

DATE  
**6/5/2024**

**Requisition Form**  
**NASSAU COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**

96135 Nassau Place Suite 1  
Yulee, FL 32097

VENDOR NAME/ADDRESS  
Strategic Government Resources  
PO Box 1642  
Keller, TX 76244

DEPARTMENT  
Planning


REQUESTED BY  
Ashley Metz

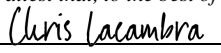

VENDOR NUMBER	PROJECT NAME	FUNDING SOURCE	AMOUNT AVAILABLE	STANDARD PO OR ENCUMBER ONLY	CONTRACT NO.
	Planning Recruitment	04247515-531000	\$ 46,310.00	Encumber Contract	CM3701

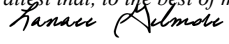
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	
1.	Recruitment of Multiple Planning Positions	1.00	\$ 40,310.00	\$ 40,310.00	
2.	Advertisement Cost	1.00	\$ 6,000.00	\$ 6,000.00	
	*Budget Transfer Pending			\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
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				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	

ORIGINAL - FINANCE  
COPY - DEPARTMENT

Shipping \$ 0.00  
Total \$ 46,310.00

**Department Head**  
*I attest that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.*  

6/11/2024

**Office of Management and Budget** (signature required if greater than \$1,000.00 for services or if greater than \$5,000 for goods)  
*I attest that, to the best of my knowledge, funds are available for payment.*  

6/11/2024 

**Procurement Director** (signature required if greater than \$5,000.00)  
*I attest that, to the best of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy.*  

6/11/2024

**County Manager** (signature required if greater than \$100,000.00)  
*I attest that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.*

---

**L. BELTON**  
Clerk:  
Date: 6/14/2024

CS-23-404

## NASSAU COUNTY WORK AUTHORIZATION #2

<b>Contract Number:</b>	CM3701
<b>Consultant/Vendor:</b>	Strategic Government Resources ,Inc.
<b>Consultant/Vendor Contact Name:</b>	Recruitment Services
<b>Consultant/Vendor Contact Phone Number:</b>	817-337-8581
<b>Consultant/Vendor Contact Email Address:</b>	jenniferfadden@governmentresource.com
<b>Project Short Title:</b>	Assistant Planning Director and Planning Recruitment
<b>Total Amount of Previous Work Authorizations:</b>	\$16,900
<b>Amount of this Work Authorization:</b>	\$40,310 \$6,000 (estimated ad placements)
<b>New Contract Amount including this Work Authorization:</b>	\$63,210
<b>Funding Source:</b>	04247515-531000 – BT Pending

This Work Authorization is issued pursuant to the Contract referenced above between Nassau County and the Consultant/Vendor for the following services:

**ARTICLE 1. Description of Services.** Consultant/Vendor shall provide the services as set forth in Exhibit “A”, attached hereto and incorporated herein.

**ARTICLE 2. Time Schedule.** Consultant/Vendor anticipates the services to be completed pursuant to the time schedule contained in Exhibit “A”, attached hereto and incorporated herein, or no later than 180 days from the issuance of this Work Authorization. The parties agree that this Work Authorization shall be considered as the Notice to Proceed.

**ARTICLE 3. Compensation.** Consultant/Vendor shall be compensated for the services in detailed in Exhibit “A”, attached hereto and incorporated herein, using rates previously established in the Contract referenced above.

**ARTICLE 4. Other Provisions.** This Work Authorization shall become a part of the Contract when executed by both parties. Any Work Authorization entered into prior to expiration or termination set forth in the Contract shall continue in effect through the earlier of: (i) the date all of the Services thereunder have been fully completed and accepted by Nassau County, or (ii) until such time as such Work Authorization expires or is terminated in accordance with its terms or is terminated pursuant to Article 2 hereof. Consultant/Vendor acknowledges that all drawings, data, electronic files and other information required for this Work Authorization has been accepted by Consultant/Vendor. Specifically, all electronic files have been reviewed and accepted for the purposes of this Work Authorization.

**RECOMMENDED AND APPROVED BY:**

Department Head/Managing Agent:	<i>Ashley Metz</i>	6/11/2024
	Ashley Metz	Date
Procurement:	<i>Lanaee Gilmore</i>	6/11/2024
	Lanaee Gilmore	Date
Office of Management & Budget:	<i>Chris Lacambra</i>	6/11/2024
	Christopher Lacambra	Date
County Attorney:	<i>Denise C. May, Esq., BLS</i>	6/12/2024
	Denise C. May	Date

*JP*  
*DJ*

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

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

*Taco E. Pope, AICP*

---

By: Taco E. Pope, AICP  
 Its: County Manager  
 Date: 6/12/2024

**CONSULTANT/VENDOR**

BY: *Jeri J. Peters*

Print Name: Jeri J. Peters  
 Title: President of Executive Recruitment  
 Date: 6/12/2024

## Exhibit A

### Scope of Services for Recruitment

**Scope of Services.** SGR offers individually priced executive search components to deliver only the specific services you need. All services are rendered remotely. Each of the individual components, and the pricing for each, is included below.

- **Limited Scope Recruitment / \$13,900\***

*\* Ad placement costs are not included in the Base Price of \$13,900. Ad placement costs are estimated to be between \$2,000 and \$3,000 and shall be added to the total cost of services upon approval from the organization.*

- *Position Profile Brochure.* SGR utilizes a professional graphic designer and professional writer to produce a position profile brochure based on information and photos provided by the Organization. The brochure is reviewed and revised in partnership with the Organization until Organization agrees that it accurately reflects the community, organization, position, and desired attributes. *Organization agrees to provide photos/graphics and other information (job description, budget documents, links to web pages, etc.) needed to develop position profile brochure. Organization agrees to respond to drafts of documents and reports in a timely manner; failure to do so may extend timelines and can negatively impact the outcome of the process.* There may be additional charges for changes made to the Position Profile Brochure after the brochure has been approved by the Organization and the position has been posted online.
- *Marketing.* The marketing spans over thirty (30) days to a maximum of forty-five (45) days, as specified by Organization. Within this specified time period, SGR agrees to:
  - custom-made graphic for email and social media marketing
  - announcement in SGR's 10 in 10 e-newsletter on Servant Leadership;
  - position posting on SGR's website;
  - ad on SGR's Job Board;
  - email blast to SGR's category-specific, opt-in network of subscribers
  - promotion on SGR's LinkedIn
  - evaluation and recommendation for ad placements based on type of position and location; and
  - placements of ads (pass-through cost of ad placements not included).
- *Application Management.* SGR will receive resumes and cover letters on behalf of Organization through SGR's applicant tracking system, communicate with applicants throughout the application submittal period, evaluate resumes after the position closes, conduct a virtual briefing with Organization after position closes, send emails to retain or release applicants after the briefing with the Organization, and provide application materials of retained applicants to the Organization.
- ***Organization agrees to refer all prospective applicants to SGR and not to accept applications independently during the recruitment process.***

## Exhibit A

- **Organization shall specify how long SGR will accept applications for the position, up to a maximum of 45 days.**
- Within seven (7) business days of application close date, SGR will conduct a virtual briefing with Organization and present candidate evaluations.
- **Organization agrees to provide SGR with a list of any candidates to be released within two (2) weeks following the briefing with SGR.** At that time, SGR will release any candidates that will not continue in the process and email the remaining candidates that the Organization will be the primary contact from that point forward. If the Organization does not provide a list of candidates to be released, SGR will email all candidates and notify them that the Organization will be the primary contact from that point forward. SGR will then consider services fulfilled.
- If the Organization is not satisfied with the applicant pool, SGR must be notified within three (3) weeks of triage briefing date, and SGR will then coordinate with Organization to reopen position, for a maximum of 45 days, at no additional charge to Organization (with the exception of reimbursable expenses). After the second posting of position, each additional opening will be charged as a new position for the full amount of \$13,900.
- **Stakeholder Survey / \$1,500**
  - SGR will provide recommended survey questions within three (3) business days of project initiation. SGR will set up an online survey within one (1) business day after Organization has reviewed and approved the survey questions. Stakeholders can be directed to a web page or invited to take the survey by email. SGR and Organization will agree to the open survey time period, typically ten (10) to thirty (30) days.
  - **Organization shall be responsible for marketing and promoting the survey to stakeholders.**
  - A written summary of results is provided to Organization within three (3) business days of survey close date. *Survey is not validated statistically.*
- **Recorded Online Interviews / \$250 per candidate**
  - SGR provides recommended position-specific questions for Organization approval, prompts candidates to complete online interviews, and emails a link to Organization to view the recorded interviews.
  - Candidates are typically given five (5) to seven (7) days to complete the interviews. SGR will provide a link with the candidate interviews within two (2) business days after candidates complete the recorded interviews.
- **Comprehensive Media Reports / \$1,250 per candidate**
  - SGR uses a proprietary media search process to go far beyond automated Google/LexisNexis searches. SGR's process is customized to provide a comprehensive media search on each candidate.
  - SGR will provide media report via email within two (2) weeks of receiving completed release form from candidate.
- **Management Style Assessments / \$175 per candidate**
  - SGR uses the DiSC Management psychometric assessment to provide detailed insights regarding how a candidate would lead and manage an organization. SGR will also provide a DiSC Management Comparison Report, which presents a side-by-side view of each candidate's preferred management style.

## Exhibit A

- Candidates are typically given two (2) to three (3) business days to complete the assessments. The assessment reports will be provided to Organization within two (2) business days of assessment completion by candidates.
- **Background Investigation Report / \$500 per candidate**
  - Through SGR's partnership with a licensed private investigations firm, we are able to provide detailed comprehensive background reports.
  - Background check reports include: SSN trace and address verification; credit bureau report (if requested); personal information, address, and employment comparisons; county criminal and civil records search (for counties where the candidate has lived or worked in the last 10 years); state criminal records search (for states where the candidate has lived in the last 10 years); county wants and warrants (for counties where the candidate has lived or worked in the last 10 years); Federal criminal records search; InstaCriminal national search; Global homeland security search; sex offender records search; driving/motor vehicle records; education verification for highest degree obtained; employment verification (if requested); and military verification (if requested).
- **Reference Checks / \$250 per candidate**
  - SGR provides the organization a specific list of contacts to request from the candidate, based on the type of position. SGR provides a written (anonymous) summary of reference checks.
- **Supplemental Services / \$250 per hour**
  - If the Organization desires any supplemental services not mentioned in this section, an estimate of the cost and hours to be committed will be provided at that time, and no work shall be done without approval. Supplemental services will be billed out at \$250 per hour.

### Reimbursable Expenses.

- **Ad Placements.** Ad placements are billed at actual cost. No ad placement costs will be incurred without prior approval of Organization.

### Terms and Conditions.

- **Fair Credit Reporting Act.** The Organization agrees that if Organization decides not to hire a candidate as a result of their credit history report, Organization agrees to comply with the FCRA with regard to any pre- or post-adverse action notices and requirements.
- **Confidentiality.** The Organization acknowledges that the nature of executive recruitment is such that SGR engages in discussions with prospects who may or may not ultimately become a candidate, and that SGR may utilize its proprietary network of relationships to identify and engage prospective candidates, and that premature release of such proprietary information, including names of applicants and prospective applicants, may be damaging to the prospects and to SGR. Accordingly, the Organization acknowledges and, to the extent provided by Florida law, agrees that all information related to this search is proprietary and remains the property of and under the exclusive control of SGR, regardless of whether such information has been shared with the Organization, including all decisions regarding release of information.

**Exhibit A**

- **Payment.** SGR will bill the fixed fee for the Limited Scope Recruitment in two (2) installments: 50% upon completion of the position profile brochure and 50% upon completion of services.

**Summary of Pricing.**

<b>Service</b>	<b>Pricing (<i>excludes reimbursable expenses or add-ons</i>)</b>
Limited Scope Recruitment	\$13,900
Stakeholder Survey	\$1,500
Recorded Online Interviews	\$250 per candidate
Comprehensive Media Reports	\$1,250 per candidate
Management Style Assessment	\$175 per candidate
Background Checks	\$500 per candidate
Reference Checks	\$250 per candidate

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**Scope of Services.** SGR offers individually priced executive search components to deliver only the specific services you need. All services are rendered remotely. Each of the individual components, and the pricing for each, is included below.

- **Limited Scope Recruitment / \$26,410\***

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- *Position Profile Brochure.* SGR utilizes a professional graphic designer and professional writer to produce a position profile brochure based on information and photos provided by the Organization. The brochure is reviewed and revised in partnership with the Organization until Organization agrees that it accurately reflects the community, organization, position, and desired attributes. *Organization agrees to provide photos/graphics and other information (job description, budget documents, links to web pages, etc.) needed to develop position profile brochure. Organization agrees to respond to drafts of documents and reports in a timely manner; failure to do so may extend timelines and can negatively impact the outcome of the process.* There may be additional charges for changes made to the Position Profile Brochure after the brochure has been approved by the Organization and the position has been posted online.
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Background Checks	\$500 per candidate
Reference Checks	\$250 per candidate

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/14/2024

**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>		<b>CONTACT NAME:</b> Cristina Tinajero	
Coverica, Inc.		<b>PHONE (A/C, No, Ext):</b> (972) 490-8800	<b>FAX (A/C, No):</b> (972) 490-2255
5999 Summerside		<b>E-MAIL ADDRESS:</b> cristina.tinajero@coverica.com	
Suite 200		<b>INSURER(S) AFFORDING COVERAGE</b>	
Dallas TX 75252		<b>INSURER A:</b> Acceptance Indemnity Insurance Company	<b>NAIC #</b> 20010
<b>INSURED</b>		<b>INSURER B:</b> Mercury County Mutual Insurance Company	29394
Strategic Government Resources, INC.		<b>INSURER C:</b> Markel American Insurance Company	28932
6502 Glen Abbey Lane		<b>INSURER D:</b> Underwriters at Lloyd's, London	AA1120098
Abilene TX 79606		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 24-25 COI**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BRK000199901	03/22/2024	03/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA420000024457	03/22/2024	03/22/2025	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV4EUL105170	04/22/2024	03/22/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Professional Liability			MPL2201465.24	03/22/2024	03/22/2025	General Aggregate \$4,000,000 Each Claim \$2,000,000

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

The General Liability, Professional liability, Auto policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract/written agreement between the named insured and the certificate holder that requires such status. The General Liability, Workers Compensation, Auto policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder. Professional Liability includes Personal and Advertising Injury. The General Liability policy includes an endorsement providing that 30 day+ notice of cancellation [or coverage change] will be furnished to the certificate holder. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation. The General Liability and Auto policy contains a special endorsement with

**CERTIFICATE HOLDER**

Nassau County Board Of County Commissioners 96135 Nassau Place Suite 5 Yulee FL 32097
--

**CANCELLATION**

<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
<b>AUTHORIZED REPRESENTATIVE</b> 

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: 00110103

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



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Coverica, Inc.		NAMED INSURED Strategic Government Resources, INC.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

cancellation to the certificate holder if the named insured requests cancellation. The General Liability and Auto policy contains a special endorsement with "Primary and Noncontributory" wording. Umbrella policy follows forms.

AGENCY CUSTOMER ID: 00110103

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



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

<b>AGENCY</b> Coverica, Inc.		<b>NAMED INSURED</b> Strategic Government Resources, INC.	
<b>POLICY NUMBER</b> _____			
<b>CARRIER</b> _____	<b>NAIC CODE</b> _____	<b>EFFECTIVE DATE:</b> _____	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Directors & Officers./Crime  
 Policy # 82625020  
 Carrier: Federal Insurance Company  
 Effective Dates 12/16/2023-12/16/2024  
 Limits: \$1,000,000 Aggregate

Cyber Liability, Policy #D95977911  
 Carrier: ACE American Insurance Company  
 Effective Dates: 3/22/2024-3/22/2025  
 Limits: \$1,000,000 Occurrence/\$1,000,000 Aggregate  
 Deductible: \$2,500

Workers Compensation- Policy # 03501911 22 1  
 Coverage State: OK  
 Effective Dates : 9/13/2023-9/13/2024  
 E.L Each Accident: \$100,000  
 E.L Disease- EA Employee: \$100,000  
 E.L Disease- Policy Limit: \$500,000

Workers Compensation- Policy # WC5-33S-B22Q5F-012  
 Coverage State: VA, AZ, AR, CT, GA, IA, IL, KS, NC, OR, TN, NV, VT  
 Effective Dates : 10/01/2023-10/01/2024  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 6R594951  
 Coverage State: MO  
 Effective Dates : 10/01/2023-10/01/2024  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 1810126342  
 Coverage State: ME  
 Effective Dates : 10/01/2023-10/01/2024  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 154887.801  
 Coverage State: MN  
 Effective Dates : 10/01/2023-10/01/2024  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 06349567  
 Coverage State: PA  
 Effective Dates : 10/01/2023-10/01/2024  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # WCV5122211  
 Coverage State: FL  
 Effective Dates : 1/15/2024-1/15/2025  
 E.L Each Accident: \$1,000,000  
 E.L Disease- EA Employee: \$1,000,000  
 E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 0107804.101  
 Coverage State: NM  
 Effective Dates : 2/10/2024-2/10/2025  
 E.L Each Accident: \$1,000,000

AGENCY CUSTOMER ID: 00110103

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



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Coverica, Inc.		NAMED INSURED Strategic Government Resources, INC.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

E.L Disease- EA Employee: \$1,000,000  
E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # WC5-33S-B23H38-013  
Coverage State: MI  
Effective Dates : 2/16/2023-2/16/2024  
E.L Each Accident: \$1,000,000  
E.L Disease- EA Employee: \$1,000,000  
E.L Disease- Policy Limit: \$1,000,000

Workers Compensation- Policy # 25864471  
Coverage State: NY  
Effective Dates : 3/08/2023-3/08/2024  
E.L Each Accident: \$1,000,000  
E.L Disease- EA Employee: \$1,000,000  
E.L Disease- Policy Limit: \$1,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2024

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 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 endorsements(s).

<b>PRODUCER</b> Keystone Risk Partners LLC 604 East Baltimore Pike Media, PA 19063	<b>CONTACT NAME:</b>	
	PHONE (A/C, No, Ext): 888-473-6398	FAX (A/C, No):
	E-MAIL ADDRESS: Risk@ExtensisGroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Federal Insurance Company - CHUBB	43575
	INSURER B: N/A	
<b>INSURED</b> Strategic Government Resources, Inc. (Strategic Government Resources, Inc.) 6502 Glen Abbey Street Abilene, TX 79606	INSURER C:	
	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 NAME 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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Not Applicable			EACH OCCURRENCE                      \$ DAMAGE TO RENTED PREMISES (Ea occurrence)                      \$ MED EXP (Any one person)                      \$ PERSONAL & ADV INJURY                      \$ GENERAL AGGREGATE                      \$ PRODUCTS-COMP/OP AGG                      \$  \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Not Applicable			COMBINED SINGLE LIMIT (Ea accident)                      \$ BODILY INJURY (Per person)                      \$ BODILY INJURY (Per accident)                      \$ PROPERTY DAMAGE (Per accident)                      \$  \$
B	<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"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE                      \$                      0.00 AGGREGATE                      \$                      0.00  \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	(25) 7184-00-63	04/30/2024	04/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT                      \$                      1,000,000.00 E.L. DISEASE-EA EMPLOYEE                      \$                      1,000,000.00 E.L. DISEASE-POLICY LIMIT                      \$                      1,000,000.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks, Schedule, if more space is required)							

<b>CERTIFICATE HOLDER</b> 206825 Nassau County Board of County Commissioners  96135 Nassau Place, Suite 5 Yulee, FL 32097	<b>CANCELLATION</b> 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 Jay Peichel
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**Certificate Of Completion**

Envelope Id: 329C74B8CAD84B229B5F8995ED8D581F	Status: Completed
Subject: Work Authorization #2 - Strategic Government Resources - \$46,310.00 Description: Recruitment	
Source Envelope:	
Document Pages: 16	Signatures: 9
Certificate Pages: 6	Initials: 4
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Brittany Sloan
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	boneal@nassaucountyfl.com
	IP Address: 50.238.237.26


**Record Tracking**

Status: Original	Holder: Brittany Sloan	Location: DocuSign
6/10/2024 3:15:45 PM	boneal@nassaucountyfl.com	


**Signer Events**

Signer Events	Signature	Timestamp
Ashley Metz		Sent: 6/10/2024 3:23:43 PM
amet@nassaucountyfl.com		Viewed: 6/11/2024 8:11:38 AM
Human Resources Director		Signed: 6/11/2024 8:11:48 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

Tracy Poore		Sent: 6/11/2024 8:11:52 AM
tpoore@nassaucountyfl.com		Viewed: 6/11/2024 9:40:22 AM
OMB Admin		Signed: 6/11/2024 9:41:03 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

chris lacambra		Sent: 6/11/2024 9:41:07 AM
clacambra@nassaucountyfl.com		Viewed: 6/11/2024 10:29:23 AM
OMB Director		Signed: 6/11/2024 10:30:54 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

Lanaee Gilmore		Sent: 6/11/2024 10:30:57 AM
lgilmore@nassaucountyfl.com		Viewed: 6/11/2024 6:00:49 PM
Procurement Director		Signed: 6/11/2024 6:01:04 PM
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

Signer Events	Signature	Timestamp
<p>Jeri J. Peters  jjpeters@governmentresource.com  President of Executive Recruitment  Strategic Government Resources  Security Level: Email, Account Authentication  (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 6/12/2024 2:48:01 PM  ID: 959ecb81-d2a9-4a0b-b8bc-a1849ae2b205</p>	<p><i>Jeri J. Peters</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 73.25.97.45</p>	<p>Sent: 6/11/2024 6:01:06 PM  Viewed: 6/12/2024 2:48:01 PM  Signed: 6/12/2024 2:54:43 PM</p>
<p>Abigail Jorandby  ajorandby@nassaucountyfl.com  Deputy 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: 6/12/2024 2:54:46 PM  Viewed: 6/12/2024 3:48:19 PM  Signed: 6/12/2024 3:51:39 PM</p>
<p>Denise C. May, Esq., BCS  dmay@nassaucountyfl.com  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, Esq., BCS</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 50.238.237.26</p>	<p>Sent: 6/12/2024 3:51:42 PM  Viewed: 6/12/2024 3:52:15 PM  Signed: 6/12/2024 3:52:26 PM</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: 6/12/2024 3:52:29 PM  Viewed: 6/12/2024 4:06:56 PM  Signed: 6/12/2024 4:07:02 PM</p>
<p>BOCC AP  boccap@nassauclerk.com  Nassau County Clerk  Security Level: Email, Account Authentication  (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>	<p><i>L.BELTON</i></p> <p>Signature Adoption: Pre-selected Style  Using IP Address: 12.23.69.254</p>	<p>Sent: 6/12/2024 4:07:05 PM  Viewed: 6/14/2024 9:54:57 AM  Signed: 6/14/2024 9:55:01 AM</p>
<p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 2/4/2021 9:59:11 AM  ID: 6238f06a-a4ad-4d45-a7f5-929d04629059</p>		

In Person Signer Events	Signature	Timestamp
<b>Editor Delivery Events</b>	Status	Timestamp
<b>Agent Delivery Events</b>	Status	Timestamp
<b>Intermediary Delivery Events</b>	Status	Timestamp
<b>Certified Delivery Events</b>	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Clerk Services BOCCClerkServices@nassauclerk.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 6/14/2024 9:55:03 AM Viewed: 6/14/2024 10:00:40 AM
Procurement procurement@nassaucountyfl.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 6/14/2024 9:55:04 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/10/2024 3:23:43 PM
Envelope Updated	Security Checked	6/11/2024 10:11:56 AM
Certified Delivered	Security Checked	6/14/2024 9:54:57 AM
Signing Complete	Security Checked	6/14/2024 9:55:01 AM
Completed	Security Checked	6/14/2024 9:55:04 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **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.