

RFP RESPONSE:

**BID #15-011
CITY CLERK
CITY OF KEY WEST, FLORIDA
CITY HALL
3126 FLAGLER AVENUE
KEY WEST, FLORIDA 33040**

Due Date:

**Wednesday, February 18, 2015
at 3:00 P.M. EST**

**LIFE EXTENSION CLINICS, INC.
dba: Life Scan Wellness Centers**

**1011 North Macdill Avenue
Tampa, Florida 33607
(813) 876-0625
Patricia Johnson, CEO**

BID
RESPONSE

Per Attached Specifications Total price \$ 500.⁰⁰

Total price in words Five hundred dollars and ⁰⁰/₁₀₀

PRICE FOB KEY WEST, FL
PAYMENT TERMS: 45 days after delivery
DELIVERY/BEGIN DATE _____ DAYS ARO

Contact _____ with questions.

BIDDER REPRESENTATION

I represent that this bid is submitted in compliance with all terms, conditions and specifications of the Call for Bid and that I am authorized by the owners/principals to execute and submit this proposal on behalf of the business identified below:

BUSINESS NAME: Life Extension Clinics Inc. DBA LifeScan Wellness Centers

STREET ADDRESS: 1011 N. MacDill Ave

CITY/STATE/ZIP: Tampa FL 33607

PRINT NAME OF AUTHORIZED REPRESENTATIVE: Patricia Johnson, CEO

TITLE/POSITION OF AUTHORIZED REPRESENTATIVE: CEO

DATE SUBMITTED: 2/6/15 TELEPHONE: (813) 876-0625

ADDED VALUE SERVICES PROPOSAL for the City of Key West RFP15-011

LIFE SCAN FIREFIGHTER PHYSICALS

In conjunction with the existing Scope of Services for Firefighter Physicals, I would like to propose the consideration of expanding the physical examinations for the City of Key West Firefighters to include our Life Scan prevention-based model for the early detection of cancer, cardiovascular diseases, and other potentially catastrophic illnesses at no additional cost to the City. We introduced the "ultrasound-aided physical exam" for Public Safety Officers in 2001 and have incorporated it into the medical standards for over 100 fire departments in Florida. As a result, we have the proven ability to identify potentially catastrophic conditions such as cardiovascular disease, aneurysms, and cancer more accurately and in much early stages in the disease process resulting in a substantial, long-term disability, absenteeism, and health care cost savings to the employer and the potential for lives saved.

Experts consider firefighters to be among the most stressful of all professions. So stressful that the average firefighter has almost three times the incident of heart disease, lung disease, and cancer and dies an average of 12 years before other public employees. As a result of these occupational health risks, most states recognize this alarming statistic and have presumptive statutes for heart and lung disease and over half the states in the United States and Canada now have cancer presumptive laws as well.

With the ever increasing extreme physical requirements, high stress environments, and chaotic schedules as well as exposures to hazardous materials and infectious diseases Counties and Cities must look towards new methods of prevention and intervention to protect the health and ensure the longevity of their most valuable assets...your employees. Most public safety personnel are aware of the importance of being physically fit, yet many have undetected medical issues or lack the stamina and strength to efficiently perform their jobs, putting themselves, their peers, and citizens at risk.

In professions as demanding and hazardous as law enforcement and firefighting, being medically, physically, and mentally fit will provide your employees with the capability to perform optimally, decrease stress and stress-related health and emotional problems, and greatly reduce the incidence of work related illnesses and injuries.

Life Scan has a distinctive approach to occupational medicine. The Life Scan public safety physical is an integrated medical approach to occupational exams that combines the NFPA 1582 physical with early detection of the major diseases such as heart disease, stroke, cancer, diabetes, and aneurysms before they reach a catastrophic level. It provides your employees with a thorough assessment of their health as well as recommendations for achieving and maintaining long term health and managing medical risks. Each Life Scan physical exam follows the standards and guidelines of NFPA 1582, OSHA, and the IAFF/IAFC Health and Wellness Initiative also has the added-value benefit of ultrasound imaging assessments of the internal organs and cardiovascular system, more extensive laboratory blood profiles, diet and nutritional analysis, a state-of-the-art fitness evaluation, and a personalized wellness plan.

The comprehensive Life Scan program also includes a fitness evaluation that is based on NFPA 1583 and the IAFF/IAFC Joint Labor Management Wellness Fitness Initiative (WFI) recommendations. Our clinical exercise physiologists have the expertise and experience to assess the physical fitness levels of each employee in relationship to their cardiovascular and overall health condition. Our physiologists will recommend personal fitness goals as well as diet and nutritional improvements.

During the Life Scan physical, each patient will be given a comprehensive understanding of their current health as well as their health risk stratification. Appropriate recommends for medical interventions, wellness programs, and behavioral modification changes will be given. A personal wellness plan with these recommendations will be provided along with a copy of the medical and fitness assessments.

Our medical staffing is experienced in all aspects of the scope of services including NFPA 1582 and 1583, the IAFF/IAFC Joint Labor Management Wellness Fitness Initiative, OSHA, and ADA. As an on-going program of Health, Wellness, and Fitness, Life Scan will continue to be a team dedicated to identifying areas of concern, monitoring the recommended interventions and programs, and assuring that your employees attain and maintain the level of health and well-being that is crucial to perform their jobs optimally and greatly reduce the chance for illness and injury.

On behalf of Life Scan, we propose to offer the entire, comprehensive, Life Scan firefighter hazmat physical at the same cost structure proposed by Life Scan in the Bid Response. The attached spreadsheet includes all the extra added value testing that is provided by Life Scan Wellness Centers.

Thank you for your consideration of our Bid Response and Proposal for added value services.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Johnson". The signature is written in black ink and is positioned above the typed name and title.

Patricia Johnson, CEO and Founder
Life Scan Wellness Centers

ADDED VALUE SERVICES PROPOSAL for the City of Key West Bid 15-011 Firefighter Hazmat Physicals	
<i>Life Scan Wellness Centers Firefighter Physical</i>	
Firefighter Physical	
Physical Exam	Included in Bid
Height, Weight, Blood Pressure	Included in Bid
U/rinalysis	Included in Bid
Audiometry	Included in Bid
Titmus Vision	Included in Bid
Sub Maximal Treadmill Stress test	Included in Bid
EKG, 12 lead with interpretation	Included in Bid
Spirometry (Lung Capacity)	Included in Bid
Medical Clearances	Included in Bid
OSHA Respirator Medical Clearance	Included in Bid
Laboratory Tests:	
Chemistry Panel 25 (includes Glucose)	Included in Bid
Complete Blood Count	Included in Bid
Fecal Occult Test with DRE annually	Included in Bid
Lipid Profile	Included in Bid
Thyroid Panel (TSH with reflex to T4)	Included in Bid
Hemoglobin A1C for Diabetes	Extra Life Scan Tests
Prostate Specific Antigen (PSA) annually	Included in Bid
Testosterone, Total	Extra Life Scan Tests
CA 125 (ovarian cancer marker)	Extra Life Scan Tests
Tuberculosis Screening (PPD)	Included in Bid
Ultrasound Studies:	
Echocardiogram (Heart Ultrasound)	Extra Life Scan Tests
Carotid Arteries Ultrasound	Extra Life Scan Tests
Aorta and Aortic Valve Ultrasounds	Extra Life Scan Tests
Abdominal Organs Ultrasound (Liver, Pancreas, Gall Bladder, Spleen, Kidneys, and Bladder)	Extra Life Scan Tests
Thyroid Ultrasound	Extra Life Scan Tests
Prostate and Testicular Ultrasounds	Extra Life Scan Tests
Ovaries and Uterus Ultrasound	Extra Life Scan Tests
Fitness Evaluation IAFF/IAFC Wellness Fitness Initiative/NFPA 1583:	
Includes fitness tests for aerobic capacity, muscular strength, muscular endurance, body fat, and flexibility	Included in Bid
(Sit and Reach, Bench Press, Vertical Leap, Grip Strength,	Included in Bid
Sit Up Test, Body Comp, V02 Calculation, body fat with calipers)	Included in Bid
Personal Wellness Plan and Fitness Plan with recommendations	
Hazmat Tests:	
Heavy Metals	Included in Bid
Cholinesterase	Included in Bid

LICENSE REQUIRED
& COSTS

A Key West Business Tax Receipt is required if office is located within the City of Key West; fee not to exceed \$309.75.

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS:

COUNTY OF MONROE

I the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

BY: Patricia Johnson

sworn and prescribed before me this 4TH day of FEB, 2015

Nancy A. Dessart
NOTARY PUBLIC, State of Florida

My commission expires: 6/20/17



15

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A)
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1. This sworn statement is submitted to City of Key West
by Patricia Johnson, CEO
(print individual's name and title)
for Life Extension Clinic, Inc
(print name of entity submitting sworn statement)

whose business address is 104 N. MacDill Ave TAMPA FL 33607

and (if applicable) its Federal Employer Identification Number (FEIN)
is 59-3530228

(if the entity has no FEIN, include the Social Security Number of the individual signing
this sworn statement): _____

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives,

partners, shareholders, employees, members and agent who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statute means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

Neither the entity submitting this sworn statement, or any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH

DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Patricia Johnson

(SIGNATURE)

2/5/15

(DATE)

STATE OF FL

COUNTY OF HILLSBOROUGH #

PERSONALLY APPEARED BEFORE ME, the undersigned authority
PATRICIA JOHNSON who, after first being sworn by me,
(name of individual)
affixed his/her signature in the space provided above on this
5TH day of FEB, 2015



Nancy A. Dessart
NOTARY PUBLIC

My commission expires: 6/20/15

DOMESTIC PARTNER BENEFITS

Except where otherwise exempt or prohibited by law, a contractor awarded a contract pursuant to a bid process shall provide benefits to domestic partners of its employees on the same basis as it provides benefits to employees spouses.

Such certification shall be in writing and shall be signed by an authorized officer of the contractor and delivered, along with a description of the contractor's employee benefits plan, to the City's procurement director prior to entering a contract.

If the contractor fails to comply with this section, the City may terminate the contract and all monies due or to become due under the contract may be retained by the City

N/A

LOCAL VENDOR CERTIFICATION PURSUANT TO CKW ORDINANCE 09-22 SECTION 2-798

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.
b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
o Not a local vendor pursuant to Ordinance 09-22 Section 2-798
o Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name Phone:
Current Local Address: Fax:
(P.O. Box numbers may not be used to establish status)

Length of time at this address

Signature of Authorized Representative Date

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this day of , 20 .
By , of
(Name of officer or agent, title of officer or agent) Name of corporation acknowledging)
or has produced as identification
(type of identification)

Signature of Notary

Print, Type or Stamp Name of Notary

Return Completed form with Supporting documents to: City of Key West Purchasing

Title or R

CONE OF SILENCE

STATE OF FLORIDA

SS

COUNTY OF MONROE

I the undersigned hereby duly sworn, depose and say that all owner(s) partners, officers, directors, employees and agents representing the firm of Life Extension Clinics, Inc have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of Silence.

BY: _____

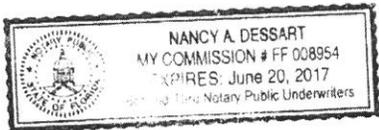
Patricia Johnson, CEO

Sworn and prescribed before me this 5TH day of FEB, 2015

NOTARY PUBLIC, State of Florida

Nancy Dessart

My commission expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/26/2015

PRODUCER O. E. Wilson Insurance, Inc. 1475 Belcher Rd S Largo FL 33771		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 Life Extensions Clinic, Inc. 1011 N. Macdill Ave Tampa FL 33607		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A Auto-Owners Insurance	18988
		INSURER B Landmark American Ins Co	33138
		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 ADD'L / TR / INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	062312-20690745	11/10/14	11/10/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4159162800	09/18/14	09/18/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	OTHER Medical Professional Liability -Claims Made Form	LHM745406	05/31/2014	05/31/2015	2,000,000 Aggregate 1,000,000 Each Claim Retro. Date 05/31/01

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is listed as additional insured on the general liability with respect to work performed by the insured.

CERTIFICATE HOLDER City of Key West PO Box 1409 Key West, FL 33041-1409 Fax: (305)809-3857	CANCELLATION 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. AUTHORIZED REPRESENTATIVE <i>Amy I Wilson</i> <SK>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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 endorsement(s).

PRODUCER PrimeGroup Insurance Services, Inc. 5402 W. Laurel St. Suite 220 Tampa FL 33607-1726	CONTACT NAME: Christine Columbus PHONE (A/C, No, Ext): (813) 288-8270 FAX (A/C, No): (813) 885-4311 E-MAIL ADDRESS: ccolumbus@primegroupins.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Employers Preferred Insurance NAIC # 10346 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Life Extension Clinics, Inc 1011 N MacDill Ave Tampa FL 33607	

COVERAGES CERTIFICATE NUMBER: CL14103113385 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EIG1400936 03	11/29/2014	11/29/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY	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 E Ellsasser #A077187/ <i>E Ellsasser</i>
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