

**AGREEMENT FOR  
BODY REMOVAL SERVICES FOR THE MEDICAL EXAMINER**

**THIS AGREEMENT** ("Agreement") is made and entered into as of the date of execution by both parties, by and between the District 21 Medical Examiner's Office, hereinafter referred to as the "Medical Examiner" and Metrotrans Incorporated, a Florida corporation whose address is 934 SE 27<sup>th</sup> Street, Cape Coral FL 33904, and whose federal tax identification number is 20-0976430, hereinafter referred to as "Vendor."

**WITNESSETH**

**WHEREAS**, the Medical Examiner intends to purchase services for the removal of bodies from the Vendor in connection with "RFP170381DKR Body Removal Services for the Medical Examiner" (the "Purchase"); and,

**WHEREAS**, on behalf of the Medical Examiner, the Lee County Procurement Management Department, hereinafter referred to as the "County," issued Solicitation No. RFP170381DKR on September 29, 2017; and,

**WHEREAS**, the County evaluated the responses received and found the Vendor qualified to provide the necessary services; and,

**WHEREAS**, the County posted a Notice of Intended Decision on January 8, 2018; and,

**WHEREAS**, the Vendor has reviewed the services to be supplied pursuant to this Agreement and is qualified, willing and able to provide all such services and the white sheet and brown paper bag products in accordance with its terms.

**NOW, THEREFORE**, the Medical Examiner and the Vendor, in consideration of the mutual covenants contained herein, do agree as follows:

**I. SERVICES**

The Vendor agrees to diligently provide all services and the white sheet and brown paper bag products in accordance with the project Scope of Services made part of this Agreement as Exhibit A, attached hereto and incorporated herein. Vendor shall comply strictly with all of the terms and conditions of Solicitation No. RFP170381DKR, a copy of which is on file with the County and is deemed incorporated into this Agreement.

**II. TERM**

A. This Agreement shall commence immediately upon execution by both the Medical Examiner and the Vendor. The Agreement shall be for two (2) years

with an option to renew the Agreement for three (3) additional one-year (1) periods upon mutual written agreement of both parties, under the same terms and conditions.

- B. A purchase order must be issued by the County on behalf of the Medical Examiner before commencement of any work related to this Agreement.

### **III. COMPENSATION AND PAYMENT**

- A. The Medical Examiner shall pay the Vendor in accordance with the terms and conditions of this Agreement for providing all services and the white sheet and brown paper bag products as set forth in Exhibit A, and further described in Exhibit B, Fee Schedule, attached hereto and incorporated herein. Said total amount to be all inclusive of costs necessary to provide all services and the white sheet and brown paper bag products as outlined in this Agreement, and as supported by the Vendor's submittal in response to Solicitation No. RFP170381DKR, a copy of which is on file with the County and is deemed incorporated into this Agreement.
- B. Notwithstanding the preceding, Vendor shall not perform any work under this Agreement until receipt of a purchase order from the County. Vendor acknowledges and agrees that no minimum amount of work is guaranteed under this Agreement and the Medical Examiner may elect to issue no purchase order. If a purchase order is issued, the County reserves the right to amend, reduce, or cancel the purchase order in its sole discretion.
- C. All funds for payment by the County on behalf of the Medical Examiner under this Agreement are subject to the availability of an annual appropriation for this purpose by the Medical Examiner. In the event of nonappropriation of funds by the Medical Examiner for the services provided under this Agreement, the Medical Examiner will terminate the contract, without termination charge or other liability, on the last day of the then current fiscal year or when the appropriation made for the then-current year for the services covered by this Agreement is spent, whichever event occurs first. If at any time funds are not appropriated for the continuance of this Agreement, cancellation shall be accepted by the Vendor on thirty (30) days' prior written notice, but failure to give such notice shall be of no effect and the Medical Examiner shall not be obligated under this Agreement beyond the date of termination.

### **IV. METHOD OF PAYMENT**

- A. The Medical Examiner shall pay the Vendor in accordance with the Local Government Prompt Payment Act, Section 218.70, Florida Statutes, upon receipt of the Vendor's invoice and approval of same by the Medical Examiner indicating that the services and the white sheet and brown paper bag products have been provided in conformity with this Agreement.



- B. The Vendor shall submit an invoice for payment to the address indicated on the purchase order on a monthly basis for those specific services and the white sheet and brown paper bag products as described in Exhibit A (and the corresponding fees as described in Exhibit B) that were provided during that invoicing period.

#### **V. ADDITIONAL PURCHASES**

- A. No changes to this Agreement or the performance contemplated hereunder shall be made unless the same are in writing and signed by both the Vendor and the Medical Examiner.
- B. If the Medical Examiner requires the Vendor to perform additional services or provide additional product(s) related to this Agreement, then the Vendor shall be entitled to additional compensation based on the Fee Schedule as amended to the extent necessary to accommodate such additional work or product(s). The additional compensation shall be agreed upon before commencement of any additional services or provision of additional product(s) and shall be incorporated into this Agreement by written amendment. The Medical Examiner shall not pay for any additional service, work performed or product provided before a written amendment to this Agreement.

Notwithstanding the preceding, in the event additional services are required as a result of error, omission or negligence of the Vendor, the Vendor shall not be entitled to additional compensation.

#### **VI. LIABILITY OF VENDOR**

- A. The Vendor shall save, defend, indemnify and hold harmless the County and the Medical Examiner from and against any and all claims, actions, damages, fees, fines, penalties, defense costs, suits or liabilities which may arise out of any act, neglect, error, omission or default of the Vendor arising out of or in any way connected with the Vendor or subcontractor's performance or failure to perform under the terms of this Agreement.
- B. This section shall survive the termination or expiration of this Agreement.

#### **VII. VENDOR'S INSURANCE**

- A. Vendor shall procure and maintain insurance as specified in Exhibit C, Insurance Requirements, attached hereto and made a part of this Agreement.
- B. Vendor shall, on a primary basis and at its sole expense, maintain in full force and effect, at all times during the life of this Agreement, insurance coverage (including endorsements) and limits as described in Exhibit C. These requirements, as well as the Medical Examiner's or County's

review or acceptance of insurance maintained by Vendor, are not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by Vendor under this Agreement. Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A- Class VII or better. No changes are to be made to these specifications without prior written specific approval by Lee County Risk Management. To the extent multiple insurance coverages and/or County's self-insured retention may apply, any and all insurance coverage purchased by Vendor and its subcontractors identifying the Medical Examiner as an additional named insured shall be primary.

#### **VIII. RESPONSIBILITIES OF THE VENDOR**

- A. The Vendor shall be responsible for the quality and functionality of all services performed and the white sheet and brown paper bag products supplied by or at the behest of the Vendor under this Agreement. The Vendor shall, without additional compensation, correct any errors or deficiencies in its products, or if directed by the Medical Examiner, supply a comparable replacement service, white sheet or brown paper bag products.
- B. The Vendor warrants that it has not employed or retained any company or person (other than a bona fide employee working solely for the Vendor), to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than a bona fide employee working solely for the Vendor, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award of this Agreement.
- C. The Vendor shall comply with all federal, state, and local laws, regulations and ordinances applicable to the work or payment for work thereof, and shall not discriminate on the grounds of race, color, religion, sex, or national origin in the performance of work under this Agreement.
- D. Vendor specifically acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:
  - 1) keep and maintain public records that ordinarily and necessarily would be required by the Medical Examiner or County in order to perform the services required under this Agreement;
  - 2) upon request from the County or Medical Examiner, provide the County or Medical Examiner with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;



- 3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law; and
- 4) meet all requirements for retaining public records and transfer, at no cost to the County or the Medical Examiner, all public records in possession of Vendor upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the County or the Medical Examiner in a format that is compatible with the information technology system of the County or the Medical Examiner.

**IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 239-533-2221, 2115 SECOND STREET, FORT MYERS, FL 33901, [publicrecords@leegov.com](mailto:publicrecords@leegov.com); <http://www.leegov.com/publicrecords>.**

- E. The Vendor is, and shall be, in the performance of all work, services and activities under this Agreement, an independent contractor. Vendor is not an employee, agent or servant of the County or Medical Examiner and shall not represent itself as such. All persons engaged in any work or services performed pursuant to this Agreement shall at all times, and in all places, be subject to the Vendor's sole direction, supervision and control. The Vendor shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the Vendor's relationship and the relationship of its employees to the County or Medical Examiner shall be that of an independent contractor and not as employees of the County or Medical Examiner. The Vendor shall be solely responsible for providing benefits and insurance to its employees.

#### **IX. TIME OF PERFORMANCE**

- A. The Vendor shall ensure that all of its staff, contractors and suppliers involved in the performance of the services are fully qualified and capable of performing their assigned tasks.
- B. The personnel assigned by the Vendor to perform the services pursuant to this Agreement shall comply with the terms set forth in this Agreement.
- C. The Vendor specifically agrees that all services shall be performed within the time limits as set forth in this Agreement, subject only to delays caused

by force majeure, or as otherwise defined herein. "Force majeure" shall be deemed to be any unforeseeable and unavoidable cause affecting the performance of this Agreement arising from or attributable to acts, events, omissions or accidents beyond the control of the parties.

#### **X. COMPLIANCE WITH APPLICABLE LAW**

This Agreement shall be governed by the laws of the State of Florida. Vendor shall promptly comply with all applicable federal, state, county and municipal laws, ordinances, regulations, and rules relating to the services to be performed hereunder and in effect at the time of performance. Vendor shall conduct no activity or provide any service that is unlawful or offensive.

#### **XI. TERMINATION**

- A. The Medical Examiner shall have the right at any time upon fifteen (15) days' written notice to the Vendor to terminate this Agreement in whole or in part for any reason whatsoever. In the event of such termination, the Medical Examiner shall be responsible to Vendor only for fees and compensation earned by the Vendor, in accordance with Section III, prior to the effective date of said termination. In no event shall the Medical Examiner be responsible for lost profits of Vendor or any other elements of breach of contract.
- B. The County and Medical Examiner's rights under this Agreement shall survive the termination or expiration of this Agreement and are not waived by final payment or acceptance and are in addition to the Vendor's obligations under this Agreement.

#### **XII. DISPUTE RESOLUTION**

- A. In the event of a dispute or claim arising out of this Agreement, the parties agree first to try in good faith to settle the dispute by direct discussion. If this is unsuccessful, the parties may enter into mediation in Lee County, Florida, with the parties sharing equally in the cost of such mediation.
- B. In the event mediation, if attempted, is unsuccessful in resolving a dispute, the parties may proceed to litigation as set forth below.
- C. Any dispute, action or proceeding arising out of or related to this Agreement will be exclusively commenced in the state courts of Lee County, Florida, or where proper subject matter jurisdiction exists, in the United States District Court for the Middle District of Florida. Each party irrevocably submits and waives any objections to the exclusive personal jurisdiction and venue of such courts, including any objection based on forum non conveniens.



- D. This Agreement and the rights and obligations of the parties shall be governed by the laws of the State of Florida without regard to its conflict of laws principles.
- E. Unless otherwise agreed in writing, the Vendor shall be required to continue all obligations under this Agreement during the pendency of a claim or dispute including, but not limited to, actual periods of mediation or judicial proceedings.

### **XIII. MISCELLANEOUS**

- A. This Agreement constitutes the sole and complete understanding between the parties and supersedes all other contracts between them, whether oral or written, with respect to the subject matter. No amendment, change or addendum to this Agreement is enforceable unless agreed to in writing by both parties and incorporated into this Agreement.
- B. The provisions of this Agreement shall inure to the benefit of and be binding upon the respective successors and assignees of the parties hereto. A party to this Agreement shall not sell, transfer, assign, license, franchise, restructure, alter, or change its corporate structure or otherwise part with possession or mortgage, charge or encumber any right or obligation under this Agreement without the proposed assignee and/or party restructuring, altering or changing its corporate structure agreeing in writing with the non-assigning party to observe and perform the terms, conditions and restrictions on the part of the assigning party to this Agreement, whether express or implied, as if the proposed assignee and/or party restructuring, altering or changing its corporate structure was an original contracting party to this Agreement. Notwithstanding the foregoing provision, the Vendor may assign its rights if given written authorization by the Medical Examiner and claims for the money due or to become due to the Vendor from the Medical Examiner under this Agreement may be assigned to a financial institution or to a trustee in bankruptcy without such approval from the Medical Examiner. Notice of any such transfer or assignment due to bankruptcy shall be promptly given to the Medical Examiner.
- C. The exercise by either party of any rights or remedies provided herein shall not constitute a waiver of any other rights or remedies available under this Agreement or any applicable law.
- D. The failure of the Medical Examiner or County to enforce one or more of the provisions of the Agreement shall not be construed to be and shall not be a waiver of any such provision or provisions or of its right thereafter to enforce each and every such provision.

- E. The parties covenant and agree that each is duly authorized to enter into and perform this Agreement and those executing this Agreement have all requisite power and authority to bind the parties.
- F. Neither the Medical Examiner's review, approval or acceptance of, nor payment for, the services and the white sheet and brown paper bag products required under this Agreement shall be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement.
- G. If the Vendor is comprised of more than one legal entity, each entity shall be jointly and severally liable hereunder.
- H. Any notices of default or termination shall be sufficient if sent by the parties via United States certified mail, postage paid, or via a nationally recognized delivery service, to the addresses listed below:

Vendor's Representative:		Medical Examiner's Representative	
Name:	James Riczo	Name:	Rebecca A. Hamilton, M.D.
Title:	President	Title:	Chief Medical Examiner
Address:	P.O. Box 150309 Cape Coral, FL 33915	Address:	70 South Danley Drive Fort Myers, FL 33907
Telephone:	239-772-8886	Telephone:	239-533-6339
Facsimile:		Facsimile:	239-277-5017
E-mail:	<a href="mailto:Transcon87@comcast.net">Transcon87@comcast.net</a>	E-Mail:	<a href="mailto:me21ops@leegov.com">me21ops@leegov.com</a>

- I. Any change in the Medical Examiner's or the Vendor's Representative will be promptly communicated by the party making the change.
- J. Paragraph headings are for the convenience of the parties and for reference purposes only and shall be given no legal effect.
- K. In the event of conflicts or inconsistencies, the documents shall be given precedence in the following order:
1. Agreement
  2. Purchase Order
  3. Solicitation No. RFP170381DKR
  4. Vendor's Submittal in Response to Solicitation No. RFP170381DKR



**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the date last below written.

WITNESS:

Signed By: Kathleen Tant

Print Name: KATHLEEN TANT

**Metrotrans Incorporated**

Signed By: James Riczo

Print Name: James Riczo

Title: President

Date: 5/01/18

**District 21 Medical Examiner's Office**

Signed By: Rebecca A. Hamilton, MD 5/2/18

Print Name: Rebecca A. Hamilton, M.D.

Title: Chief Medical Examiner

DATE: \_\_\_\_\_

APPROVED AS TO FORM FOR THE  
RELIANCE OF LEE COUNTY ONLY:

BY: [Signature]  
OFFICE OF THE COUNTY ATTORNEY

## **EXHIBIT A**

### **SCOPE OF SERVICES**

The Vendor shall furnish all labor, supplies (except for body bags), vehicles, and equipment necessary for the performance of body removal services in accordance with all the terms and conditions of RFP170381DKR. The Vendor will be called into court to testify as to the processing and removal of a body, as well as to confirm that proper procedures were followed, especially when providing body removal services for homicides or infant/child cases. Body removal supplies shall include, but not be limited to: all linens, gloves, first aid kits, fire extinguishers and any other equipment necessary to perform the services.



## EXHIBIT B

### FEE SCHEDULE

The Medical Examiner shall pay the Vendor as follows for services and the white sheet and brown paper bag products provided under this Agreement:

NOTE: ALL COSTS ARE INCLUDED IN THE FLAT RATES. NO OTHER COSTS ARE ALLOWED FOR FUEL, PER MILE COSTS OR ANY OTHER ASSOCIATED EXPENDITURES FOR THIS SERVICE.

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

\$ 200.00

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

\$ 260.00

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

\$ 360.00

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

\$ 360.00

The Vendor shall be required for all suspected homicide cases to supply a white sheet and brown paper bags for hands. The County shall pay the Vendor for white sheets and brown paper bags at the following rates:

COST PER WHITE SHEET \$ 10.00

COST PER BROWN PAPER BAG \$ 2.30 Per Pair

## EXHIBIT C INSURANCE REQUIREMENTS

### STANDARD INSURANCE REQUIREMENTS

**Minimum Insurance Requirements:** *Risk Management in no way represents that the insurance required is sufficient or adequate to protect the Vendor's interest or liabilities. The following are the required minimums the Vendor must maintain throughout the duration of this Contract. The County reserves the right to request additional documentation regarding insurance provided.*

- a. **Commercial General Liability** - Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, and contractual liability exposures with minimum limits of:

\$500,000 per occurrence  
\$1,000,000 general aggregate  
\$500,000 products and completed operations  
\$500,000 personal and advertising injury

- b. **Business Auto Liability** - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 combined single limit (CSL) or  
\$300,000 bodily injury per person  
\$500,000 bodily injury per accident  
\$300,000 property damage per accident

- c. **Workers' Compensation** - Statutory benefits as defined by Chapter 440, Florida Statutes, encompassing all operations contemplated by this Contract or Agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers' Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:

\$100,000 per accident  
\$100,000 disease limit  
\$500,000 disease – policy limit

*\*The required minimum limit of liability shown in a., b., and c. may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies," in which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."*



## **EXHIBIT C INSURANCE REQUIREMENTS**

### **Verification of Coverage:**

1. Coverage shall be in place prior to the commencement of any work and throughout the duration of the Contract. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:

- a. **The certificate holder shall read as follows:**

Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, Florida 33902

- b. ***“Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials” will be named as an "Additional Insured" on the General Liability policy, including Products and Completed Operations coverage.***

### **Special Requirements:**

1. An appropriate "Indemnification" clause shall be made a provision of the Contract.
2. If applicable, it is the responsibility of the general contractor to ensure that all subcontractors comply with all insurance requirements.