

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	*				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes _____ No _____

Budget Account No.:

Fund _____ Dept _____ Unit _____ Object _____ Program Code/Period _____

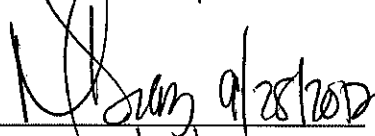
B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____
 Taruna Malhotra, Director, Financial & Support Svcs

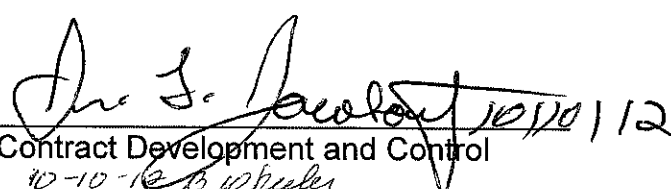
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

* No fiscal impact.



 OFMB
 9/27/12



 Contract Development and Control
 10-10-12 B Wheeler

B. Legal Sufficiency:



 Chief Assistant County Attorney
 10/11/12

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding is entered into and between the Nurse Assistant Training School, Inc., d/b/a Academy for Nursing and Health Occupations, hereinafter referred to as "THE SCHOOL" and Palm Beach County Board of County Commissioners, hereinafter referred to as "COUNTY."

The purpose of this Memorandum is to delineate the roles and responsibilities of both parties relating to providing an educational experience for School's Students.

The purpose of an educational experience is for the COUNTY's **Community Services Department**, to provide students with hands-on, real-world experience in a work setting. Ideally, an educational experience will enable students to: (a) integrate and use their knowledge and skills from the classroom, (b) discover where further competence is needed, (c) take steps to gain competence under educational supervision, and (d) become better acquainted with the types of work settings in which competence can be applied.

THE SCHOOL WILL:

- A. Provide COUNTY with the following required information in writing prior to the assignment of each student:
 - Student names,
 - Dates at COUNTY,
 - Educational experience expectations,
 - Hours per week,
 - Name of faculty and contact information of instructor supervising the Students
- B. Provide adequate time for Student and Faculty orientation to the COUNTY.
- C. Ensure that Students assigned to COUNTY will wear, when applicable, regulation uniforms and shoes and an identification badge identifying the name of the school.
- D. Instruct Students to adhere to the policies and regulations of the COUNTY while assigned.
- E. Keep the COUNTY informed of the level of preparation each Student has received outside the COUNTY.
- F. Limit the number of Students receiving assignments at the COUNTY as applicable to School policy, State Regulation or COUNTY requirements.
- G. At its sole expense, agree to maintain in full force and effect at all times during the life of the MOU, insurance coverages and limits (including endorsements), as described herein. THE SCHOOL shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverage's. The requirements contained herein, as well as COUNTY'S review or acceptance of insurance maintained by THE SCHOOL are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by THE SCHOOL under the Memorandum.

H. INSURANCE

Commercial General Liability THE SCHOOL agrees to maintain Commercial General Liability at a limit of liability not less than **\$1,000,000** Each Occurrence, **\$3,000,000** Annual Aggregate. Coverage shall not contain any endorsement(s) excluding nor limiting Premises/Operations, Personal Injury, Product/Completed Operations, Contractual Liability, Severability of Interests or Cross Liability. Coverage shall be provided on a primary basis.

Business Automobile Liability THE SCHOOL agrees to maintain Business Automobile Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event THE SCHOOL does not own automobiles, THE SCHOOL agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy. Coverage shall be provided on a primary basis.

Worker's Compensation Insurance & Employers Liability THE SCHOOL agrees to maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440. Coverage shall be provided on a primary basis.

Professional Liability THE SCHOOL shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of THE SCHOOL'S most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, THE SCHOOL shall maintain a Retroactive Date prior to or equal to the effective date of this Memorandum. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Memorandum, THE SCHOOL shall purchase a SERP with a minimum reporting period not less than 3 years. THE SCHOOL shall provide this coverage on a primary basis.

Additional Insured THE SCHOOL shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach COUNTY Board of COUNTY Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." THE SCHOOL shall provide the Additional Insured endorsements coverage on a primary basis. The School will be required to furnish to the COUNTY evidence of coverage indicating type of coverage, applicable dates, amount of coverage, and name of insured and will notify COUNTY immediately if there is any change in such insurance coverage including cancellation of such insurance policy.

Certificate(s) of Insurance Prior to execution of this Memorandum, THE SCHOOL shall deliver to the COUNTY'S representative as identified in Article 26, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverage's required by this Memorandum have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to:

Palm Beach COUNTY
c/o _____

Umbrella or Excess Liability If necessary, THE SCHOOL may satisfy the minimum

limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

- I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Memorandum. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.
- J. **Indemnification** THE SCHOOL shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Memorandum or due to the acts or omissions of THE SCHOOL. Each party agrees to notify the other party, in writing if the party becomes aware of a claim by any person, which arises out of any of the terms and conditions of this Memorandum.
- K. **Successors And Assigns** The COUNTY and THE SCHOOL each binds itself and its partners, successors, executors, administrators and assigns to the other party and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Memorandum. Except as above, neither the COUNTY nor THE SCHOOL shall assign, sublet, convey or transfer its interest in this Memorandum without the prior written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and THE SCHOOL.
- L. **Remedies** This Memorandum shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Memorandum will be held in Palm Beach COUNTY. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.
- M. **Conflict of Interest** THE SCHOOL represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes, and the Palm Beach COUNTY Code of Ethics. THE SCHOOL further represents that no person having any such conflict of interest shall be employed for said performance of services.
- N. THE SCHOOL shall promptly notify the COUNTY's representative, in writing, by certified mail, of all potential conflicts of interest of any prospective business association, interest or other circumstance which may influence or appear to influence THE SCHOOL'S judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that THE SCHOOL may undertake and

request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute a conflict of interest if entered into by THE SCHOOL. The COUNTY agrees to notify THE SCHOOL of its opinion by certified mail within thirty (30) days of receipt of notification by THE SCHOOL. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by THE SCHOOL, the COUNTY shall so state in the notification and THE SCHOOL shall, at its option, enter into said association, interest or circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by THE SCHOOL under the terms of this Memorandum.

- O. **Access And Audits** THE SCHOOL shall maintain adequate records for at least three (3) years after completion or termination of this Memorandum. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at THE SCHOOL'S place of business.
- P. Palm Beach COUNTY has established the Office of the Inspector General in Palm Beach COUNTY Code, Section 2-421 - 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed COUNTY Memorandums, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of THE SCHOOL, its officers, agents, employees, and lobbyists in order to ensure compliance with Memorandum requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of the COUNTY Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

Non-Discrimination Neither party shall discriminate on the basis of race, religion, gender, creed, national origin, veteran status, color, age, marital status, sexual orientation, familial status, ancestry, gender identity, express and/or disability in accordance with state and federal law. THE SCHOOL warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression. Require that prior to beginning their rotation at COUNTY, each Student and Faculty submit to the COUNTY's Director, verification of certain health requirements in accordance with COUNTY's then current standards including proof of negative TB status and Level II Background Screening. The School shall also report Students' health limitations, if any, to the COUNTY. Withdraw from the educational assignment any Student whose performance is unsatisfactory as requested by COUNTY. COUNTY shall have the right to suspend any Student immediately pending formal withdrawal from the educational experience. COUNTY may restrict any Student to an observer role pending the need for further investigation or requests for withdrawal from the COUNTY. COUNTY agrees to provide any necessary documentation of the Student's unsatisfactory performance.

THE COUNTY WILL:

- A. Assume the responsibility for informing students of its policies and regulations and provide a general COUNTY orientation.
- B. Assume responsibility for the care of clients. The Student(s) will not replace COUNTY staff, nor give service to clients apart from activities which are performed as part of their educational value.
- C. Will not charge the School for use of the COUNTY, its staff or patient experience.

D. Shall give input to the Instructor about quality of Student performance.

COUNTY AND THE SCHOOL WILL:

- A. Establish the number of students who shall have an educational experience at COUNTY at any one time and any additional requirements for Students participating in the educational experience.
- B. This Memorandum is not assignable, but is binding on the corporate successors or affiliates of the parties.
- C. It is understood and agreed that the parties to this Memorandum may revise or modify this Memorandum by written amendment when both parties agree to such amendment.
- D. This Memorandum shall be in effect for a period of three years from the date the Memorandum is signed. This Memorandum shall be renewable for a second three-year term after the initial term unless either party gives thirty (30) days written notice. Either party may also terminate this Memorandum with thirty (30) days prior written notice but in case of such termination, students will be permitted to conclude the clinical rotation for that period of training. The term of this Memorandum may only be modified by mutual written consent of the parties, signed by the duly authorized representative of each of the parties. This Memorandum supersedes any and all Memorandums for clinical education between School and COUNTY.
- E. It is understood that while assigned to the COUNTY, Students will not be considered employees of the COUNTY and will not be covered by any social security, workers' compensation or malpractice insurance policy of the COUNTY.
- F. Any notice required under the terms of this Memorandum shall be sent by certified or registered mail, return receipt requested and shall be deemed given upon deposit in the US mail, postage prepaid, at the following address:
- SCHOOL: Nurse Assistant Training School, Inc.
(d/b/a Academy for Nursing and Health Occupations)
5154 Okeechobee Blvd., Suite 201
West Palm Beach, FL 33417
(561) 683-1400
- COUNTY: Palm Beach County Community Services Department
810 Datura Street, Suite 300
West Palm Beach, FL 33401
561-355-4750
- G. The invalidity or unenforceability of any provision of this Memorandum will not affect the validity or enforceability of any other provision. This Memorandum contains the entire understanding between the parties and supersedes all prior and contemporaneous Memorandums and understanding, express or implied, oral or written. This Memorandum may be modified or altered only by written Memorandum between the parties.
- H. Both parties agree to abide by data security and privacy/confidentiality standards outlined in HIPPA.

This Memorandum contains all of the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and the Memorandum shall supersede all previous communications, representations, or Memorandums, either verbal or written

between the parties. If any term or provision of the Memorandum is found to be illegal or unenforceable, the remainder of the Memorandum shall remain in full force and in effect and such term or provision shall be stricken. This Memorandum is to be governed by the law of the state of Florida. In the event of litigation, venue will lie in Palm Beach COUNTY, Florida.

IN WITNESS THEREOF, the parties have caused this six (6) page Memorandum of Understanding to be executed by their undersigned officials as duly authorized.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NURSE ASSISTANT TRAINING SCHOOL, INC.

By: _____
Signature
Shelley Vana, Chair

Print Name and Date

By: Edward R. Booth
Signature
EDWARD L. Booth 9/19/2012

Print Name and Date

By: _____
Sharon R. Bock, Clerk and Comptroller
Board of COUNTY Commissioners

Date: _____

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

Chief Assistant COUNTY Attorney

Department Head



CERTIFICATE OF LIABILITY INSURANCE

NURSE-6

OP ID: SN

DATE (MM/DD/YYYY)
08/09/12

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 Brown & Brown of Florida, Inc Suite 400 1401 Forum Way West Palm Beach, FL 33401 Mike Vega	561-686-2266 561-686-2313	CONTACT NAME: PHONE (A/C, No, Ext): 561-686-2266 FAX (A/C, No): 561-686-2313 E-MAIL: ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Ins Co+		
INSURER B: National Liab & Fire Ins Co +		20052
INSURER C: Technology Ins Co, Inc. +		
INSURER D: RSUI Indemnity Co+		
INSURER E: Travelers Cas & Sur Co of Am +		
INSURER F:		

INSURED
Nurse Assistant Training
School, Inc., d/b/a Academy
for Nursing and Health
Occupations
5154 Okeechobee Blvd #201
West Palm Beach, FL 33417

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	ADDITIONAL SUBROGATION RIGHTS WAIVED	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"/> PROJECT <input type="checkbox"/> LOC	X	PHPK826418	04/01/12	04/01/13	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
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		73APR274598	04/01/12	04/01/13	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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 <input type="checkbox"/> N/A	TWC3318917	04/01/12	04/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
A	PHPK826418		PHPK826418	04/01/12	04/01/13	3,000,000 1,000,000
D	Directors & Off		NHP645732	04/01/12	04/01/13	1,000,000 Ded \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)
 Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and agents, are named Additional Insured with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

PALMBE1

Palm Beach County Board of
County Commissioners
100-Australian Ave Suite 500
West Palm Beach, FL 33406

CANCELLATION

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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A. Coverage

1. We will pay with respect to a covered "auto" described in the above Schedule for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".
2. We will pay with respect to a covered "auto" described in the above Schedule for "loss" to any accessories used with the electronic equipment described in Paragraph A.1. above. However, this does not include tapes, records or discs.

B. Exclusions

The exclusions that apply to **Physical Damage Coverage**, except for the exclusion relating to Audio, Visual and Data Electronic Equipment, also apply to coverage provided by this endorsement. In addition, the following exclusions apply:

We will not pay, under this endorsement, for either any electronic equipment or accessories used with such electronic equipment that is:

1. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or
2. Both:
 - a. An integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently installed in the covered "auto"; and
 - b. Permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

C. Limit Of Insurance

With respect to coverage under this endorsement, the **Limit Of Insurance** provision of **Physical Damage Coverage** is replaced by the following:

1. The most we will pay for all "loss" to audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the lesser of:

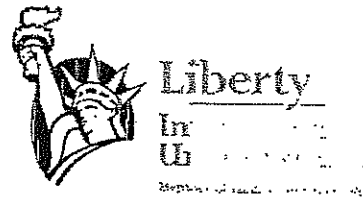
- a. The actual cash value of the damaged or stolen property as of the time of the "loss";
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. The amount shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the "loss".
 3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.

D. Deductible

1. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under this Coverage Form's Comprehensive or Collision Coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to audio, visual or data electronic equipment caused by fire or lightning.
2. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under this Coverage Form's Specified Causes Of Loss Coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule of this endorsement.
3. If "loss" occurs solely to the audio, visual or data electronic equipment or accessories used with this equipment, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule of this endorsement.
4. In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

Year, Make, Model	VIN	Deductible	Limit	Premium
1 2005 DODGE CARAVAN	2D4GP24RX5R181624	250	2,500	Included
2 2005 CHEVROLET VENTURE LS	1GNDV23E75D132914	250	2,500	Included
3 2007 FORD ECONOLINE	1FTNS24W27DA48578	250	2,500	Included
4 2008 CHEVROLET UPLANDER	1GNDV33W58D102541	250	2,500	Included
5 2011 FORD E-250 CARGO	1FTNS2EW7BDA68185	250	2,500	Included

Healthcare Professional Liability



LIBERTY INSURANCE UNDERWRITERS INC.

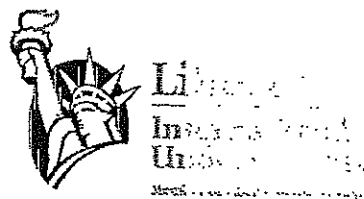
(A Stock Insurance Company, hereinafter the "Company")
 55 Water Street, 18th Floor
 New York, NY 10041

DECLARATIONS

SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Item	Policy Number: AHV-102708001	Renewal Of:
1.	Named Insured The Students Of Nurse Assistant Training School, Inc. dba Academy for Nursing and Health Occupations	
2.	MAILING ADDRESS Suite 201 5154 Okeechobee Boulevard West Palm Beach FL 33417	
3.	Policy Period 12:01 A.M. Standard Time At From: 07/15/2012 To: 07/15/2013 Location of Designated Premises	
4.	The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium charge or charges:	
	<u>COVERAGE</u>	<u>PREMIUM</u>
	A. Professional Liability [X]	\$3,931.00
	B. General Liability []	
	Terrorism Risk Insurance Act [X]	\$0.00
	C. Endorsements []	
	TOTAL:	<u>\$3,931.00</u>
5.	LIMITS OF LIABILITY	
	\$1,000,000 each Incident or Occurrence	\$3,000,000 in the Aggregate
6.	Deductible (if applicable): \$0 each Incident or Occurrence	
7.	The Named Insured is: <input type="checkbox"/> Sole Proprietor (including Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other: Affiliation: Student Malpractice Blanket Liability	
8.	Business or Occupation of the Named Insured: Student	
9.	This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s): HCPL-2025 (11/09), HCPL-2038 (11/09), HCPL-2156 (11/09), HCPL-2025-9000-FL(02/10), HCPL-2025T (1109), OFAC (08/09), TRIA-E003-0210, TRIA-N004-0208, OFAC 08/09	

Healthcare Professional Liability



REPRESENTATIVE

Marsh Consumer
a service of Seabury & Smith, Inc.
12421 Meredith Drive
Urbandale, IA 50398
1-800-503-9230

Signature:

