

8024-04A  
Amd 6

**SIXTH AMENDMENT TO AGREEMENT  
BETWEEN  
THE CITY OF JACKSONVILLE  
AND  
SOLANTIC OF JACKSONVILLE, LLC  
d/b/a CARESPOT EXPRESS HEALTHCARE  
FOR  
OCCUPATIONAL HEALTH AND MEDICAL SERVICES PROGRAM**

THIS SIXTH AMENDMENT to Agreement is made and entered into in duplicate this 5 day of Feb, 2015 ~~2014~~ (hereinafter the "Effective Date"), by and between the CITY OF JACKSONVILLE (hereinafter the "CITY"), a municipal corporation existing under the Constitution and the laws of the State of Florida, and SOLANTIC OF JACKSONVILLE, LLC d/b/a CareSpot Express Healthcare (hereinafter the "CONSULTANT"), a foreign limited liability company with offices at 115 East Park Drive, Suite 300, Brentwood, Tennessee 37027, for an occupational health and medical services program (hereinafter the "Project").

**WITNESSETH:**

**WHEREAS**, on March 30, 2011, the parties made and entered into City of Jacksonville Contract No. 8024-04A (hereinafter the "Agreement"); and

**WHEREAS**, said Agreement has been amended five times previously; and

**WHEREAS**, said Agreement should be amended further by increasing the maximum indebtedness by \$520,000.00 to a new not-to-exceed cumulative maximum indebtedness of \$1,620,000.00, with all other provisions, terms, and conditions of said Agreement remaining unchanged; now therefore

**IN CONSIDERATION** of said Agreement and of the mutual covenants and agreements hereinafter contained, and for other good and valuable consideration admitted by the parties to be legally sufficient, the parties agree to amend said Agreement as follows:

1. The above-stated recitals are accurate, true, and correct and are incorporated herein and made a part hereof by this reference.

2. Section 7.01.02 of said Agreement is amended in part by increasing the maximum indebtedness by \$520,000.00 to a new not-to-exceed cumulative maximum indebtedness of \$1,620,000.00, and as amended shall read as follows:

“7.01.02. The maximum indebtedness of the CITY for all fees, reimbursable items, or other costs for Services provided by CONSULTANT pursuant to this Agreement shall not exceed the sum of ONE MILLION SIX HUNDRED TWENTY THOUSAND AND 00/100 DOLLARS (\$1,620,000.00) for the term of this Agreement.”

**SAVE AND EXCEPT** as expressly amended by this instrument, the provisions, terms, and conditions of said Agreement of March 30, 2011 shall remain unchanged and shall continue in full force and effect.

**[Remainder of page left blank intentionally. Signature page follows immediately.]**

Cleveland Ferguson III  
Deputy Chief Administrative Officer  
For: Mayor Alvin Brown

IN WITNESS WHEREOF, the parties hereto have executed this Sixth Amendment the  
Under Authority of Executive Order No. 2015-01

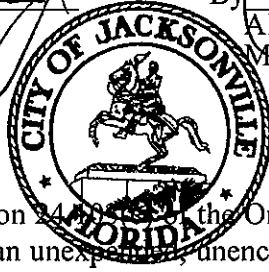
day and year first above written.

ATTEST:

CITY OF JACKSONVILLE

By James R. McCain, Jr.  
James R. McCain, Jr.  
Corporation Secretary

By Alvin Brown  
Alvin Brown  
Mayor



In accordance with Section 24.00 of the Ordinance Code, of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement; and that provision has been made for the payment of monies provided therein to be paid.

C. Donald Belton

Director of Finance  
CITY Contract No: 8024-04A, Amd #6 (PSEC Amd #9)

Form Approved:

*PR3*

James R. McCain, Jr.  
Office of General Counsel

ATTEST:

SOLANTIC OF JACKSONVILLE, LLC  
(d/b/a CareSpot Express Healthcare)

By Lynne Lanham  
Signature

By Fran J. Coyne  
Signature

Lynne Lanham  
Type/Print Name

Fran J. Coyne  
Type/Print Name

Account Manager  
Title

VP of Sales  
Title



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/14/2015

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).

<b>PRODUCER</b> Harden and Associates 501 Riverside Avenue, Suite 1000 Jacksonville FL 32202	<b>CONTACT NAME:</b> Ashley Horn <b>PHONE (A/C, No, Ext):</b> 904-354-3785 <b>FAX (A/C, No):</b> 904-634-1302 <b>E-MAIL ADDRESS:</b> ahorn@hardeninsight.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Solantic Corporation dba CareSpot Express Healthcare 8711 Perimeter Park Blvd Ste 6 & 7 Jacksonville FL 32216	<b>INSURER A:</b> Amerisure <b>NAIC #</b> 19488
	<b>INSURER B:</b> American Guarantee & Liability      26247
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER: 753118208**      **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
B	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC	Y	Y	CPO 0139279-00	10/29/2014	10/29/2015	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y	Y	CPO 0139279-00	10/29/2014	10/29/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			SXS 0139327-00	10/29/2014	10/29/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<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	Y/N N	N/A	WC2084687	10/29/2014	10/29/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Ref: P-41-13; Blanket additional insured & waiver of subrogation applies to GL and Auto. Primary & non-contributory applies to GL. Blanket waiver of subrogation applies to Workers Comp.

<b>CERTIFICATE HOLDER</b>  City of Jacksonville Procurement Division Attn: Professional Services Specialist 214 N. Hogan Street, Suite 105 Jacksonville FL 32202	<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 
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PROCUREMENT DIVISION



November 6, 2014

The Honorable Alvin Brown, Mayor  
City of Jacksonville  
4th Floor, St. James Building  
Jacksonville, FL 32202

Dear Mayor Brown:

**Ref: P-01-11 Occupational Health and Medical Services Program (Amendment No. 9)**  
Employee Services Department

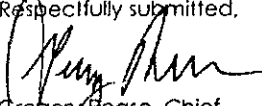
The Professional Services Evaluation Committee met today in Board Room 851 on the eighth floor of the Ed Ball Building, for the purpose of amending the above-referenced contract.

The following motion and/or recommendation was adopted:

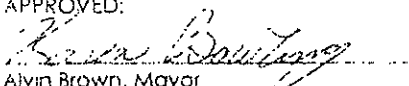
**That Contract No. 8024-04A between the City and Solantic d/b/a Care Spot for the Occupation Health & Medical Services Program, is amended to; Increase the maximum indebtedness by \$520,000.00 to a new not-to-exceed total maximum of \$1,620,000.00. All other terms, as previously amended, shall remain the same. Nothing contained herein shall be amended, modified, or otherwise revised, without prior approval from the PSEC and the Mayor.**

If the foregoing meets your approval, please affix your signature and return to my office.

Respectfully submitted,

*MA*  
  
Gregory Pease, Chief  
Procurement Division  
Chairman, Professional Services  
Evaluation Committee

APPROVED:

  
Alvin Brown, Mayor

This 10<sup>th</sup> day of November, 2014

Karen Bowling  
Chief Administrative Officer  
For: Mayor Alvin Brown  
Under Authority of:  
Executive Order No. 2013-04

City of Jacksonville  
Ed Ball Building  
Barbara Storkwell, CLS  
Barbara Turner, CLS  
Subcommittee Members

INTRA-GOVERNMENTAL SERVICES DEPARTMENT

214 N. Hogan Street, Suite 800 | Jacksonville, FL 32202 | Phone: 904.255.8800 | Fax: 904.255.8837 | www.cuj.net