENCUMBER ONLY	
		See Breakdown			Encumber	Contract	
M NO.	DE	SCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	3-1	
	Service Maintenance A	greement to perform	1.00	\$ 2,500.00	\$ 2,500.00	01369534-54	6000 \$1250
	(4) four oil changes and	d provide all necessary			\$ 0.00	01357534-54	6000 \$1250
	filters, 21-point inspect	on of truck and SOS oil			\$ 0.00		
	samplings.				\$ 0.00		
					\$ 0.00		
					\$ 0.00		
					\$ 0.00		
					\$ 0.00		
					\$ 0.00		
					\$ 0.00		
	Enter additional inform	ation or details, as needed.					
	/						
	FY 21/22 Reduc	ing PO					W. W.
RIGINAL - FIN OPY - DEPAR					Shipping Total	\$ 0.0 \$ 2,50	

			Ψ 2,000.00
Department Head attest that, to the best of my knowledge, this requistition r Purchasing Policy.	eflects accurate information, l	nas been reviewed, budgeted for and fo	llows the Nassau County
Office of Management and Budget attest that, to the best of my knowledge, funds are availab Marshall Eyerman	/ U - / 7 - 7 le for payment. 10/27/2021	ME 10/27/2021	
County Manager attest that, to the best of my knowledge, the appropriate s Taco E. Pope, AICP	taff have reviewed and approv 10/27/2021	ed this Requisition and no other condi	tions would prevent approval.
			Clerk:

# Nassau County Board of County Commissioners Sole Source/Single Source Certification Form

Vendor Name:	Ring Power	Departm	nent:	Solid Waste
Address:	P.O. Box 935004			
	Atlanta, Ga. 31193-5004			
Phone:	904-699-7210	Date:	9/28	3/2:1
Contact Name:	John Kilgore			
Account:	01369534-546000 \$1250	Cost:	\$2500	0
	01357534-546000 \$1250			
Description of	Goods and/or Service:			
\$2,500 to perfor	rm (4) four oil changes and provide all nece	essary fil	ters, 21	-point inspection of truck and
SOS oil samplis	ngs. This cost is cheaper than what the Cou offering a loyal customer discount.			
Check one (1)	of the following two (2) choices:			
	Source: The goods or services can be legal	lly purch	ased fro	om only one source.
ord	gle Source: The goods or services can be puer to meet certain functional or performance sible source for this purchase.			
	of the following that apply:			
Purc	hase can only be obtained from original ma	anufactur	er-not	available through
	ibutors.			
	y authorized area distributor of the original			
	s/Equipment are not interchangeable with s			
This	is the only known source that will meet the	e speciali	ized ne	eds of this department
or pe	erform the intended function.			
_XThis	s source must be used to meet warranty or s	service m	aintena	ance requirements.
This	source is required for standardization.			
Non	e of the above apply.			
Comments/Exp	lanations: (required)			
This cost is les	ss expensive than what the County can perf	orm thes	e servic	ces for. Ring Power is offering a
loyal customer	discount to Nassau County. Term is October	er 1, 202	1 – Oct	ober 1, 2022.
Department H	ead			
I certify that, to	the best of my knowledge, this requisition	reflects a	ccurate	e information, has been
reviewed, budge	eted for and follows the Nassau County Pur	chasing	Policy.	
DA	10-12-21			
Office of Mana	gement and Budget			
I certify that, to	the best of my knowledge, funds are availa	ble for p	aymeni	t and this purchase is consistent
with the Nassau	County Purchasing Policy.			
Marshall Eye	10/27/2021	ME	10/2	7/2021
	the best of my knowledge, the appropriate no other conditions would prevent approv		e revie	wed and approved this

## RING POWER CT 660 Maintenance Plan

Customer Name:

Nassau County Solid Waste

032036

Account Number: Address:

City / State / Zip:

46026 Landfill Rd Callahan, Fl 32011 **Customer Contact:** 

Phone Number:

Mobile Number: Fax Number:

904-879-6321

Lin Diden

904-879-6323

46026 Landfill Rd

### **Equipment Information**

Make: Model: Caterpillar

CT 660 Roll Off

Serial Number: Vin Number:

TEP01460

3HTJGTKTXGN119591

Location:

Current Hours/Miles: Date

Start of Agreement:

9/01/21

October 2021

Enrollment Type (check one):

New

Old

- Terms of Agreement: Maximum of 4 oil changes as describe below in the 12 Months or 60,000 miles whichever occurs first A.
- Maintenance Cost to Customer \$2,500.00 from October 1, 2021 until October 1, 2022 R.

#### C. Dealer's Obligations:

Dealer hereby agrees to perform the following services on the equipment under this Agreement.

- Contact customer to inform them a PM is due, based on truck hours/miles either reported by customer or by indicated Product Link monitoring. 1.
- Furnish Cat Parts needed to complete Engine Oil Service, Fuel Filters, Grease Chassis, Check Fluid Levels, 21 Point Inspection of Truck. 2.
- Complete SOS Oil Samplings
- Provide personal consultation on abnormal oil sample reports.

### D. Customer's Obligations:

- Maintain working hour meter. 1.
- Inform dealer of truck hours/miles on a weekly basis, if Product Link monitoring is not available. 2.
- Grease truck between PM's & check oil levels daily. Top off as necessary with fluids meeting OEM specifications. 3.
- Call Ring Power to schedule PM and bring the truck to the nearest Ring Power truck shop.
- Trucks should be serviced every 6 months, 15,000 miles, or 400 hours, whichever happens first.

#### F. Disclaimer:

This agreement covers Planned Maintenance during normal working hours (Mon. - Fri. 8:00 am to 4:30 pm). PM's Performed after hours, Legal Holidays, Saturdays or Sundays, or out of territory will be charged an additional rate. This agreement is for the specified services only, and does not extend to additional service or repairs that may be necessary. Ring Power cannot be held liable for any truck failures or failure to recognize or interpret pending failures.

#### G. **Excuse from Performance**

Customer hereby agrees that Dealer shall have no obligations to repair or otherwise maintain any unit of the equipment if such repair or maintenance is prevented or substantially hindered by fire, floods, explosions, strikes or other labor disputes, war or civil insurrections, accidents, acts of God, government regulations, delays in transportation, or due to any cause which is beyond Dealer's control.

#### H. Default

- The occurrence of any one or more of the following events shall constitute default by Customer under this Agreement. (a) Failure of Customer to perform any obligation of Customer set forth in this Agreement, which failure shall not have been cured in full within 10 days after Dealer gives written notice thereof to Customer by Certified Mail. (b) Customer knowingly or willfully tampers with an engine hour meter or speedometer on the equipment without Dealer's prior consent in an attempt to mislead Dealer as to the actual number of hours/miles run. c) Customer's making or permitting any unauthorized use, assignment, or transfer of a unit of the equipment. (d) The institution by or against Customer of any proceedings under any bankruptcy re-organization, or other insolvency laws. (e) The cessation by Customer of its normal business operations.
- The occurrence of any one or more of the following events shall constitute default by Dealer under this Agreement. (a) Failure of Dealer to perform any obligation of Dealer set forth in this Agreement, which failure shall not have been cured in full within 10 days after Customer gives written notice thereof to Dealer by Certified Mail. (b) The institution by or against Dealer of any proceedings under any bankruptcy, re-organization, or other insolvency laws. c) The cessation by Dealer of its normal business operations.

### I. MISCELLANEOUS

1. Either party upon 30-day prior notice may terminate this Agreement.

	_, 202ø4_		
Name (Signed): Taco E. Pope, AICP			
Name (Print): Taco E. Pope, AICP			
Title: County Manager			
Accepted By (Salesman): John Eilgon		on behalf of Ring Power Corporation	
Agreement Number			



### CERTIFICATE OF LIABILITY INSURANCE

10/11/2021

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.

К	EPH	RESENTATIVE OR PRODUCER, A	ND T	HEC	ERTIFICATE HOLDER.						
If	SU	PRTANT: If the certificate holder BROGATION IS WAIVED, subject certificate does not confer rights to provide the confer rights to th	t to th	ne te	rms and conditions of the	e polic	cy, certain podorsement(s	olicies may			
PRO	DUC	ER				CONTAI NAME:	Anita Henc	irick			
19	NFP Corporate Services (SE), Inc. 1901 Roxborough Rd, Ste 300					(A/C. No	Ext): 704.672		FAX (A/C, No)		
Charlotte NC 28211					CE. BA A SI	ss: anita.hen		m			
							INS	URER(S) AFFOR	DING COVERAGE		NAIC#
						INSURE	RA: Travelers	Indemnity C	company of Connecticut		25682
INSU					RINGPOW-01	INSURE	RB: Charter	Oak Fire Insu	rance Company		25615
(Of	her	nc.; Ring Power Corporation  Named Insureds below, if appli	cable	1		INSURER C: Travelers Property Casualty Company of America					25674
500	W	orld Commerce Pkwy	000,0	,		INSURER D :					
Sa	nt /	Augustine FL 32092				INSURER E:					
						INSURER F:					
CO	VEF	RAGES CER	RTIFIC	CATE	NUMBER: 663861632				REVISION NUMBER:		
IN C	DIC	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PERT POLICE	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT	OR OTHER !	DOCUMENT WITH RESPE	ECT TO W	VHICH THIS
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	X	COMMERCIAL GENERAL LIABILITY	Y	Y	HE-EXGL-3P390295-TCT-21		7/1/2021	7/1/2022	EACH OCCURRENCE	\$ 2,000,0	000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$0	
	X	Excess General	1						MED EXP (Any one person)	\$0	
		Liability							PERSONAL & ADV INJURY	\$2,000,0	000

TR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Y	Y	HE-EXGL-3P390295-TCT-21	7/1/2021	7/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
	X Excess General						MED EXP (Any one person)	\$0
	Liability						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					1	GENERAL AGGREGATE	\$ 5,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	OTHER:						Limit is Excess over	\$3,000,000 SIR
	AUTOMOBILE LIABILITY	Y	Y	HC2ECAP-3P39026A-21	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	X ANY AUTO					1	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X GARAGEKEEPE Included						Deductible	\$3,000,000
	X UMBRELLA LIAB X OCCUR	Y	Y	ZUP-41N28130-22-NF	7/1/2021	7/1/2022	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED X RETENTION\$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	UB-1R023679-21-NC-T	7/1/2021	7/1/2022	X PER OTH-	
1	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Nassau County Board of County Commissioners is named as Additional Insured on a primary and non-contributory basis with respect to General Liability, Auto

Liability and Umbrella Liability coverage. Walver of Subrogation in favor of Additional Insured with respect to General Liability, Auto Liability, Umbrella Liability
and Workers' Compensation coverage.

Nassau County Board of County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
96135 Nassau Place, Suite 6 Yulee FL 32097-0000	AUTHORIZED REPRESENTATIVE  AlaNise			

CANCELLATION

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CERTIFICATE HOLDER

POLICY NUMBER: HC2E-CAP-3P39026A-TCT-21

**COMMERCIAL AUTO** 

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

The following is added to Paragraph c. in A.1., Who Is An Insured, of SECTION II – COVERED AUTOS LIABILITY COVERAGE in the BUSINESS AUTO COVERAGE FORM and Paragraph e. in A.1., Who Is An Insured, of SECTION II – COVERED AUTOS LIABILITY COVERAGE in the MOTOR CARRIER COVERAGE FORM, whichever Coverage Form is part of your policy:

This includes any person or organization who you are required under a written contract or agreement

between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

COMMERCIAL AUTO

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

### **PROVISIONS**

The following is added to Paragraph A.1.c., Who
Is An Insured, of SECTION II – COVERED
AUTOS LIABILITY COVERAGE:

This includes any person or organization who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

 The following is added to Paragraph B.5., Other Insurance of SECTION IV – BUSINESS AUTO CONDITIONS:

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. Other Insurance, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

COMMERCIAL AUTO

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Paragraph 5. Transfer of Rights Of Recovery Against Others To Us of the CONDITIONS section is replaced by the following:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent

required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

POLICY NUMBER: HE-EXGL-3P390295-TCT-21

COMMERCIAL GENERAL LIABILITY ISSUE DATE: 07-01-2021

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

### Name of Additional Insured Person(s) or Organization(s):

Any person or organization that you agreed in a written contract or agreement to include as an additional insured on this Coverage Part, provided that such written contract or agreement was signed by you before, and is in effect when, the "bodily injury" or "property damage" occurs or the "personal and advertising injury" offense is committed and only for the limits of insurance agreed to in such written contract or agreement, or the limits of insurance of this policy, whichever is less.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behal f:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

### PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

POLICY NUMBER: HE-EXGL-3P390295-TCT-21

COMMERCIAL GENERAL LIABILITY ISSUE DATE: 07-01-2021

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

### Name Of Person Or Organization:

Any person or organization that you have agreed in a written contract or agreement to waive your right of recovery against, but only for payments we make because of:

- 1. "Bodily injury" or "property damage" that occurs; or
- 2. "Personal and advertising injury" caused by an offense committed; subsequent to the signing of that contract or agreement.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



# WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) -01

POLICY NUMBER: UB-1R023679-21-NC-T

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

**DESIGNATED PERSON:** 

### **DESIGNATED ORGANIZATION:**

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

DATE OF ISSUE: 07-01-21

ST ASSIGN:

# DocuSian

**Certificate Of Completion** 

Envelope Id: 234C4737B435479995D2CD53905AECA6

Subject: Please DocuSign: CM3084 Ring Power Corp Service Maint Agreement.pdf

Source Envelope:

**Document Pages: 15** 

Certificate Pages: 7

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

**Amber Carter** 

acarter@nassaucountyfl.com IP Address: 50.238.237.26

**Record Tracking** 

Status: Original

10/21/2021 5:45:17 PM

Holder: Amber Carter

Signatures: 11

Initials: 3

acarter@nassaucountyfl.com

Location: DocuSign

Signer Events

Doug Podiak

dpodiak@nassaucountvfl.com

**Facilities Director** Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Doug Podiak

Signature

Signature Adoption: Pre-selected Style Using IP Address: 174.212.42.9

Signed using mobile

**Timestamp** 

Sent: 10/21/2021 5:51:53 PM Viewed: 10/21/2021 5:54:56 PM

Signed: 10/21/2021 5:55:26 PM

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

**Brian Simmons** 

bsimmons@nassaucountyfl.com

Manager, Procurement

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

ME

Signature Adoption: Uploaded Signature Image

Sent: 10/21/2021 5:55:29 PM

Using IP Address: 50.238.237.26

Viewed: 10/22/2021 10:58:14 AM Signed: 10/22/2021 10:58:22 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Marshall Eyerman

meyerman@nassaucountyfl.com **Assistant County Manager** 

Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Sent: 10/26/2021 11:37:16 AM Viewed: 10/27/2021 7:36:11 AM

Signed: 10/27/2021 7:36:24 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Marshall Eyerman

MEyerman@nassaucountyfl.com

**Assistant County Manager** Nassau County BOCC

Security Level: Email, Account Authentication

(None)

Marshall Eyerman

Signature Adoption: Pre-selected Style Using IP Address: 50.238,237,26

Signature Adoption: Pre-selected Style

Using IP Address: 50.238.237.26

Sent: 10/27/2021 7:36:27 AM Viewed: 10/27/2021 7:36:46 AM

Signed: 10/27/2021 7:36:57 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Denise C. May, Esq., BCS		Sent: 10/27/2021 7:37:02 AM
dmay@nassaucountyfl.com	Danisa C. May, log., BCS	Viewed: 10/27/2021 8:05:31 AM
Assistant County Attorney		Signed: 10/27/2021 8:05:44 AM
Nassau County BOCC	Signature Adention: Described Chile	
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Taco E. Pope, AICP		Sent: 10/27/2021 8:05:49 AM
pope@nassaucountyfl.com	Taco E. Popey AICP	Viewed: 10/27/2021 8:35:15 AM
County Manager		Signed: 10/27/2021 8:35:28 AM
Nassau County BOCC		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
John Kilgore		Sent: 10/27/2021 8:35:34 AM
John.Kilgore@ringpower.com	John tilgere	Viewed: 10/27/2021 8:39:40 PM
Security Level: Email, Account Authentication	Julio Gulpro	Signed: 11/3/2021 7:05:56 PM
(None)	Signature Adoption: Pre-selected Style Using IP Address: 166.137,19,12	
ID: 0aaca2fe-7477-4d44-b2fc-06db06b9dd49  In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Alan Rosen	CORTER	Sent: 10/26/2021 11:37:17 AM
arosen@nassaucountyfl.com	COPIED	
nterim OMB Director		
Nassau County BOCC		
Security Level: Email, Account Authentication None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Amber Carter	CODITO	Sent: 11/3/2021 7:05:59 PM
acarter@nassaucountyfl.com	COPIED	Resent: 11/3/2021 7:06:11 PM
Nassau County BOCC		Viewed: 11/4/2021 8:08:59 AM
Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure:		

copies with the control of the contr	Carbon Copy Events	Status	Timestamp
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Carbon Copy Events

Sue Boria
Sue Boria
Shoria@nassauclerk.com

Nassau County Clerk
Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Kari Ulmer
kulmer@nassauclerk.com
Nassau County Clerk
Security Level: Email, Account Authentication
(None)

Sent: 11/3/2021 7:06:08 PM

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign **Witness Events Signature Timestamp Notary Events Signature Timestamp Envelope Summary Events** Status **Timestamps Envelope Sent** Hashed/Encrypted 10/21/2021 5:51:53 PM Certified Delivered Security Checked 10/27/2021 8:39:40 PM Security Checked 11/3/2021 7:05:56 PM Signing Complete Security Checked 11/3/2021 7:06:08 PM

Completed Security Checked 11/3/2021 7:06:08 PM

Payment Events Status Timestamps

Electronic Record and Signature Disclosure

### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, County of Nassau (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### How to contact County of Nassau:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: bsimmons@nassaucountyfl.com

### To advise County of Nassau of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at bsimmons@nassaucountyfl.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### To request paper copies from County of Nassau

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to bsimmons@nassaucountyfl.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### To withdraw your consent with County of Nassau

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to bsimmons@nassaucountyfl.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Nassau as described above, you consent to receive
  exclusively through electronic means all notices, disclosures, authorizations,
  acknowledgements, and other documents that are required to be provided or made
  available to you by County of Nassau during the course of your relationship with County
  of Nassau.

# BOCC CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

CM3084

GENERAL INFORMATION		
Requesting Department Solid Waste		
Contact Person: Becky Diden		1111 742
Telephone: (904) 530-6700 Fax: (904) 879-6323 Email: bdiden@nassa	ucountyfl.com	
CONTRACTOR INFORMATION Name:Ring Power Corporation		
Address: P.O. Box 935004 Atlanta	GA	31193-5004
City	State	Zip
Contractor's Administrator Name: John Kilgore Title	: Truck Parks	& Sales Agent
Telephone: (904)237-9400 Fax: ( ) Email: john.kllgore@ri	ingpower.com	
Authorized Signatory Email: John.kilgore@ringpower.com  CONTRACT INFORMATION		
Contract Name: Service Agreement for Caterpillar CT600 Roll-Off		
Description: Service Maintenance Agreement (4) four oil changes along with a		t inspection
GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOC		
Terms: Payment Period: Amount per	Period:	
Total Amount of Contract: \$2500		
Source of Funds:	30-days	
Authorized Signatory: Taco E. Pope, County Manager  IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF B	occ	
Contract Dates: From: 10/1/2021 to: 10/1/2022		
Status: X New Renew Amend# WA/Task Order		
How Procured:_Sole Source_X Single Source_ITBRFPRFQ	Coop	_Other
If Processing an Amendment:  Contract #:Increased Amount of Existing Contract:		

Continued on next page

ompiete ana attach bejore send	ling contract for final signature	
Requirement	Description	Certified Complete By
Contract, Exhibits and Appendices	<ol> <li>The contract and all documents incorporated by reference in the contract, including exhibits and appendices are attached (including E-Verify, Pricing, Scope, etc.) and properly identified; and</li> <li>All such documents have been read and agreed to in their entirety by originating department and staff members who have obligations under this contract.</li> </ol>	Dept
Name, Address, Contact Person	The full name, address, legal status (i.e., corporation, partnership, etc.) and contact person of other party are included.	Dept
Understanding	Written contract matches the verbal understanding of all parties. All terms and conditions conform to the final negotiations/agreement of the parties.	Dept
Competition/Conflicts and Existing Contracts/Compliance	This contract does not conflict with any other contracts, promises or obligations of the BOCC. The requesting department verifies the BOCC can comply with all terms and conditions.	Dept Cty Atty
Other Necessary Agreements	All other necessary agreements or waivers referred to in contract have been obtained and are attached and properly identified for reference.	Cty Atty
Indemnification	BOCC may not indemnify, hold harmless, be liable to, or reimburse any other party to the contract for claims, lawsuits, damages, attorney fees, or losses incurred by that party in connection with the contract.	Cty Atty
Term of Contract	Start and end dates of contract are included. Any renewals are included.	Cty Atty
Warranties/Guarantees	Warranties or guarantees give satisfactory protection.	Cty Atty/Risk
Insurance	Risk manager has or will approve insurance clauses. Levels confirmed in requirements	Dept
Governing Law	The contract is governed under the laws of the State of Florida. The contract may be silent on this issue but in no event will another state's law govern the agreement.	Cty Atty
Confidentiality Agreements	All nondisclosure clauses include exceptions regarding disclosure as required by law. If not applicable, indicate "n/a."	Cty Atty
Printed/Typed Names	Names of all persons signing contracts are printed or typed below signatures.	Router

## APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

1.	Doug Podiak	10/21/2021		
	Department Head	Date		
2.	A.	10/22/2021		
	Procurement	Date		
3.	Marshall Eyerman	10/27/2021	ME	10/27/2021
	Office of Mgmt & Budget	Date		
4.	Denise C. May, log., BCS	10/27/2021		
	County Attorney/Contracts	Date		

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

5.	Taco E. Pope, AICP	10/27/2021
	County Manager	Date

Original: Clerk's Services; Contractor (original or certified copy)

Copies: Department: Procurement: Office of Management & Budget: County Attorney: Contract

Management: Clerk Finance

BOCC CAF 5/11/2021 Page 1 of 2