

**BOARD OF GOVERNORS
FIRE AND AMBULANCE DISTRICT 1
AGENDA ITEM SUMMARY**

Meeting Date: January 19, 2012

Division: Emergency Services

Bulk Item: Yes No

Department: Fire Rescue

Staff Contact Person/Phone # Susan Hover/x6088

AGENDA ITEM WORDING: Approval of a 12 month service agreement with Bio-Med Waste Solutions, Inc. for the collection and disposal of biomedical waste generated from emergency medical calls and transports of Monroe County Fire Rescue and authority for Fire Chief to execute all necessary documents including the agreement.

ITEM BACKGROUND: Monroe County Fire Rescue Stations #7 (Key West Airport), #8 (Stock Island), #9 (Big Coppitt), #11 (Cudjoe), #13 (Big Pine), Trauma Star Hangar, #17 (Conch Key), #18 (Layton), and #22 (Tavernier), all generate biomedical waste from emergency medical calls and transports. Three quotes were obtained for this service, with Bio-Med Waste Solutions, Inc. chosen at \$42.00 per month per station, and with 9 stations, the total comes to \$4,536 per year. Funds have been budgeted to cover this expense.

PREVIOUS RELEVANT BOARD ACTION: None.

CONTRACT/AGREEMENT CHANGES: N/A

STAFF RECOMMENDATIONS: Approval as written.

TOTAL COST: \$ 4,536.00 **INDIRECT COST:** N/A **BUDGETED:** Yes No

DIFFERENTIAL OF LOCAL PREFERENCE: N/A

COST TO COUNTY: \$ 4,536.00 **SOURCE OF FUNDS:** 141-13001, 101-11001, and 404-63100

REVENUE PRODUCING: Yes No **AMOUNT PER MONTH** _____ **Year** _____

APPROVED BY: County Atty CH OMB/Purchasing _____ Risk Management _____

DOCUMENTATION: Included Not Required _____

DISPOSITION: _____ **AGENDA ITEM #** _____

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS, AND
MONROE COUNTY BOARD OF GOVERNORS FIRE AND AMBULANCE DIST 1

CONTRACT SUMMARY

Contract with: Bio-Med Waste Solutions, Inc. Contract #
 Effective Date: January 1, 2012
 Expiration Date: December 31, 2012

Contract Purpose/Description:
12 month service agreement with Bio-Med Waste Solutions, Inc. for the collection and disposal of biomedical waste generated from emergency medical calls and transports of Monroe County Fire Rescue and authority for Fire Chief to execute all necessary documents including the agreement.

Contract Manager: Susan Hover 6088 Fire Rescue / Stop 14
 (Name) (Ext.) (Department/Stop #)

for BOCC meeting on 1/19/2012 Agenda Deadline: 1/03/2012

CONTRACT COSTS

Total Dollar Value of Contract: \$ \$4,536 Current Year Portion: \$
 Budgeted? Yes No Account Codes: 141-13001, 101-11001, and 404-63100
 Grant: \$ account 530 340
 County Match: \$

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ /yr For:
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>12-15-11</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>12-15-11</u>
Risk Management	<u>12-19-11</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>12-19-11</u>
O.M.B./Purchasing	<u>12-16-11</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>12/19/11</u>
County Attorney	<u>12/16/2011</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>12-16-11</u>

Comments: _____



BIO-MED WASTE SOLUTIONS, INC.

ENVIRONMENTALLY SOUND MEDICAL WASTE TREATMENT

SERVICE AGREEMENT

BOARD OF GOVERNORS FIRE AND AMBULANCE DIST 1
AND BOARD OF COUNTY COMMISSIONERS OF
MONROE COUNTY, FLORIDA

CUSTOMER NAME:

BILLING INFORMATION IF DIFFERENT

MONROE COUNTY FIRE RESCUE
ADDRESS: 490 63rd Street Ocean
CITY, ST, ZIP: Marathon, FL 33050
PHONE: (305) 289-6088
FAX: (305) 289-6007
E-MAIL: hover-susan@monroecounty-fl.gov
CONTACT: Susan Hover

ADDRESS: _____
CITY, ST, ZIP: _____
PHONE: _____
FAX: _____
E-MAIL: _____
CONTACT: _____

SCOPE OF SERVICES:

- * BIO-MED WILL PROVIDE PICKUP, TRANSPORT, TREATMENT AND DISPOSAL OF REGULATED MEDICAL WASTE IN ACCORDANCE WITH STATE OF FLORIDA DEPARTMENT OF HEALTH RULES AND REGULATIONS.
- * CUSTOMER WILL PAY MONTHLY RATE AS SET FORTH BELOW BY THE 10th CALENDAR DAY OF EACH MONTH UNLESS NOTED OTHERWISE BELOW.
- * BIO-MED WASTE SOLUTIONS, INC. AND CUSTOMER AGREE TO TERMS AND CONDITIONS AS SET FORTH ON SEPARATE PAGE.

DESCRIPTION OF REGULATED MEDICAL WASTE TO BE REMOVED:

SHARPS CONTAINERS: _____
 96 GALL.LOCKABLE CONTAINER ONE PER LOCATION FOR 9 LOCATIONS (SEE ATTACHED EXHIBIT A)
 SMALL (2 CU. FT.)BOX: _____
 LARGE (4 CU. FT.) BOX: _____
 FREQUENCY (MIN. 13/YEAR): _____
 ADDITIONAL BOXES: _____

BILLING RATE: \$42.00 PER SERVICE

CUSTOMER: SIGNATURE _____
BOARD OF GOVERNORS FIRE AND AMBULANCE DISTRICT 1 AND
BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA

BIO-MED WASTE SOLUTIONS, INC. _____ 12/12/11
MICHAEL REINSTEIN, PRESIDENT DATE

EFFECTIVE DATE: January 1, 2012
SERVICE AGREEMENT EXPIRES 12 MONTHS FROM EFFECTIVE DATE

24HR PHONE: 786-546-4739
FAX: 954-944-1977

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:
Cynthia L. Hall
CYNTHIA L. HALL
ASSISTANT COUNTY ATTORNEY
Date 12-16-2011

8201 NW 64th ST., #8
MIAMI, FL 33166

BIO-MED WASTE SOLUTIONS, INC.

ENVIRONMENTALLY SOUND MEDICAL WASTE TREATMENT

SERVICE AGREEMENT TERMS AND CONDITIONS

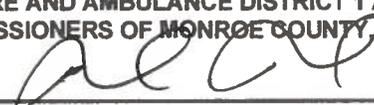
1. CUSTOMER IS RESPONSIBLE TO ENSURE THAT ALL REGULATED MEDICAL WASTE CONFORMS TO STATE OF FLORIDA DEPARTMENT OF HEALTH RULES AND REGULATIONS AND THAT NO HAZARDOUS WASTE IS MIXED WITH REGULATED MEDICAL WASTE.
2. IF BIO-MED WASTE SOLUTIONS, INC. DETERMINES THAT HAZARDOUS WASTE HAS BEEN MIXED WITH REGULATED MEDICAL WASTE THEN THE WASTE SHALL BE RETURNED TO CUSTOMER FOR PROPER DISPOSAL. MONTHLY PICKUP FEES WILL STILL BE INCURRED BY CUSTOMER.
3. TRACKING/SHIPPING DOCUMENTS WILL BE PREPARED BY BIO-MED WASTE SOLUTIONS, INC. IN ACCORDANCE WITH STATE OF FLORIDA DEPARTMENT OF HEALTH RULES AND REGULATIONS AND MAINTAINED FOR THREE YEARS.
4. BIO-MED WASTE SOLUTIONS, INC. RESERVES THE RIGHT TO SUSPEND SERVICE IF INVOICES ARE NOT PAID WITHIN 30 DAYS OF DUE DATE.
5. CUSTOMER IS RESPONSIBLE FOR ALL EQUIPMENT PLACED IN SERVICE BY BIO-MED WASTE SOLUTIONS AND ACCEPTS LIABILITY FOR THE EQUIPMENT AND CONTENTS UNTIL PICKED UP BY BIO-MED WASTE SOLUTIONS, INC. CUSTOMER AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS BIO-MED WASTE SOLUTIONS, INC FROM ANY AND ALL CLAIMS OF LOSS, DAMAGE OR INJURY ARISING FROM ANY MANNER OF USE OF EQUIPMENT PLACED IN USE UNDER THIS AGREEMENT.
6. BIO-MED WASTE SOLUTIONS, INC. SHALL INDEMNIFY AND HOLD HARMLESS CUSTOMER FROM ANY LIABILITIES ARISING FROM THE NEGLIGENCE OR WILLFULL MISCONDUCT IN THE PERFORMANCE OF THIS AGREEMENT. CUSTOMER WILL INDEMNIFY AND HOLD HARMLESS BIO-MED WASTE SOLUTIONS, INC. FROM ANY LIABILITIES ARISING FROM THE NEGLIGENCE OR WILLFULL MISCONDUCT OF CUSTOMER INCLUDING BUT NOT LIMITED TO PROPER LABELING, SEGREGATION AND PACKAGING OF MEDICAL WASTE.
7. EACH PARTY AGREES TO PAY THEIR OWN ATTORNEY'S FEES AND COSTS IF A SUIT IS FILED BY CUSTOMER, BIO-MED WASTE SOLUTIONS, INC OR THIRD PARTY, FOR ANY REASON WHATSOEVER.
8. ETHICS CLAUSE: COMPANY WARRANTS THAT HE/IT HAS NOT EMPLOYED, RETAINED OR OTHERWISE HAD ACT ON HIS/ITS BEHALF ANY FORMER COUNTY OFFICER OR EMPLOYEE IN VIOLATION OF SECTION 2 OF ORDINANCE NO. 10-1990 OR ANY COUNTY OFFICER OR EMPLOYEE IN VIOLATION OF SECTION 3 OF ORDINANCE NO. 10-1990. FOR BREACH OR VIOLATION OF THIS PROVISION THE COUNTY MAY, IN ITS DISCRETION, TERMINATE THIS CONTRACT WITHOUT LIABILITY AND MAY ALSO, IN ITS DISCRETION, DEDUCT FROM THE CONTRACT OR PURCHASE PRICE, OR OTHERWISE RECOVER, THE FULL AMOUNT OF ANY FEE, COMMISSION, PERCENTAGE, GIFT, OR CONSIDERATION PAID TO THE FORMER COUNTY OFFICER OR EMPLOYEE.
9. INSURANCE: WITHIN FIVE (5) DAYS OF EXECUTION OF THIS AGREEMENT BY BOTH PARTIES AND PRIOR TO PERFORMANCE, COMPANY WILL PROVIDE PROOF OF INSURANCE IN THE FORM REQUIRED BY EXHIBIT B TO THIS AGREEMENT.

CUSTOMER:

SIGNATURE _____

BOARD OF GOVERNORS FIRE AND AMBULANCE DISTRICT 1 AND
BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA

BIO-MED WASTE SOLUTIONS, INC.

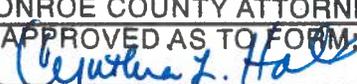

MICHAEL REINSTEIN, PRESIDENT

12/12/11
DATE

24HR PHONE: 786-546-4739
FAX: 954-944-1977

8201 NW 64th ST., #8
MIAMI, FL 33166

MONROE COUNTY ATTORNEY

APPROVED AS TO FORM


CYNTHIA L. HALL

ASSISTANT COUNTY ATTORNEY

Date 12-16-2011

Locations included under Service Agreement

Key West Airport Station 7 (not monthly, put on "will call if needed")
3491 S. Roosevelt Blvd
Key West, FL 33040

Stock Island Fire Station 8
6180 2nd Street (MM 5)
Key West, FL 33040

Big Coppitt Fire Station 9
28 Emerald Dr. (MM 10)
Key West, FL 33044

Cudjoe Fire Station 11
20950 Overseas Highway (MM 21)
Cudjoe Key, FL 33042

Big Pine Fire Station 13
390 Key Deer Blvd. (MM 30.5)
Big Pine Key, FL 33043

Trauma Star Hangar
10100 Overseas Highway
Marathon, FL 33050

Conch Key Fire Station 17
Trailer #3
2 N. Conch Ave (MM 63)
Conch Key, FL 33050

Layton Fire Station 18
68260 Overseas Highway (MM 68)
Layton, FL 33001

Tavernier Fire Station 22
151 Marine Ave. (MM 92)
Tavernier, FL 33070

**GENERAL LIABILITY
INSURANCE REQUIREMENTS
FOR
CONTRACT _____**

**BETWEEN
MONROE COUNTY, FLORIDA
AND**

Prior to the commencement of work governed by this contract, the Contractor shall obtain General Liability Insurance. Coverage shall be maintained throughout the life of the contract and include, as a minimum:

- Premises Operations
- Products and Completed Operations
- Blanket Contractual Liability
- Personal Injury Liability
- Expanded Definition of Property Damage

The minimum limits acceptable shall be:

\$1,000,000 Combined Single Limit (CSL)

If split limits are provided, the minimum limits acceptable shall be:

\$ 500,000 per Person
\$ 1,000,000 per Occurrence
\$ 100,000 Property Damage

An Occurrence Form policy is preferred. If coverage is provided on a Claims Made policy, its provisions should include coverage for claims filed on or after the effective date of this contract. In addition, the period for which claims may be reported should extend for a minimum of twelve (12) months following the acceptance of work by the County.

The Monroe County Board of County Commissioners shall be named as Additional Insured on all policies issued to satisfy the above requirements.

GL3



**VEHICLE LIABILITY
INSURANCE REQUIREMENTS
FOR
CONTRACT _____**

**BETWEEN
MONROE COUNTY, FLORIDA
AND
_____**

Recognizing that the work governed by this contract requires the use of vehicles, the Contractor, prior to the commencement of work, shall obtain Vehicle Liability Insurance. Coverage shall be maintained throughout the life of the contract and include, as a minimum, liability coverage for:

- Owned, Non-Owned, and Hired Vehicles

The minimum limits acceptable shall be:

\$1,000,000 Combined Single Limit (CSL)

If split limits are provided, the minimum limits acceptable shall be:

\$ 500,000 per Person
\$1,000,000 per Occurrence
\$ 100,000 Property Damage

The Monroe County Board of County Commissioners shall be named as Additional Insured on all policies issued to satisfy the above requirements.

VL3



**HAZARDOUS CARGO TRANSPORTERS LIABILITY
INSURANCE REQUIREMENTS
FOR
CONTRACT _____**

**BETWEEN
MONROE COUNTY, FLORIDA
AND
_____**

Prior to the commencement of work governed by this contract, the Contractor shall purchase Pollution Liability Insurance which extends to the hauling of toxic and hazardous material by motorized vehicles. In compliance with the Motor Carrier Act, the policy should be endorsed with an MCS-90 Endorsement, demonstrating financial responsibility for spills and clean-up. Any pollution exclusion limiting coverage under this policy shall be removed.

The minimum limits acceptable shall be:

\$1,000,000 per Occurrence

VLP3



**WORKERS' COMPENSATION
INSURANCE REQUIREMENTS
FOR
CONTRACT _____**

**BETWEEN
MONROE COUNTY, FLORIDA
AND
_____**

Prior to the commencement of work governed by this contract, the Contractor shall obtain Workers' Compensation Insurance with limits sufficient to respond to the applicable state statutes.

In addition, the Contractor shall obtain Employers' Liability Insurance with limits of not less than:

- \$500,000 Bodily Injury by Accident
- \$500,000 Bodily Injury by Disease, policy limits
- \$500,000 Bodily Injury by Disease, each employee

Coverage shall be maintained throughout the entire term of the contract.

Coverage shall be provided by a company or companies authorized to transact business in the state of Florida.

If the Contractor has been approved by the Florida's Department of Labor, as an authorized self-insurer, the County shall recognize and honor the Contractor's status. The Contractor may be required to submit a Letter of Authorization issued by the Department of Labor and a Certificate of Insurance, providing details on the Contractor's Excess Insurance Program.

If the Contractor participates in a self-insurance fund, a Certificate of Insurance will be required. In addition, the Contractor may be required to submit updated financial statements from the fund upon request from the County.

WC2



MONROE COUNTY, FLORIDA

Request For Waiver
of
Insurance Requirements

It is requested that the insurance requirements, as specified in the County's Schedule of Insurance Requirements, be waived or modified on the following contract.

Contractor: BIO-MED WASTE SOLUTIONS, INC.

Contract for: BIO-MEDICAL WASTE

Address of Contractor: 8201 NW 64th ST, #8
MIAMI, FL 33166

Phone: 786.546.4739

Scope of Work: BIO-MEDICAL WASTE PICKUP, STORAGE
AND TREATMENT FOR 9 LOCATIONS,
SEE EXHIBIT A.

Reason for Waiver: I HOLD A WORKER'S COMP. EXEMPTION
SINCE I AM THE ONLY EMPLOYEE

Policies Waiver will apply to: OF BIO-MED WASTE SOLUTIONS, INC
WORKERS COMPENSATION

Signature of Contractor: [Signature] MICHAEL REINSTEIN, PRES.

Approved _____ Not Approved _____

Risk Management _____

Date _____

County Administrator appeal:

Approved: _____ Not Approved: _____

Date: _____

Board of County Commissioners appeal:

Approved: _____ Not Approved: _____

Meeting Date: _____

MONROE COUNTY, FLORIDA



04-27-2010

ALEX SINK
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***
NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 04/27/2010 EXPIRATION DATE: N/A

PERSON: REINSTEIN MICHAEL N

FEIN: 270635814

BUSINESS NAME AND ADDRESS:

BIO MED WASTE SOLUTIONS INC
8201 NW 64TH ST #8
MIAMI FL 33166

SCOPES OF BUSINESS OR TRADE:

1- BIO-HAZARD CLEANUP (9014)

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 09-06

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
NON-CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 04/27/2010 EXPIRATION DATE: N/A
PERSON: MICHAEL N REINSTEIN
FEIN: 270635814
BUSINESS NAME AND ADDRESS:
BIO MED WASTE SOLUTIONS INC
8201 NW 64TH ST #8
MIAMI, FL 33166
SCOPE OF BUSINESS OR TRADE:
1- BIO-HAZARD CLEANUP (9014)

IMPORTANT

F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under th chapter.

H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed the notice of election to be exempt.

R

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exemp and certificates of election to be exempt shall be subject to revocati if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer n the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-11

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

**FLORIDA PERSONAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: **State National Insurance Compai**
POLICY #: **CW110176** EFFECTIVE DATE: **12/12/2011**
YEAR: **2010** MAKE/MODEL: **Ford Van**
VEHICLE ID #: **NMOKS9AN3AT023450**

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

Bio-Med Waste Solutions, Inc.
NAMED INSURED: **8201 NW 64th Street, #8**
ADDRESS: **Miami, FL 33166**
(OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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BIOMEDWA-1

JKC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2011

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 Exclusive Programs, Inc. www.exclusiveprograms.com PO Box 29-4170 Boca Raton, FL 33429-4170	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Bio-Med Waste Solutions, Inc. 8201 NW 64th Street Miami, FL 33166-	INSURER A: Landmark American Insurance Company	
	INSURER B: State National Insurance Company	
	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 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
A	GENERAL LIABILITY			LBA127375	8/11/2011	8/11/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY			CW110176	12/12/2011	12/12/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Coverage includes Errors & Omissions coverage with a limit of \$1,000,000 per act / \$2,000,000 aggregate.

CERTIFICATE HOLDER**CANCELLATION**

Bio-Med Waste Solutions, Inc.
 8201 NW 64th Street
 Miami, FL 33166-

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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BIOMEDWA-1

JKC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2011

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 Exclusive Programs, Inc. www.exclusiveprograms.com PO Box 29-4170 Boca Raton, FL 33429-4170	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Landmark American Insurance Company	
INSURED Bio-Med Waste Solutions, Inc. 8201 NW 64th Street Miami, FL 33166-	INSURER B: State National Insurance Company	
	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 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	
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			LBA127375	8/11/2011	8/11/2012	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CW110176	12/12/2011	12/12/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Proof of Coverage

CERTIFICATE HOLDER**CANCELLATION**

Florida Department of Environmental Protection

2600 Blair Stone Rd, MS 4560
Tallahassee, FL 32399-2400

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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BIOMEDWA-1

JKC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2011

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 Exclusive Programs, Inc. www.exclusiveprograms.com PO Box 29-4170 Boca Raton, FL 33429-4170	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Landmark American Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: State National Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Landmark American Insurance Company		INSURER B: State National Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Landmark American Insurance Company														
INSURER B: State National Insurance Company														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Bio-Med Waste Solutions, Inc. 8201 NW 64th Street Miami, FL 33166-														

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	LBA127375	8/11/2011	8/11/2012	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CW110176	12/12/2011	12/12/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is listed as additional insured as their interest may appear.

CERTIFICATE HOLDER**CANCELLATION**

Monroe Cty. Board of Cty. Commissioners
 1100 Simonton Street
 Key West, FL 33040-

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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Hover-Susan

From: Melissa Romano <info@safewaste-fl.com>
Sent: Tuesday, December 06, 2011 1:44 PM
To: Hover-Susan
Subject: Re: Quote for biomedical waste services

Hello Susan,

Thank you for your email and yes we would like to quote you for services to the Fire Stations listed below.

We propose pricing for a 96 gallon container with liner at \$44.00 each per exchange. This includes disposal fees. We have no fuel charges or any delivery fees.

I do have a couple questions regarding services:

1. When does the contract start?
2. How long is the contract for?
3. Are the exchanges monthly for each station, except station 7?
4. How many containers are there per station?

Thank you again for considering Safewaste of Florida for your biomedical waste needs. We would be happy to be of service to you.

Have a great day,
Melissa Romano

Melissa H. Romano
Safewaste of Florida, LLC
Phone 305-654-3555
Fax 305-654-3552
m.romano@safewaste-fl.com

From: Hover-Susan <Hover-Susan@monroecounty-fl.gov>
To: "'info@safewaste-fl.com'" <info@safewaste-fl.com>
Sent: Friday, December 2, 2011 4:04 PM
Subject: Request Quote

It's time to re-negotiate our contract for bio-medical waste pickup for our fire stations. We are required to obtain 3 quotes and then use the lowest. Please provide an updated quote for the service of bio-medical waste pickup and disposal monthly, using 96-gallon plastic containers with liners, for 9 fire station locations in the Florida Keys as follows:

Key West Airport Station 7 (not monthly, put on "will call if needed")
3491 S. Roosevelt Blvd

Key West, FL 33040

Stock Island Fire Station 8
6180 2nd Street (MM 5)
Key West, FL 33040

Big Coppitt Fire Station 9
28 Emerald Dr. (MM 10)
Key West, FL 33044

Cudjoe Fire Station 11
20950 Overseas Highway (MM 21)
Cudjoe Key, FL 33042

Big Pine Fire Station 13
390 Key Deer Blvd. (MM 30.5)
Big Pine Key, FL 33043

Trauma Star Hangar
10100 Overseas Highway
Marathon, FL 33050

Conch Key Fire Station 17
Trailer #3
3 N. Conch Ave (MM 63)
Conch Key, FL 33050

Layton Fire Station 18
68260 Overseas Highway (MM 68)
Layton, FL 33001

Tavernier Fire Station 22
151 Marine Ave. (MM 92)
Tavernier, FL 33070

Susan Hover

Executive Assistant Emergency Services
490 63rd Street Ocean, Suite 140
Marathon, FL 33050
hover-susan@monroecounty-fl.gov
(305) 289-6088 Phone
(305) 289-6007 Fax

"The grand essentials of happiness are: something to do, something to love, and something to hope for." Allan K. Chalmers

Susan Hover

Executive Assistant Emergency Services
490 63rd Street Ocean, Suite 140

Hover-Susan

From: Mileydis Guerra <medwasteremoval@yahoo.com>
Sent: Tuesday, December 06, 2011 5:24 PM
To: Hover-Susan
Subject: Re: Quote for Bio- Medical Waste Pickup - Monroe County Fire Stations

Dear Susan Hover,

Bio Response Corp. gave us your information to quote you for the service of bio-medical waste pickup and disposal monthly.

- 96 Gallon Plastic containers with liners - \$45.00
for 9 fire stations located in the Florida Keys.

There will be no hidden fee's, we will only charge you for the pickup of the 96-gallon container with liner which we will replace with a new 96-gallon container with liner at no extra charge. There will also be no extra charge for fuel. The price will not change or vary it will be a flat \$45.00 rate of each 96-gallon container.

Some of the companys we provide service to are: Bio Response, Corp.
7351 NW 7 St #U
Miami, FL 33126
786-252-5207

Monroe County Sheriff's Office
5501 College Road
Key West, FL 33040
705-760-8640

City of Hialeah Rescue Division
93 E 5 St Stations 1-8
Hialeah, FL 33010
305-883-6983

Police Busines Managment Section
5555 E 8 Ave
Hialeah, FL 33013
305-810-9629

If you have any further questions for me please contact me via e-mail or by phone which ever you prefer. We have a 24hr call center if you need us. We are also licensed to clean crime scenes and we are experienced. You may also view our web site at WWW.MEDWASTESERVICE.COM.

Sincerely,

Agui Chevere
Med Waste Removal Services, Inc.
10705 SW 216 St



B & D Biomedical Waste Services

Serving the entire state of Florida

P.O. Box 1309

Okeechobee, Fl 34973

Toll free: 866-998-2644

Phone: 863-763-3259 Fax: 863-763-2253

bd_biowaste@yahoo.com

Dear: Susan Hover

Emergency Services

Thank you for the opportunity to send you this quote for your biomedical waste disposal needs. The following is the price list that we offer to all your facilities:

This bid is for the services of bio-medical waste pickup and disposal monthly, using 96 gallon plastic containers with red liners (1) container per location and there are 9 fire stations located in the Florida Keys. (1) location Key West Airport Station 7 W/C

P/U & Disposal of each 96 gallon container..... \$44.00

This price is a flat fee price of \$44.00 per month per station for each 96 gallon container.

- Diesel Fuel Surcharge (per stop) Overweight charge or extra pick-up fees..... \$0.00

Our Website: www.bdbiowaste.com

Sincerely,

Ron Ripple

Director of Sales

Please visit www.doh.state.fl.us/environment/community/biomedical/index.html for the Florida Administrative Codes on disposal of biomedical waste.



BIO-MED WASTE SOLUTIONS, INC.

ENVIRONMENTALLY SOUND MEDICAL WASTE TREATMENT

SERVICE AGREEMENT

QUOTE

CUSTOMER NAME: BOARD OF GOVERNORS

BILLING INFORMATION IF DIFFERENT

FIRE AND AMBULANCE DIST. 1, MONROE CTY. FIRE RESCUE

ADDRESS: 490 63rd STREET, OCEAN

ADDRESS: _____

CITY, ST, ZIP: MARATHON, FL 33050

CITY, ST, ZIP: _____

PHONE: 305-289-6088

PHONE: _____

FAX: 305-289-6007

FAX: _____

E-MAIL: HOVER-SUSAN@MONROECOUNTYFL.GOV

E-MAIL: _____

CONTACT: SUSAN HOVER

CONTACT: _____

SCOPE OF SERVICES:

- * BIO-MED WILL PROVIDE PICKUP, TRANSPORT, TREATMENT AND DISPOSAL OF REGULATED MEDICAL WASTE IN ACCORDANCE WITH STATE OF FLORIDA DEPARTMENT OF HEALTH RULES AND REGULATIONS.
- * CUSTOMER WILL PAY MONTHLY RATE AS SET FORTH BELOW BY THE 10th CALENDAR DAY OF EACH MONTH UNLESS NOTED OTHERWISE BELOW.
- * BIO-MED WASTE SOLUTIONS, INC. AND CUSTOMER AGREE TO TERMS AND CONDITIONS AS SET FORTH ON SEPARATE PAGE.

DESCRIPTION OF REGULATED MEDICAL WASTE TO BE REMOVED:

SHARPS CONTAINERS:

96 gal. lockable container ONE PER LOCATION FOR 8 LOCATIONS (SEE ATTACHED EXHIBIT "A")

SMALL (2 CU. FT.) BOX: ONE

LARGE (4 CU. FT.) BOX: _____

FREQUENCY (MIN. 13/YEAR): EVERY 4 WEEKS

ADDITIONAL BOXES: _____

BILLING RATE: \$42.00 PER SERVICE

CUSTOMER: SIGNATURE _____ DATE _____
 PRINT NAME _____

BIO-MED WASTE SOLUTIONS, INC. MICHAEL NEIL REINSTEIN, PRESIDENT 12/9/11
MICHAEL NEIL REINSTEIN, PRESIDENT DATE

EFFECTIVE DATE: JAN. 1, 2012
 SERVICE AGREEMENT EXPIRES 12 MONTHS FROM EFFECTIVE DATE

24HR PHONE: 786-546-4739
 FAX: 954-944-1977

8201 NW 64th ST., #8
 MIAMI, FL 33166