

FAUQUIER COUNTY SCHOOL BOARD
a political subdivision of the Commonwealth of Virginia
Contract # CR 4-18smc. Speech Therapy Intervention Services
(Riding Fairfax County Public Schools Contract 4400006211)

This Agreement is made and entered into this 27th day of June, 2017, by the Fauquier County School Board, a political subdivision of the Commonwealth of Virginia (hereinafter referred to as "Owner") and **Cobb Pediatric Therapy Services** having its principal place of business at **1925 Vaughn Road, Suite 200, Kennesaw, GA 30144** hereinafter referred to as "Contractor".

WITNESSETH that the Contractor and the Owner, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide **Speech Therapy Intervention Services** as set forth in the Contract Documents.

COMPENSATION: The Owner will pay and the Contractor will accept in full consideration for the performance during the contract term the hourly rate of **\$ 65.54, Speech /Language Pathologist**. Payment terms are Net 30 days after receipt of correct and accurate invoice.

CONTRACT PERIOD: July 1, 2017 – June 30, 2018, with five (5) remaining one-year renewal options, upon renewal of the Fairfax County Public Schools referenced contract and, the mutual agreement of both parties.

The contract documents shall consist of and are listed in order of priority:

- (1) This signed form, inclusive of the Insurance Checklist and Certification of No Crimes Form;
- (2) FFXPS RFP# 2000001620 dated June 9, 2015, Addendum # 1 dated June 15, 2015, Addendum #2 dated June 26, 2015 and Acceptance Agreement dated August 31, 2016;
- (3) The Contractor's Notice of Award, Contract 4400006211 dated August 31, 2015 and the FFXPS and Contractor's Amendment No. 1 dated May 4, 2016, and Amendment No. 2 dated May 18, 2017, all of which documents are incorporated herein.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Cobb Pediatric Therapy Services

By: Mark Norris
Mark Norris
Title: President
Date: 6-27-17

Fauquier County School Board,
a political subdivision of the Commonwealth
of Virginia

By: Susan R. Monaco
Susan R. Monaco, CPPO, CPPB
Title: Procurement Manager
Date: 6-27-17

FCRS
VN 646426

**DIVISION OF RISK MANAGEMENT
INSURANCE CHECKLIST**

Items marked "X" are required to be provided under this contract.

<u>Required</u>	<u>Coverage Required</u>	<u>Limits</u> <u>(figures denotes minimum)</u>
<u>X</u>	1. Workers' Compensation and Employers' Liability; Admitted in Virginia Employers' Liability All States Endorsement USL & H Endorsement Voluntary Compensation Endorsement Best's Guide Rating-A-VIII or better or its equivalent	1. Statutory Limits of the Commonwealth of VA Yes \$100,000/\$500,000/\$100,000 Statutory Statutory
<u>X</u>	2. Commercial General Liability General Aggregate Products/Completed Operations Personal and Advertising Injury Fire Legal Liability Best's Guide Rating-A-VIII or better or its equivalent	2. \$1,000,000 (CSL) Each Occurrence \$2,000,000 \$2,000,000 \$1,000,000 \$50,000 Per Occurrence
<u>X</u>	3. Automobile Liability Owned, Hired, Borrowed & Non-owned Motor Carrier Act End. Best's Guide Rating-A-VIII or better, or its equivalent	3. \$1,000,000 combined Single Limit Bodily Injury and Property Damage Each Occurrence (note, symbol "1" on liability coverage)
—	4. Prof. Errors and Omissions Best's Guide Rating-A-VIII or better or its equivalent	4. \$1,000,000 (CSL) Each Claim
—	5. Garage Liability	5. \$1,000,000 CSL Each Occurrence
—	6. Garage Keeper's Legal Liability Best's Guide Rating-A-VIII or better, Or its equivalent	6. a) Maximum Value of One Vehicle b) Maximum Value of All Vehicles Held by Contractor
—	7. Umbrella Liability Best's Guide Rating-A-VIII or better, or its equivalent.	7. \$1,000,000
—	8. Other Insurance:	
<u>X</u>	9. Auto and General Liability Policies shall be endorsed to name Fauquier County Public School Board as additional insured (This coverage is primary to all other coverage Schools may possess and must be shown on the certificate)	
<u>X</u>	10. The Contractor shall provide 30 days written notice of any policy cancellation for policies specified on this Checklist to the Fauquier County School Board in accordance with the timelines and stipulations in Code of Virginia Section 38.2-231.	
<u>X</u>	11. The Certificate must state Contract No. and Title	
<u>X</u>	12. Contractor shall submit Certificate of Insurance within five (5) business days from notification of award, and shall provide updated Certificates for the duration of the contract.	

OFFEROR STATEMENT

We understand the Insurance Requirements of these specifications and will comply in full under the terms of this contract.

Revised 4/4/13, Proc/HR



Fauquier County Public Schools

320 Hospital Drive, Suite 40
Warrenton, VA 20186-3037
(540) 422-7000

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CERTIFICATION OF NO CRIMES AGAINST CHILDREN

Contractor acknowledges that the implementation of this Contract requires Contractor, Contractor's employees, or other persons that will provide services under this Contract to have direct contact with Fauquier County Public Schools' students. Therefore, Contractor hereby certifies that neither Contractor, Contractor's employees, nor any person that will provide services under this Contract who will have direct contact with students on school property during regular school hours or during school-sponsored activities have been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child.

Contractor understands that, pursuant to Code of Virginia §22.1-296.1, making a materially false statement regarding offenses which are required to be included in the certification referenced above is a Class 1 misdemeanor and, upon conviction, the fact of such conviction shall be grounds for the revocation of the contract to provide such services and, when relevant, the revocation of any license required to provide such services. Fauquier County Public Schools shall not be liable for materially false statements regarding the certifications required under this Contract.

Contractor certifies that employees, or any person who will have direct contact with students under this contract have not been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child.

Cobb Pediatric Therapy Services

Company Name
1925 Vaughn Road, Suite 200
Kennesaw, GA 30144
Company Address

Mark Norris

Print Name of Authorized Representative

Mark Norris

Authorized Representative Signature

CR 4-18smc, Speech Therapy
Intervention Services

Contract No.

770-218-6274

Company Phone Number

President

Authorized Representative Title

6-27-17

Date

**RETURN THIS FORM TO FCPS CONTRACT
ADMINISTRATOR, PRIOR TO ANY WORK ON PROPERTY**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2017

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
Assurance Agency, Ltd.
One Century Centre
1750 E. Golf Road
Schaumburg IL 60173

CONTACT NAME: Adam Owens
PHONE (A/C No. Ext): (847) 463-7834 **FAX (A/C. No):** (847) 440-9126
E-MAIL ADDRESS: aowens@assuranceagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Co	16535
INSURER B : American Guarantee & Lib	26247
INSURER C : US Fire Insurance Company	21113
INSURER D :	
INSURER E :	
INSURER F :	

INSURED COBBPED-01
Cobb Pediatric Speech Services, Inc.
1925 Vaughn Road NW
Suite 200
Kennesaw GA 30144-

COVERAGES CERTIFICATE NUMBER: 884795648 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.

INBR 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="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		PRA989842205	2/1/2017	2/1/2018	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 \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS <input checked="checked" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		PRA989842205	2/1/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="checked" type="checkbox"/> RETENTION \$0		UMB946714005	2/1/2017	2/1/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="checked" type="checkbox"/> N N/A		4087305198	2/1/2017	2/1/2018	<input checked="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
A	Professional Liability Sexual Abuse Liability		PRA989842205	2/1/2017	2/1/2018	Occ: \$1MM / Agg: \$3MM Occ: \$1,000,000 Deductible: \$10k Agg: \$1,000,000

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

Proof of Insurance.
It is agreed that Fauquier County Public Schools is an Additional Insured, when required by written contract, on the General Liability, Automobile Liability and Professional Liability policies with respect to operations performed by the Named Insured. Umbrella follows form.

CERTIFICATE HOLDER

CANCELLATION

Fauquier County Public Schools
320 Hospital Drive, Suite 40
Warrenton VA 20186

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
Daniel H. Garraway

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