

Original

**LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM
BODY REMOVAL SERVICES FOR
THE MEDICAL EXAMINER**

DATE SUBMITTED: August 28, 2012

VENDOR NAME: Transcon

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers:

192 Jane Rice

NOTE: ALL COSTS ASSOCIATED WITH THIS BID MUST BE INCLUDED IN YOUR FLAT RATES. THERE WILL BE NO OTHER COSTS ALLOWED FOR FUEL, PER MILE COSTS OR ANY OTHER ASSOCIATED EXPENDITURES FOR THIS SERVICE. THE FLAT RATE IS THE ONLY PRICING ALLOWED.

**FLAT RATE PER BODY REMOVAL FROM ANY LOCATION
WITHIN LEE COUNTY (EXCEPT BOCA GRANDE):**

\$ 150.00
(BASIS OF EVALUATION)

OPTION A: FLAT RATE PER BODY REMOVAL FROM BOCA GRANDE:

\$ 260.00

**OPTION B: FLAT RATE PER BODY REMOVAL FROM ANY LOCATION
WITHIN HENDRY COUNTY:**

\$ 310.00



**OPTION C: FLAT RATE PER BODY REMOVAL FROM ANY LOCATION
WITHIN GLADES COUNTY:**

\$ 310.00

The Medical Examiner will require for all homicide cases that a white sheet will be required. Please indicate if your services will require an additional charge for these sheets.

COST PER WHITE SHEET \$ 9.00

(SUBMITTALS ARE REQUIRED: SEE PAGES 22 and 23)

TO BE STARTED WITHIN 0 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications?

Yes _____ No X

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

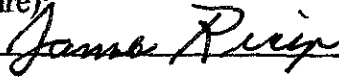
FIRM NAME

Transcon

BY (Printed):

James Riczo

BY (Signature):



TITLE:

President

FEDERAL ID # OR S.S.#

200976430

ADDRESS:

934 S.E. 27th Street

Cape Coral, Florida 33904

PHONE NO.:

239-772-8886

FAX NO.:

239-458-3129

CELLULAR PHONE/PAGER NO.:

239-851-7970

DUNS#:

N/A

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER:

0403985

E-MAIL ADDRESS:

transcon87@comcast.net

DISADVANTAGED BUSINESS ENTERPRISE (DBE):

N/A

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: P-120398 PROJECT NAME: Body Removal Services for the Medical Examiner

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: Transcon
James Riczo President 8/28/2012
Signature Title Date

STATE OF Florida
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 28 day of August, 2012, by James Riczo who has produced
(Print or Type Name)
FDL#R200-446-59-267-0 as identification.
(Type of Identification and Number)

Kathleen Tant
Notary Public Signature

Kathleen Tant
Printed Name of Notary Public



Notary Commission Number/Expiration

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 1 additional copy of the quote has been submitted.
- 5. Two (2) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. Affidavit Certification Immigration Signed and Notarized
- 12. The mailing envelope has been addressed to:

MAILING ADDRESS Lee County Procurement Mgmt. P.O. Box 398 or Ft. Myers, FL 33902-0398	PHYSICAL ADDRESS Lee County Procurement Mgmt. 1825 Hendry St 3 rd Floor Ft. Myers, FL 33901
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- 13. The mailing envelope **MUST** be sealed and marked with:
 Quote Number
 Opening Date and/or Receiving Date
- 14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 15. If submitting a "NO BID" please write quote number here _____ and check one of the following:
 Do not offer this product Insufficient time to respond.
 Unable to meet specifications (why)
 Unable to meet bond or insurance requirement.
 Other: _____

Company Name and Address:

***“SEALED PROPOSAL”
TRANSCON
BODY REMOVAL SERVICES
FOR THE
MEDICAL EXAMINER
P-120398***

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

Criteria I – Work History

Transcon has been in business for 25 years providing professional removal services to numerous funeral homes, crematories and the Lee County Medical Examiner.

After working at the family owned funeral home in Ohio, James Riczo started Transcon in 1987. With twenty five years of experience and a reputation for professionalism, Transcon is the leading removal service in Southwest Florida.

Transcon is dedicated to providing removals in a timely, professional manner with the utmost respect and consideration for the family and the decedent. Care is taken to customize service for each client based on their particular needs and regulations.

Transcon meets all state and O.S.H.A. regulations regarding the operation of a removal service company.

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

Criteria 2 – Operation Plan

<i>James F. Riczo</i>	<i>President/Manager/Trainer</i>
<i>Joann Rasi</i>	<i>Accounting/Trainer/Asst. Manager/Transporter</i>
<i>Nicole Stahl</i>	<i>Transporter/Trainer/Supervisor</i>
<i>Dennis Berta</i>	<i>Transporter</i>
<i>John Dahowski</i>	<i>Transporter</i>
<i>Sherry Perez</i>	<i>Transporter</i>
<i>Richard Moser</i>	<i>Transporter</i>
<i>Christina Reyes</i>	<i>Transporter</i>

All Transcon personnel are trained by the above management team for a period of sixty days to insure job competency. Transcon personnel also complete the following required trainings:

*COMMUNICABLE DISEASE FOR THE FUNERAL INDUSTRY
HIV / AIDS EDUCATION
SAFE LIFTING TECHNIQUE / OSHA TRAINING FOR INJURY PREVENTION
TUBERCULOSIS
OSHA BLOODBORNE REGULATIONS
FLORIDA TRAFFIC SCHOOL
TRANSCON DRUG FREE WORKPLACE TRAINING*

Transcon has in house accounting for A/P, A/R, and payroll.

Transcon's services are available 24 hours per day 365 days per year. Normal response time is within the hour excluding natural deterrents such as construction, weather or traffic complications. Personnel are instructed that all removal related conversations and correspondence are to be kept confidential. Transporters attire is business professional. It is and always has been Transcon policy to provide two employees per removal regardless of the type of removal or the location. Additional staffing is sent when required.

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

Transcon's identification process is as follows:

1. *Verify the spelling of the name of the deceased.*
2. *An identification band is then written with the name of the deceased, date of the removal, and the appropriate funeral home.*
3. *If the deceased remains are in a body bag, the name on the identification tag on the body bag is verified with the identification tag on the deceased in the body bag.*
4. *The identification band is then placed on the ankle of the deceased prior to being transferred to the mortuary cot.*
5. *A second, tyvek funeral home identification tag containing the decedents name, DOB, DOD, TOD, place of death and associated funeral home is also affixed to the decedents ankle.*

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P.O. BOX 150309



CAPE CORAL, FL 33915

DRUGS AND ALCOHOL
IN THE WORKPLACE
PAGE 1 OF 7

DRUG FREE WORKPLACE POLICY

It is the goal of Transcon and James Riczo, owner and management (collectively referred to as "Office") to provide a healthy, safe, and efficient working environment in accordance with the Florida Drug Free Workplace Act, Section 440.101 and Section 44.102, The Rules of the State of Florida, Agency Florida Administrative Rules Chapter 59A-24, Florida Administrative Code, Drug Free Workplace Standards and the Florida Department of Labor and Employment Security pursuant to the Rules of the Workers' Compensation Drug Testing 38F-9. It is also recognized that substance/alcohol abuse and/or addiction can pose serious risks to an employee's health and safety and can have detrimental effects on co-workers.

It is therefore the policy of Office that it is a condition of employment by Office to refrain from substance abuse on or off the job. This prohibition includes:

- a. The possession, distribution, manufacture, use or sale of illegal drugs or related paraphernalia as well as abuse of alcohol and prescription and over the counter medications.
 - b. Reporting to work, while on company premises or work sites, including parking areas, or while operating county owned vehicles, equipment or machinery with the presence of drugs of abuse or alcohol in your body.
- B. Employees who are found to be under the influence of illegal drugs or alcohol or who violate this policy in other ways are subject to disciplinary action that may include termination. Because of the serious nature of these violations, each individual case will be thoroughly investigated to determine the appropriate course of action.
- C. All applicants for employment with Office will be drug tested. Existing employees will only be tested as required.

POLICY

This employer performs drug testing. If there is a positive confirmed drug test, an individual will be denied employment with this company or, if presently employed, he/she will be disciplined and/or possibly terminated. Such positively confirmed drug test will not create a "handicap" or "disability" as that term is defined by handicap and discrimination laws. If there is a positive confirmed drug test and an employee is injured on the job, workers' compensation benefits can be denied. If an employee refuses to submit to a test for drugs or alcohol, he/she forfeits eligibility for medical and indemnity benefits, and will suffer other penalties and loss of benefits as hereinafter provided.

Drug testing is performed by:

Labcorp.
1-800-833-3984
(specific local locations will be determined at time of need)

A. REQUIRED TESTING

Office's employees and applicants for employment are advised that Office will conduct or have conducted the following types of drug tests for those drugs identified by brand name, common name and/or chemical name listed in Section 8 [440.102(3)(a)]. Testing for drugs will be done will be done on a urine sample. The blood alcohol concentration will be tested by the breathalyzer method.

1. Employment Application-Related Testing

Applicants for employment with Office will be tested for the presence of drugs and alcohol [440.102(4)(a)].

2. Reasonable Suspicion Testing

If there is a reasonable suspicion that any employee is using or has used drugs in violation of James Riczo, Owner and Management's Drug Free Workplace Policy, drug testing will be required.

a) Testing under this provision may be conducted if an employee

- 1) Is observed using illegal drugs or using prescription or over the counter drugs in appropriately or without a prescription
- 2) Exhibits abnormal conduct or erratic behavior while at work

- 3) Exhibits symptoms or manifestations of being under the influence or drugs;
- 4) Demonstrates significant deterioration in his/her work performance;
- 5) Has been reported using drugs by a reliable and credible source
- 6) Tamper with any drug test during his/her employment with Office;
- 7) Causes or contributes to or is involved with an accident while at work;
- 8) Has been shown that evidence that he/she have used, possessed, sold, solicited, or transferred drugs while working for Office, or
- 9) While on the premises of Office or while operating Office vehicles, machinery or equipment [440.102(1)(j), 440.102(4)(b).
 - b) In the event of testing for a "reasonable suspicion" claim, the time of the alleged incident or observation, the time that the employee is notified to respond to the clinic for testing and the time that the testing is performed will be recorded.
 - c) A separate form will be used to document observations that support the claim of "reasonable suspicion". The claim will also be validated by the observations of a second manager using separate form.

3. Routine Fitness for Duty Testing

Drug and alcohol testing may be performed as an employee fitness-for-duty examination, at the discretion of Office. Such testing may be performed routinely for all persons employed by Office by employment classification or group [440.102(4)(a)] or may be random and unscheduled. In the event of random testing, the time that the employee is notified to respond to the clinic for testing and the time that the test is performed will be recorded.

4. Follow Up Testing

If during his/her employment with Office, an employee enters into an employee assistance program for drug or alcohol related problems, or an alcohol or drug rehabilitation program, he/she will be required to submit to drug testing as a follow-up to such program, unless the employee voluntarily entered into the program. This testing will be performed on a quarterly, semiannual or annual basis for up the two years thereafter [38-F-9.004(3)(d), 440.102(4)(d)].

5. Reanalysis testing

The Medical Review Officer (MRO), after reviewing the results of an employee's drug test, may request that he/she submit to another test [59A-24.008(5)]. The MRO may also request, in the event of a positive breathalyzer test for alcohol, that additional testing for alcohol be performed on a blood sample from the employee.

B. REFUSAL TO SUBMIT TO TESTING [440.102(3)(a)]

Refusal to submit to a drug test may be the basis for refusing to hire an applicant for employment. If already hired, such refusal may preclude further employment with the Office or result in disciplinary action. If injured on the job, refusal to test will be the basis for the employee's forfeiture of being eligible for medical and indemnity benefits under the Workers' Compensation Act [440.101]

C. REPORTING OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS

[440.102(3)(d), and 440.102(5)(b)2]

Employees and applicants for employment have the right to report to the MRO the use of prescription or non-prescription medications both before and after being tested. It is recognized that certain drugs may alter or affect a drug test. Employees and job applicants have the right to consult with the MRO for technical information regarding prescription or non-prescription medication [440.102(3)(a)12]. His/Her statements, written or otherwise, in regard to information provided pursuant to this paragraph will be held strictly confidential, unless he/she specifically authorizes the release of this information[440.102(3)(a)(5)].

D. EMPLOYEE ASSISTANCE,ALCOHOL AND DRUG REHABILITATION PROGRAMS [440.102(a)(7)]

Employees of the Office are advised that, within the District, there are employee assistance programs and alcohol and drug rehabilitation programs. Employees may consult with the MRO for information about such programs

E. CONTESTING DRUG TESTING RESULTS 440.102(a)(8)]

If an applicant for employment or Office employee receives a positive confirmed drug test result, he/she has the right to legally administratively contest the result or explain the result to the MRO.

This must be done within five (5) working days after the applicant or employee is given written notification of a positive confirmed drug test is unsatisfactory to the MRO, the MRO will report a positive test to Transcon. Applicants and employees also may have the right to appeal to the public employee relations commission or appropriate court regarding any applicable collective bargaining agreement or contract [440.102(3)(j), 38F-9.005(2)(j)]. If an applicant or employee is refused employment or terminated from employment even after providing his/her explanation, *he/she may still contest the drug test result pursuant to rules adopted order to challenge a drug test administratively, a claim must be filed with a Judge of positive drug test has been rejected, if in fact there is such a rejection.* The applicant brought pursuant to this policy statement and Florida laws and advise the laboratory of the need to retain any sample taken until the case or administrative appeal is settled [440.102(3)(a), 440.102(5)(g)].

An applicant for employment or an employee has the right to consult with the MRO for technical information regarding prescription and non-prescription medication or in regard to any other desired information. He/She will have the right to a copy of the drug test results upon request, and to have a portion of any sample or specimen taken to be retested, at his/her expense, at another laboratory licensed and approved by the department of Health and rehabilitative Services, or, effective October 1, 1993, the agency for Health Care Administration (AHCA) chosen by you. The testing must be performed within 180 days after written confirmation of a positive test result. The second laboratory test must test at equal or greater sensitivity for the drug in question as the first laboratory. *The first laboratory that performed the test for Office will be responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during such transfer.*

F. **Confidentiality** [440.102(3)(a)(c)]

Applicants for employment and employees are advised that all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise received by Office through these drug testing programs are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with Section 440.102, Florida Statutes, or in determining the compensability of workers' compensation claims. This company, and laboratory, employee assistance programs, drug and alcohol rehabilitation programs or their agents who receive or have access to information concerning drug test results will keep all information confidential. Release of such information under any other circumstance will be solely pursuant to a written consent form signed voluntarily by the applicant or employee, unless such release is compelled by a hearing officer or a court of competent jurisdiction pursuant to an appeal or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. Information on drug test results will not be released or used in any criminal proceeding against an applicant or employee. Information released contrary to this section will be inadmissible as evidence in any criminal proceeding. However, the employer, agent of the employer, or laboratory conducting a drug test will not be prohibited from releasing any such information when consulting with legal counsel in actions brought under or related to Section 440.102, Florida Statutes, or when such information is relevant to its defense in a civil or administrative matter.

F. **DRUGS TO BE TESTED** [440.102(1)(c)][440.102(3)(a) (10)]


The list of drugs for which this employer will test, described by class, chemical name or common name, as applicable, includes:

- Alcohol (ethanol)
- Amphetamines
- Cannabinoids (marijuana and metabolites)
- Cocaine
- Phenylcyclidine (PCP)
- Opiates
- Barbiturates
- Benzodiazepines
- Propoxyphene
- Methadone

G. OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST [440.102.(3)(a)(5)]

What follows is a list that includes, but is not limited to, common medication, by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. A list of such medications as developed by the Agency for Health Care Administration will be available to employers through the Division of Workers' compensation of the Department of Labor and Employment Security.

- Alcohol: All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vicks Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof), and Listerine is 26.9% (54 proof). Also some breath mints.
- Amphetamines: Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex
- Cannabinoids: Marinol (Dronabinol, THC)
- Cocaine: Cocaine HCl topical solution (Roxanne)
- Opiates: Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Toxanol (morphine sulfate), Percodan, Vicodin, Etc.
- Barbiturates: Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butabital, Phrenilin, Traid, Etc.
- Benzodiazepines: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, xanax, serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrex
- Methadone: dolophine, Methadose
- Propoxyphene: Darvocet, Darvon N, Dolene, Etc.



James Riczo
Owner, Management
Transcon



STATE OF FLORIDA
 DEPARTMENT OF FINANCIAL SERVICES
 BOARD OF FUNERAL, CEMETERY AND CONSUMER SERVICES
 200 E GAINES STREET, TALLAHASSEE, FL 32399-0361 PHONE (850) 413-3039

Removal Facility

LICENSE PERIOD: December 1, 2010 - November 30, 2012
 LICENSE NUMBER: F039913

The Removal Facility indicated below is licensed under the provisions of Chapter 497 Florida Statutes.

Business Location: 934 SE 27TH ST, CAPE CORAL FL 33904

TRANSCON
 PO BOX 150309
 CAPE CORAL FL 33915-0309

Alex Sink
 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA



STATE OF FLORIDA
 DEPARTMENT OF FINANCIAL SERVICES

F039913

December 1, 2010

Removal Facility
 TRANSCON

IS LICENSED under the provisions of Ch. 497, F.S.

LICENSE PERIOD: December 1, 2010 - November 30, 2012

Alex Sink
 Chief Financial Officer
 State of Florida



Lee County Tax Collector

2480 Thompson Street
Fort Myers, Florida 33901
www.leetc.com Tel: (239) 533-6000

Local Business Tax Account: 0403985

Dear Business Owner:

Your 2011-2012 Lee County Local Business Tax Receipt is attached below. The receipt is non-regulatory and is issued using the information currently on file with our office. It does not signify compliance with zoning, health or other regulatory requirements nor is it an endorsement of work quality.

Annual account renewal notices are mailed in August to the address of record at that time; to ensure delivery of your annual notice, mailing addresses may be updated online at www.leetc.com. If there is a change in the business name, ownership, physical location or if the business is being closed, please follow the instructions on the back of this letter to transfer or to close the account.

I hope you have a successful year.

Lee County Tax Collector

Detach and display bottom portion and keep upper portion for your records

LEE COUNTY LOCAL BUSINESS TAX RECEIPT 2011 - 2012

ACCOUNT NUMBER: 0403985

ACCOUNT EXPIRES SEPTEMBER 30, 2012



Location
934 SE 27TH ST
CAPE CORAL FL 33904

TRANSCON
RICZO JAMES
PO BOX 150309
CAPE CORAL FL 33915

May engage in the business of:
TRANSPORTATION COMPANY


THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

THIS IS NOT A BILL - DO NOT PAY

PAID	299351-25-1	09/29/11 03:28:30
	PZB1	\$50.00



City of Cape Coral
1015 Cultural Park Blvd.
Cape Coral, Florida 33990



**City of Cape Coral
Business Tax Receipt**

BT12-52672 Issued Date: 9/29/2011
UNCLASSIFIED
TRANSCON
Owner Name: METROTRANS INC
Expiration Date: 9/30/2012

5*1*****SCH 3-DIGIT 339



TRANSCON
METROTRANS INC
PO BOX 150309
CAPE CORAL, FL 33915-0309

THIS RECEIPT IS FURNISHED PURSUANT TO FLORIDA STATE STATUTES CHAPTER 205 AND CITY OF CAPE CORAL ORDINANCE 9-72 AS AMENDED

The law requires this receipt to be displayed conspicuously at the place of business so that it is open to the view of the public and available for inspection.

Payment is due each year by September 30th. Payment after September 30th is delinquent and subject to a penalty of 10% for the month of October, plus an additional 5% for each month thereafter. The total delinquency penalty shall not exceed 25% of the tax. A 25% penalty is imposed on any person engaged in any new business, occupation or profession without first paying a Cape Coral Business Tax.

This receipt is for a business tax only. It does not permit the person/business to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the business from licenses or permits that may be required by law. This receipt does not assure quality of work.

Business Tax Receipts are available for purchase on July 1st. If you need to transfer your Business Tax due to a change in business name, ownership, location or are closing the business, please contact our office at 239-574-0430 to obtain the proper information.

DETACH AND POST BOTTOM PORTION

CITY OF CAPE CORAL BUSINESS TAX RECEIPT

RECEIPT #: BT12-52672

City of Cape Coral – 1015 Cultural Park Blvd – Cape Coral, Florida 33990 – (239) 574-0430

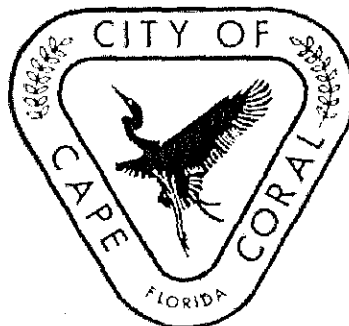
This Receipt expires 9/30/2012

Visit our website at: www.capecoral.net

**DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS**

THIS TAX IS NON REFUNDABLE

Location: 934 SE 27TH ST
Business Phone: (239) 772-8886



TRANSCON
METROTRANS INC
PO BOX 150309
CAPE CORAL, FL 33915-0309

Classification:
UNCLASSIFIED

FUNERAL RELATED BUSINESS

Classification Code: 725
Date Issued: 9/29/2011

Amount: \$70.00

This document is a business tax only. This is not certification that licensee is qualified. It does not permit the licensee to violate any existing regulatory zoning laws of the state, county or cities nor does it exempt the licensee from other taxes or permits that may be required by law.



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW COST EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
JAMES RICZO License Number F039913

Has successfully completed Course No. 45043 which consists of:
HIV/AIDS - Communicable Disease Education
APFSP Approval No. 11-1622

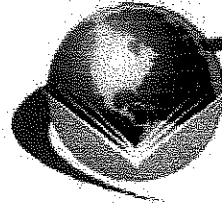
3/12/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM

ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW COST EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
JOANN RASI License Number F039913

Has successfully completed Course No. 80299 which consists of:
HIV/AIDS - Communicable Disease Education
APFSP Approval No. 12-1622

8/28/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM

ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW COST EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
NICOLE STAHL License Number F039913

Has successfully completed Course No. 45043 which consists of:
HIV/AIDS - Communicable Disease Education
APFSP Approval No. 11-1622

3/12/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM

ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY CONTINUING EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
DENNIS BERTA

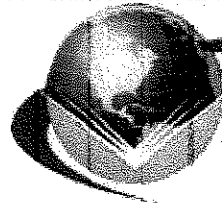
Has successfully completed Course No. 45043 which consists of:
HIV/AIDS - Communicable Disease Education

4/22/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM
ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW COST EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
JOHN DAHOWSKI

Has successfully completed Course No. 80299 which consists of:
HIV/AIDS - Communicable Disease Education

7/08/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM

ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW-COST EDUCATION.

CERTIFICATE OF COMPLETION

This Certificate Certifies That
RICHARD MOSER

Has successfully completed Course No. 45043 which consists of:
HIV/AIDS - Communicable Disease Education

4/22/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM

ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174



**ELITE CONTINUING
EDUCATION**
SETTING THE STANDARD IN QUALITY LOW-COST EDUCATION

CERTIFICATE OF COMPLETION

This Certificate Certifies That
SHERRY PEREZ

Has successfully completed Course No. 80299 which consists of:
HIV/AIDS - Communicable Disease Education

7/08/2012

Provider #113

Annette Mowl, President

TOLL-FREE: 1.888.857.6920 ~ E-MAIL: OFFICE@ELITECME.COM
ELITE CME INC ~ 1452 NORTH US HIGHWAY 1 ~ ORMOND BEACH ~ FLORIDA ~ 32174

File ID: _____

Certificate of O.S.H.A. Compliance

this certifies that the linen program of

Transcon

as supplied by:

ImageFIRST™
HEALTHCARE LAUNDRY SPECIALISTS

is in full compliance with the O.S.H.A. Ruling 29 CFR Part 1910.1030
Occupational Exposure to Bloodborne Pathogens; Final Rule.
This Certificate should be filed with your compliance materials.

Authorized by:

J. B. [Signature]
ImageFIRST Healthcare Laundry Specialists

Issue Date:

8-24-12

Client#: 1437902

132METROINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2012

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 BB&T-Oswald Trippe and Company 13515 Bell Tower Drive Fort Myers, FL 33907 239 433-4535	CONTACT NAME: PHONE (A/C, No, Ext): 239 433-4535 FAX (A/C, No): 866-881-5271 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A : Southern Owners Insurance Compa 10190	
	INSURER B : Auto Owners Insurance Co 18988	
	INSURER C :	
	INSURER D : INSURER E : INSURER F :	

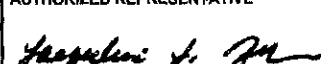
INSURED Metrotrans Inc dba
 Transcon; Jim Riczo
 PO Box 150309
 Cape Coral, FL 33915

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			20735051	09/24/2011	09/24/2012	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			4858555600	09/10/2011	09/10/2012	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) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			4858555601	09/10/2011	09/10/2012	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE					\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20736237	09/24/2011	09/24/2012	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$100,000
							E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER Lee County Board of County Commissioners c/o Lee County Purchasing PO Box 398 Fort Myers, FL 33902-0398	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 

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

Criteria 3 - References

*William R. Spark
Neptune Cremation Service
6360 Presidential Court Ste. 1
Fort Myers, FL 33919
(239) 334-4594*

*Removal Service 4 years
Not under contract*

*Michael P. Gendron
Gendron Funeral & Cremation
Service, Inc.
4224 Cleveland Ave. #1
Fort Myers, FL 33901
(239) 274-0088*

*Removal Service 4 years
Not under contract*

*Shannon D. Mullins
Mullins Memorial Funeral Home &
Cremation Service, LLC
Fort Myers, FL 33913
(239) 334-4880*

*Removal Service 1 year
Not under contract*

*Dr. Rebecca Hamilton
Lee County Medical Examiners
70 Danley Dr.
Fort Myers, FL 33907
(239) 277-5020*

*Removal Service 7 years
Under contract for one year w/
option to renew for four additional
one year periods.*

*Dean Maloney
Fort Myers Memorial Gardens
1589 Colonial Blvd.
Fort Myers, FL 33907
(239) 936-0555*

*Removal Service 6 years
Not under contract*

*Glenn Pomerantz
Kays-Ponger Funeral Home &
Cremation Services.
2405 Harbor Blvd.
Port charlotte, FL 33952
(941) 625-4113*

*Removal Service 4 years
Not under contract*

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

<i>Blair Haines Lifelink 8510 Sunstate St. Tampa, FL 33634 (813) 886-8111</i>	<i>Removal Service 7 years Not under contract</i>
<i>Todd P. Garfield & Daniel R. Keating Anderson Patterson Cremation & Funeral Services 2701 Lee Blvd. Lehigh Acres, FL 33971 (239) 368-7080</i>	<i>Removal Service 1 years Not under contract</i>
<i>Rowena Gallaher Gallaher American Family Funeral Home 2701 Cleveland Ave. Fort Myers, FL 33901 (239) 337-7311</i>	<i>Removal Service 4 years Not under contract</i>
<i>Dr. Peter Tsakalakis Lee Memorial Health Systems 2776 Cleveland Ave. Fort Myers, FL 33901 (239) 343-2570</i>	<i>Removal Service 10 years Not under contract</i>
<i>Peter Martin Bernardo Garcia Funeral Homes 8215 Bird Rd. Miami, FL 33155 (305) 226-1010</i>	<i>Removal Service 12 years Not under contract</i>
<i>Keith P. Kronish, F.D. Gutterman Warheit Memorial Chapel 7240 North Federal Hwy. Boca Raton, FL 33487 (561) 997-9926</i>	<i>Removal Service 2 years Not under contract</i>

TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

*Larry Taylor L.F.D.
Taylor Funeral & Cremation Services
1515 Tamiami Trail
Punta Gorda, FL 33950
(941) 833-0600*

*Removal Service 8 years
Not under contract*

*Charles D. Segal
Segal Funeral Homes
3909 Henderson Blvd.
Tampa, FL 33629*

*Removal Service 5 years
Not under contract*

FORT MYERS MEMORIAL GARDENS

FUNERAL HOME & CEMETERY

1589 Colonial Boulevard, Fort Myers, Florida 33907

Phone: (239) 936-0555 Fax: (239) 275-1120

August 24, 2012

Dr. Hamilton,

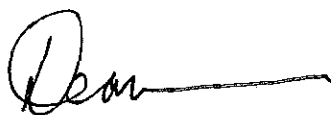
I'd like to offer my sincere recommendation for Transcon. We at Fort Myers Memorial Gardens Funeral Home have used Jim Riczo and his team for many years and could not be more pleased. The Transcon team has represented us to the public in a very positive and uplifting manner.

When we make arrangements with families, I always ask how the removal at their residence went. I hear 100% of the time how comforting and respectful the removal people were to them. When they remove a known veteran, they always use a flag to cover the veteran on the way out. We have received many letters and phone calls of praise for their dignity and respect.

Jim and his team have the highest of work ethics. Their reliability and dependability are clearly evident and their passion for their work is plainly visible. He only hires staff that displays true integrity and character. We count it a true honor and privilege to have the team at Transcon often be the first face of Fort Myers Memorial Gardens Funeral Home to our families we serve.

Thank you for your professional consideration of Transcon. Please feel free contact me with any questions.

Respectfully,



Dean Maloney
Funeral Director/Manager

NEPTUNE SOCIETY®
www.neptunesociety.com

August 24, 2012

Lee County Medical Examiner's Office
70 Danley Drive
Fort Myers, Florida 33907

I strongly recommend Transcon Removal Services for any job that requires quick thinking, great organizational skills and a pleasant demeanor when working with people. Transcon Removal Service team maintains highest standards of ethic, morality and confidentiality at all times. Pledges complete silence relative to any information, circumstances, or facts concerning any deceased or client family. When transferring deceased treat them with dignity and respectful and conscious of their surroundings.

They juggled many accounts in a timely manner, never showing they have to be somewhere else, making the families feel more at ease in a very difficult time in their lives.

Transcon team goes above and beyond what is expected of them, they are all well trained professionals and have continued their education and OSHA training.

I wish Neptune Society could contract with them again.

Any company that hires Transcon Removal Services will find their money well spent.

Sincerely,



William R. Spark
Service Manager Licensed Funeral Director
Neptune Society

2701 Lee Boulevard
Lehigh Acres, Florida 33971

(239) 368-7080
(239) 368-7294 - FAX



3654 Palm Beach Boulevard
Fort Myers, Florida 33916

(239) 694-4121
(239) 694-5158 - FAX

August 24, 2012

Rebecca A. Hamilton, M.D.
District 21 Medical Examiner
70 Danley Drive
Fort Myers, FL 33907

Dear Dr. Hamilton:

It has come to our attention that the District 21 Medical Examiner will soon be rebidding the contract for removal of human remains as required by your office. As such, we would like to add our strong recommendation that James Riczo and his company, Transcon, be retained in its current capacity as provider of this vital function.

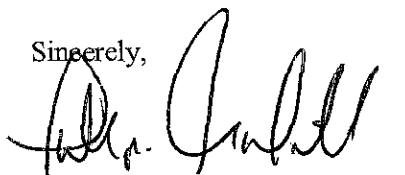
As you are certainly aware, all first-responders to a death call must have a special combination of competence and compassion. Removals must be handled in a professional manner with particular attention to issues of safety and the protocol of recording data from the scene and securing personal property. In contrast, the death of a loved one is not something that can be treated purely like an ordinary procedure. Each death scene is different and every family deserves personalized comfort, compassion and the information needed to help put them at ease during a difficult time. It is for these reasons we trust Transcon for our removal services. We know their employees are capable to handle any death situation, are competent to take the steps required at the scene and will do so in a way that shows great compassion for the survivors.

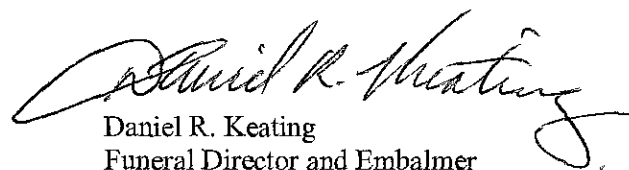
In addition to the superior level of service provided by Transcon on death calls for our funeral home, we also applaud the cooperation Jim and his staff have extended on behalf of the Medical Examiner's Office. On more than one occasion Transcon has facilitated the scheduling of releases back to our funeral home during holidays and weekends when the Medical Examiner's Office is otherwise closed. This helps bring comfort to the family, allows the funeral home to help meet scheduling requests and alleviates potential storage issues at the ME's morgue. This type of above and beyond service is certainly of great added value to all parties.

We certainly hope this letter has illuminated why we trust and value Transcon as a service provider for our funeral home. Moreover, we hope it demonstrates the many reasons we recommend that your office renew its contract with James Riczo and Transcon.

With best wishes, we are

Sincerely,


Todd P. Garfield
Funeral Director and Embalmer


Daniel R. Keating
Funeral Director and Embalmer



*Shikany's
Bonita Funeral Home, Inc.*

FUNERAL DIRECTORS
WILLIAM B. SHIKANY
J. DAVID STALLINGS
KENNETH E. DUNN

28300 TAMiami TRAIL SOUTH
BONITA SPRINGS, FL 34134
PHONE: (239) 992-4982
FAX: (239) 495-3900

WALTER R. SHIKANY, FOUNDER
(1929-2006)
August 27, 2012

Dr. Rebecca Hamilton
Lee County Medical Examiner Office
70 Danley Dr.
Ft. Myers, Florida 33907

Dear Dr. Hamilton:

I am writing you on behalf of Jim Riczo, with Transcon, who I have known for the past 26 years. His company, Transcon has shown, and upheld the most professionalism and dignity when making removals for our firm. We have been using Transcon for our removals; that either need more attention than we can currently provide, due to the call either being great lengths away, or because we are currently involved with services or families at the time.

We call upon Jim, and his company to help in the situation at hand. We know that when we call Jim and Transcon, we can trust them to make the removal properly and in a timely fashion. It will be done to the high standards we have set for our own company. He has always come through in a timely and professional manner.

We have received word from our families when using Transcon, they have arrived appropriately dressed, are well mannered, and are respectful of the deceased and their family members.

In writing this letter I would strongly recommend Mr. Jim Riczo and Transcon for any endeavor.

Sincerely,

William B. Shikany
President
Shikany's Bonita Funeral Home

P.S. He doesn't look too bad on T.V. either.



TRANSCON

P.O. BOX 150309



CAPE CORAL, FL 33915

Criteria 4 – Required Equipment

Vehicles

2010 Dodge Grand Caravan SXT
2007 Dodge Grand Caravan SXT
2005 Dodge Grand Caravan SXT
2003 Dodge Grand Caravan SE
2000 Dodge Grand Caravan SE
2000 Chrysler Town & country LX
1999 Plymouth Grand Voyager SE
1999 Ford E250 Extended Cargo

Removal Equipment

13 Ferno Model 27-1 First Call Cots
1 Ferno Model 24-H Mortuary Cot
6 Ferno Model 14 Slide Under Body Lifters
1 Ferno Model 124 Casket Table
8 First aid Kits
8 Amerex Fire Extinguishers

Personnel

Transcon provides two employees for each removal. Extra employees are provided as needed.

Client#: 1437902

132TRANS

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2012

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.

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PRODUCER BB&T-Oswald Trippe and Company 13515 Bell Tower Drive Fort Myers, FL 33907 239 433-4535	CONTACT NAME: PHONE (A/C, No, Ext): 239 433-4535	FAX (A/C, No): 866-881-5271	
	E-MAIL ADDRESS:		
INSURED Metrotrans Inc dba Transcon; Jim Riczo PO Box 150309 Cape Coral, FL 33915	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Southern Owners Insurance Compa		10190
	INSURER B: Auto Owners Insurance Co		18988
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			20735051	09/24/2012	09/24/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			4858555600	09/10/2012	09/10/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			4858555601	09/24/2012	09/24/2013	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$
B	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	20736237	09/24/2012	09/24/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder included as Additional Insured with respect to General Liability.

CERTIFICATE HOLDER Lee County Board of County Commissioners P O Box 0398 Fort Myers, FL 33902	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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“SEALED PROPOSAL”
TRANSCON
BODY REMOVAL SERVICES
FOR THE
MEDICAL EXAMINER
P-120398

Transcon

#P-120398

12 AUG 28 PM 12:44

KA