

# BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM3169-A1

### SECTION 1 - GENERAL INFORMATION

Requesting Department: Facilities Maintenance Contact Person: E. Burton / T Lombardi  
Telephone: (904) 530-6125 Email: eburton@nassaucountyfl.com

### SECTION 2 - VENDOR INFORMATION

Name: Kept Companies, Inc. dba Krystal Klean  
Address: 13679 Atlantic Boulevard  
City: Jacksonville State: Florida Zip Code: 32225  
Vendor's Administrator Name: Cori Roberts Title: Contracts Administrator  
Telephone: (877) 875-5326 Email: cori@krystalklean.com

### SECTION 3 - VENDOR AUTHORIZED SIGNATORY

Authorized Signatory Name: Lorraine Matarazzo  
Authorized Signatory Email: lorrainem@keptcompanies.com  
**(IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)**

### SECTION 4 - CONTRACT INFORMATION

Contract Name: Painting Services  
Type:  New Contract  Work Authorization  Supplemental Agreement  
Short Description of Product(s)/Service(s) Being Requested: Interior/Exterior surface preparation, brick repair & seal, masking, patching and painting services for multiple buildings throughout the County

**(GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)**

Procured Method:  Quotes  ITB  RFP  RFQ  Piggyback  Exemption  Sole Source  Single Source  
 Other: \_\_\_\_\_  
Amount of Initial Contract Term: \$300,000.00  
Amount of Renewal Options (if applicable): Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_  
Year 3: \_\_\_\_\_ Year 4: \_\_\_\_\_  
Total Amount of Contract (Initial Term + Renewal Options): \$300,000.00 (Estimate if necessary)  
Account Number: Multiple  
Source of Funds:  County  State  Federal  Other: \_\_\_\_\_  
County Authorized Signatory:  BOCC Chairman  County Manager  
**(IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC)**

### SECTION 5 - INSURANCE

Insurance Category:  Category L  Category M  Category H  Other: \_\_\_\_\_

**Risk Manager Initials:** \_\_\_\_\_

### SECTION 6 - AMENDMENT INFORMATION

Contract Tracking No: CM3169-A1 Amendment No: 1  
Type of Amendment:  Renewal  Time Only Extension  Additional Scope  Other: VENDOR NAME CHANGE ONLY  
Contract Amount with Previous Amendments: N/A Amount of this Amendment: N/A  
New Contract Amount including this Amendment: N/A  
Account Code Change From: \_\_\_\_\_ To: \_\_\_\_\_  
County Authorized Signatory:  BOCC Chairman  County Manager  
**(IDENTIFY WHO WILL SIGN AMENDMENT ON BEHALF OF BOCC)**

### APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

- |   |  |
|---|--|
| 1. <u>Doug Podiak</u> <u>2/15/2024</u><br>Department Head/Contract Manager Date | 3. <u>Sanasa Helmore</u> <u>2/20/2024</u><br>Procurement Date<br><i>(Signature required only if procurement related)</i> |
| 2. <u>Chris Lacambra</u> <u>2/16/2024</u><br>Office of Mgmt. & Budget Date      | 4. <u>Denise C. May</u> <u>3/11/2024</u><br>County Attorney Date   |
- 8J  
3/11/2024

7P  
2/16/2024

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Taco E. Popey AICP 3/11/2024  
County Manager Date

**FIRST AMENDMENT TO PIGGYBACK AGREEMENT**

**THIS FIRST AMENDMENT TO THE PIGGYBACK AGREEMENT** (hereinafter “Amendment”) is made by and between the **Board of County Commissioners of Nassau County, Florida**, a political subdivision of the State of Florida (hereinafter the “County”), and **Kept Companies, Inc. dba Krystal Klean (formally Fleetwash, Inc. dba Krystal Klean)**, a business having its primary business location at 13679 Atlantic Boulevard, Jacksonville, Florida 32225 (hereinafter the “Vendor”).

**WITNESSETH:**

**WHEREAS**, the County previously entered into a Piggyback Agreement for painting services dated June 13, 2022 with Fleetwash, Inc. dba Krystal Klean; and

**WHEREAS**, the County has received notification of the Vendor’s name change from Fleetwash, Inc. dba Krystal Klean to Kept Companies, Inc. dba Krystal Klean; and

**WHEREAS**, on or about February 8, 2024, the County received the Consent to Assignment from the Lead Contracting Agency, a copy of which is attached hereto as Exhibit “A”; and

**WHEREAS**, the County likewise recognizes the Vendor’s name change and consents to the assignment and thereby transfers and assigns to the Vendor all the rights interests, and obligations of the Piggyback Agreement numbered CM3169.

**NOW, THEREFORE**, the Parties agree as follows:

**SECTION 1.** All rights, interests and obligations of the Piggyback Agreement numbered CM3169 shall be assigned and transferred to the Vendor.

**SECTION 2.** All other terms and conditions of the Piggyback Agreement not inconsistent with the provisions of this Amendment shall remain the same and in full force and effect.

[The remainder of this page left intentionally blank.]

**IN WITNESS WHEREOF**, the Parties have caused this Amendment to be executed by its duly authorized representatives, effective as of the last date below.

**NASSAU COUNTY, FLORIDA**

Signature: Taco E. Pope, AICP

Print Name: TACO E. POPE, AICP

Title: Designee

Date: 3/11/2024

**REVIEWED FOR LEGAL FORM AND CONTENT:**

Denise C. May  
**DENISE C. MAY, County Attorney**

**KEPT COMPANIES INC. DBA KRYSTAL KLEAN**

Signature: Lorraine Matarazzo

By: Lorraine Matarazzo

LM  
3/4/2024

Title: Chief Operations Officer

Date: 3/7/2024

## EXHIBIT "A" CONSENT TO ASSIGNMENT

CONSENT TO ASSIGNMENT  
Bid 20-61; Painting Services  
Master Contract No: 20-MCC-KRY-12220

This Consent to Assignment Agreement (Agreement) is entered into as of this day of 19th January, 2024, by and between St. Johns County (County), a political subdivision of the State of Florida and **Kept Companies, Inc., dba Krystal Klean.**, a company authorized to do business in the State of Florida, (Assignee). Capitalized terms used but not defined herein shall have the meanings ascribed to them in that certain Master Contract No: 20-MCC-KRY-12220, dated as of July 9, 2020.

WHEREAS, Contractor and Assignee wish to transfer and assign to the Assignee all of the Contractor's rights and interests in and to, any obligations under Master Contract No: 20-MCC-KRY-12220, and the Assignee wishes to be the assignee and transferee of such rights, interests and obligations; and

WHEREAS, pursuant to Article 14 of Master Contract No: 20-MCC-KRY-12220, the Contractor may not assign any of its rights, interests or obligations under the such agreement, directly or indirectly (by operation of law or otherwise), without the prior written approval of the County; and

WHEREAS, on January 9, 2024 a letter dated January 9, 2024 was received indicating Kept Companies, Inc., dba Krystal Klean, provided its written request to the assignment of its rights, interests, and obligations in Master Contract No: 20-MCC-KRY-12220, to the Assignee (*see* Exhibit A, attached hereto and incorporated herein); and

WHEREAS, pursuant to Article 14 of Master Contract No: 20-MCC-KRY-12220, the County approves assignment of the Contractor's rights, interests and obligations under such agreement, subject to the following terms and conditions.

NOW, THEREFORE, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Assignment and Assumption. The County hereby approves assignment of Master Contract No: 20-MCC-KRY-12220, to Assignee, who shall acquire all of the Contractor's rights, interests, obligations and duties as set forth in such agreement. By execution of this Agreement, Assignee hereby assumes and agrees to perform all obligations, duties, liabilities and commitments of the Contractor as provided in Master Contract No: 20-MCC-KRY-12220.
2. Incorporation of Terms and Conditions. Master Contract No: 20-MCC-KRY-12220 is hereby incorporated into and made part of this Agreement. With the exception to the assignment of rights, interests, obligations and duties as set forth herein, all terms, conditions and provisions contained in Master Contract No: 20-MCC-KRY-12220 shall remain in full force and effect.
3. Effectiveness. This Assignment Agreement shall be effective as of the date first set for the above.
4. Governing Law and Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida. Venue for any administrative or legal action arising under this Agreement shall be in St. Johns County, Florida.
5. Counterparts. This Agreement may be executed in one or more counterparts, including facsimile counterparts, each of which shall be deemed to be an original copy of this Assignment Agreement,

and all of which, when taken together, shall be deemed to constitute one and the same agreement. Delivery of such counterparts by facsimile or electronic mail (in PDF or .tiff format) shall be deemed effective as manual delivery.

IN WITNESS WHEREOF, the County and Assignee have executed this Assignment Agreement as of the dates first set forth below.

COUNTY:

ASSIGNEE:

St. Johns County, FL

County Name

*Jaime T. Locklear*

Signature by County Representative

Jaime T. Locklear

Printed Name – County Representative

Director of Purchasing & Contracts

Printed Title – County Representative

1/19/24

Date of Signature

Kept Companies, Inc., dba Krystal Klean

Company Name

*Lorraine Matarazzo*

Signature by Assignee Representative

Lorraine Matarazzo

Printed Name Assignee Representative

Chief Administrative Officer

Printed Title – Assignee Representative

1/16/2024

Date of Signature

LEGALLY SUFFICIENT:

*Alisha*

Office of County Attorney

1/20/24

Date of Execution

ATTEST:

ST. JOHNS COUNTY, FL

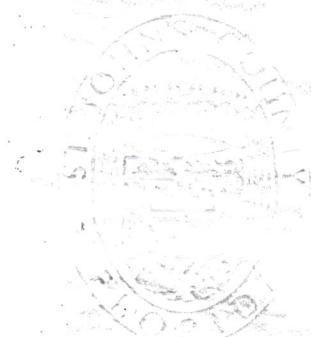
CLERK OF CIRCUIT COURT & COMPTROLLER

*Crystal Smith*

Deputy Clerk

1/20/24

Date





**RESOLUTION NO. 2024 -43**

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO ASSIGN THE CONTRACT WITH FLEETWASH, INC., DBA KRYSTAL KLEAN., UNDER BID 20-61; PAINTING SERVICES.**

**RECITALS**

**WHEREAS**, Fleetwash, Inc., dba Krystal Klean., was awarded a contract under BID 20-61; Painting Services dated July 9, 2020; and

**WHEREAS**, the County was notified that Fleetwash, Inc., dba Krystal Klean., name was changed to Kept Companies, Inc., dba Krystal Klean., in May 26, 2033, and while Fleetwash, Inc., dba Krystal Klean., has been operating under the Fleetwash, Inc., dba Krystal Klean., name since the effective date of the Contract, they are now requesting their contracts to be assigned to Kept Companies, Inc., dba Krystal Klean; and

**WHEREAS**, the assignment shall be governed by the terms and conditions of the contracts awarded to Fleetwash, Inc., dba Krystal Klean., under BID 20-61; and

**WHEREAS**, the work awarded under the Contract is funded by the respective County Department requesting the Purchase Order; and

**WHEREAS**, the County has reviewed the terms, provisions, conditions and requirements of the proposed contract (attached hereto, an incorporated herein) and finds that entering into the contracts to complete the work services serves a public purpose.

**NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA**, as follows:

Section 1. The above Recitals are incorporated by reference into the body of this Resolution and such Recitals are adopted as finds of fact.


Section 2. The County Administrator, or designee, is hereby authorized to assign General Services Agreement No: 20-MCC-SWA-12556 to Kept Companies, Inc., dba Krystal Klean.

Section 3. The County Administrator, or designee, is further authorized to execute a Consent to Assignment Agreement with Kept Companies, Inc., dba Krystal Klean., which shall serve to obligate Kept Companies, Inc., dba Krystal Klean., to take ownership of all responsibilities and obligations previously required of Fleetwash, Inc., dba Krystal Klean.

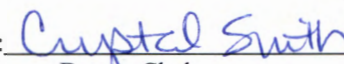
Section 4. To the extent that there are typographical and/or administrative errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval by the Board of County Commissioners.

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, on this 6th day of February, 2024.

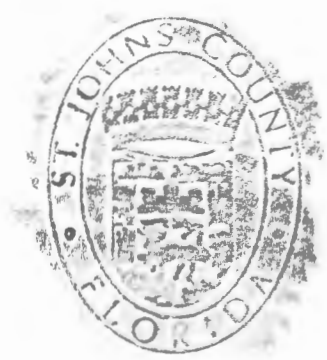
**BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA**

By:   
Sarah Arnold, Chair

**ATTEST: Brandon J. Patty,**  
**Clerk of the Circuit Court & Comptroller**

By:   
Deputy Clerk

Rendition Date: **FEB 07 2024**





# CERTIFICATE OF LIABILITY INSURANCE

KEPTCOM-01

LTRAVERS

DATE (MM/DD/YYYY)  
7/28/2023

**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).**

<b>PRODUCER</b> Kore Insurance Holdings, LLC P.O. Box 473 354 Eisenhower Parkway, Plaza 1 Livingston, NJ 07039	<b>CONTACT NAME:</b> Roger Hohne <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> rhohne@koreins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>INSURER A :</b> Homesite Insurance Company of Florida <b>11156</b>
Kept Companies, Inc. dba Krystal Klean P.O. Box 51289 Jacksonville Beach, FL 32240	<b>INSURER B :</b> Travelers Property Casualty Company of America <b>25674</b>
	<b>INSURER C :</b> Travelers Excess and Surplus Lines Company <b>29696</b>
	<b>INSURER D :</b> Axis Surplus Insurance Company <b>26620</b>
	<b>INSURER E :</b> Aspen American Insurance Company <b>43460</b>
	<b>INSURER F :</b> _____

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____	<b>X</b>	<b>X</b>	<b>POC-021272-00</b>	<b>7/1/2023</b>	<b>7/1/2024</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> _____ \$ _____
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>	<b>X</b>	<b>TC2JCAP-3J711696-TIL-23</b>	<b>7/1/2023</b>	<b>7/1/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>4,000,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	<b>X</b>	<b>X</b>	<b>CUP-0X316805-23-NF</b>	<b>7/1/2023</b>	<b>7/1/2024</b>	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> _____ \$ _____ PER STATUTE _____ OTH-ER _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				
<b>D</b>	<b>Pollution Legal Liab</b>			<b>CP004987-02-2023</b>	<b>7/1/2023</b>	<b>7/1/2024</b>	<b>Limit</b> <b>2,000,000</b>
<b>E</b>	<b>Leased/Rental Equip.</b>			<b>IMZ134923</b>	<b>7/1/2023</b>	<b>7/1/2024</b>	<b>\$1000 Ded. / Limit</b> <b>250,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The Certificate Holder is included as additional insured for General Liability, Auto Liability, and Umbrella Liability on a primary & non-contributory basis with respect to work performed by the named insured and as per written contract or agreement. Waiver of subrogation in favor of additional insureds applies to General Liability, Auto Liability, and Umbrella Liability coverage, as per written contract or agreement. 30 Day written notice of insurance cancellation applies. Umbrella follows form.

Nassau County Board of County Commissioners is included as additional insured for General Liability, Auto Liability, and Umbrella Liability on a primary & non-contributory basis with respect to work performed by the named insured and as per written contract or agreement. GL & Umbrella coverage includes SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER** **CANCELLATION**

Nassau County Board of County Commissioners 96135 Nassau Place, Ste 1 Yulee, FL 32097	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 
---	---

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Kore Insurance Holdings, LLC</b>		NAMED INSURED <b>Kept Companies, Inc. dba Krystal Klean P.O. Box 51289 Jacksonville Beach, FL 32240</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**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:**  
ongoing and completed operations, as per written contract. Waiver of subrogation in favor of additional insureds applies to General Liability, Auto Liability, and Umbrella Liability coverage, as per written contract or agreement. 30 days notice of cancellation applies



**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**

1. 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".

2. 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.

POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 01 12 19

**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  
LIQUOR 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: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 37 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

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

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.	All Locations of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. 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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: POC-02 1272-00

- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED 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)	Location(s) Of Covered Operations
Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.	All Locations of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. 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" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.



POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

## 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 against whom you have agreed to waive your right of recovery in a fully executed written contract or written agreement, provided such contract or agreement was executed prior to the date of the "occurrence", loss, injury or damage.

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.

Policy #TC2J-CAP-1R569467-23-TIL

COMMERCIAL AUTO

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

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

The following replaces Paragraph **A.5., Transfer of Rights Of Recovery Against Others To Us**, of the **CONDITIONS** Section:

**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.

# CERTIFICATE OF LIABILITY INSURANCE

Date  
7/28/2023

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage	NAIC #
Insurer A: Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

**Coverages**

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate																
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2023	01/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>X</b></td> <td style="width: 75%;">WC Statutory Limits</td> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;"><b>OTH-ER</b></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<b>X</b>	WC Statutory Limits		<b>OTH-ER</b>		E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000
<b>X</b>	WC Statutory Limits		<b>OTH-ER</b>																			
	E.L. Each Accident		\$1,000,000																			
	E.L. Disease - Ea Employee		\$1,000,000																			
	E.L. Disease - Policy Limits		\$1,000,000																			
Other		<b>Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616</b>																				

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:** Client ID: 90-67-850  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**Kept Companies, Inc. dba Krystal Klean**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.  
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.  
 A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

**Project Name:**

WAIVER OF SUBROGATION APPLIES IN FAVOR OF NASSAU COUNTY, BOARD OF COUNTY COMMISSIONERS. ISSUE 07-28-23 (BP)

**Begin Date: 6/28/2019**

CERTIFICATE HOLDER	CANCELLATION
NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS 96135 NASSAU PLACE, STE 1 YULEE, FL 32097	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.  

(Ed. 4-84)

---

**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 anyone not named in the Schedule.

Schedule

**NASSAU COUNTY  
BOARD OF COUNTY COMMISSIONERS  
96135 NASSAU PLACE, STE 1  
YULEE, FL 32097**

**This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.**

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Insured: South East Personnel Leasing, Inc.  
Insurance Company: Lion Insurance Co.  
Policy #: WC 71949  
Effective: 01/01/2023 - 01/01/2024  
Client: Kept Companies, Inc. dba Krystal Klean

Countersigned by:  \_\_\_\_\_

**WC 00 03 13**  
(Ed. 4-84)

**Certificate Of Completion**

Envelope Id: 5BC3C8F311604779BC7B571344840257	Status: Completed
Subject: CM3169: Amendment No.1; Krystal Klean_Consent to Assignment (Name Change)	
Source Envelope:	
Document Pages: 17	Signatures: 8
Certificate Pages: 6	Initials: 4
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Evelyn Burton
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	eburton@nassaucountyfl.com
	IP Address: 50.238.237.26


**Record Tracking**

Status: Original	Holder: Evelyn Burton	Location: DocuSign
2/15/2024 2:46:22 PM	eburton@nassaucountyfl.com	


**Signer Events**

Signer Events	Signature	Timestamp
Doug Podiak dpodiak@nassaucountyfl.com Facilities Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 2/15/2024 3:43:25 PM Viewed: 2/15/2024 3:43:45 PM Signed: 2/15/2024 3:43:50 PM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	


**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Tracy Poore tpoore@nassaucountyfl.com OMB Admin Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 2/15/2024 3:43:52 PM Viewed: 2/16/2024 9:44:29 AM Signed: 2/16/2024 9:44:45 AM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

chris lacambra clacambra@nassaucountyfl.com OMB Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 2/16/2024 9:44:48 AM Viewed: 2/16/2024 9:56:05 AM Signed: 2/16/2024 9:56:47 AM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Lanaee Gilmore lgilmore@nassaucountyfl.com Procurement Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 2/16/2024 9:56:49 AM Viewed: 2/20/2024 10:37:00 AM Signed: 2/20/2024 10:37:12 AM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign



Signer Events	Signature	Timestamp
<p>Lorraine Matarazzo  lorrainem@keptcompanies.com  CAO  Kept  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 3/7/2024 2:52:37 PM  ID: 5eee7533-e9f0-4e1b-982a-4186e7818ec1</p>	<p><i>Lorraine Matarazzo</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 73.215.160.17</p>	<p>Sent: 2/20/2024 10:37:13 AM  Viewed: 3/7/2024 2:52:37 PM  Signed: 3/7/2024 2:52:46 PM</p>
<p>Lorraine Matarazzo  cori@krystalklean.com  Chief Administrative Officer  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 3/4/2024 10:35:35 AM  ID: d2abb44a-98d2-4415-a895-eb2ffa51f4ab</p>	<p><i>M</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 67.190.196.185</p>	<p>Sent: 3/4/2024 7:57:46 AM  Viewed: 3/4/2024 10:35:35 AM  Signed: 3/4/2024 8:18:38 PM</p>
<p>Abigail Jorandby  ajorandby@nassaucountyfl.com  Assistant County Attorney  Nassau BOCC  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>	<p><i>AJ</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 50.238.237.26</p>	<p>Sent: 3/7/2024 2:52:47 PM  Viewed: 3/11/2024 9:33:43 AM  Signed: 3/11/2024 11:10:32 AM</p>
<p>Michelle Proctor  mproctor@nassaucountyfl.com  Risk Manager  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>	<p><i>MP</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 50.238.237.26</p>	<p>Sent: 3/11/2024 8:56:49 AM  Viewed: 3/11/2024 8:58:25 AM  Signed: 3/11/2024 9:08:34 AM</p>
<p>Denise C. May  dmay@nassaucountyfl.com  Assistant County Attorney  Nassau County BOCC  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>	<p><i>Denise C. May</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 50.238.237.26  Signed using mobile</p>	<p>Sent: 3/11/2024 11:10:37 AM  Viewed: 3/11/2024 11:11:34 AM  Signed: 3/11/2024 11:12:12 AM</p>
<p>Taco E. Pope, AICP  tpope@nassaucountyfl.com  County Manager  Nassau County BOCC  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>	<p><i>Taco E. Pope AICP</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 50.238.237.26</p>	<p>Sent: 3/11/2024 11:12:15 AM  Viewed: 3/11/2024 11:13:26 AM  Signed: 3/11/2024 11:13:34 AM</p>
<p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>		

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
<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
Clerk Admin boccllegal@nassauclerk.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 3/11/2024 11:13:36 AM Viewed: 3/11/2024 1:03:08 PM
Procurement procurement@nassaucountyfl.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 3/11/2024 11:13:38 AM
Jennifer Kirkland jkirkland@nassaucountyfl.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 10/24/2023 9:00:03 AM ID: 051b8b10-9ce7-49a7-bddd-e95a2069afb9	<b>COPIED</b>	Sent: 3/11/2024 11:13:39 AM
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	2/15/2024 3:43:25 PM
Envelope Updated	Security Checked	3/4/2024 7:57:45 AM
Envelope Updated	Security Checked	3/11/2024 8:56:49 AM
Envelope Updated	Security Checked	3/11/2024 8:56:49 AM
Certified Delivered	Security Checked	3/11/2024 11:13:26 AM
Signing Complete	Security Checked	3/11/2024 11:13:34 AM
Completed	Security Checked	3/11/2024 11:13:39 AM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

## **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](mailto: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](mailto: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](mailto: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](mailto: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: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **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.