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AGREEMENT AND CONTRACT BETWEEN  
THE CITY OF MYRTLE BEACH AND RENEE ROBYN CAUSEY

THIS AGREEMENT AND CONTRACT (“Agreement”), is made and entered into this 23rd day of March, 2018, by and between the City of Myrtle Beach, located in Horry County, South Carolina, hereinafter referred to as the “City” and Renee Robyn Causey, Your Advocate, LLC, hereinafter referred to as the “Consultant”.

WITNESSETH:

WHEREAS, heroin and opioid abuse has become a national health crisis, resulting in the deaths of tens of thousands of people throughout the country and the State of South Carolina; and

WHEREAS, this epidemic has emotionally ravaged the families of those that have lost their lives, as well as the families of those in active addiction; and

WHEREAS, in addition to this profound human tragedy, the heroin and opioid crisis has taken a tremendous toll on public health, law enforcement, and judicial resources; and

WHEREAS, sadly Horry and Georgetown Counties have not been immune from the effects of this national epidemic; and

WHEREAS, there are many fine public institutions and non-profit organizations in both counties that are involved in the effort to fight heroin and opioid abuse and to support the individuals, and families of those most directly affected; but

WHEREAS, there is little coordination of effort between these agencies and non-profit organizations, and significant gaps in the services provided to those that suffer most from this addiction; and

WHEREAS, there is a desire for the County and municipal governments and major health care providers (“funding partners”) in this two-county area to work together to assess the current state of this epidemic in Horry and Georgetown Counties, to assess the scope of services provided in this area, identify gaps in those services, and to better coordinate public, non-profit, and private resources currently directed to this matter.

Now therefore be it resolved that Robyn Causey MSW (“Consultant”) and the City of Myrtle Beach (“City”), acting on behalf of the funding partners, hereby agree to the following terms for the conduct of a Community Needs Assessment.

**Purpose of Community Needs Assessment:** To provide a snapshot of local policies, systems, and current heroin/opioid initiatives, identify areas of service duplication, identify gaps in necessary services, and to recommend steps to better coordinate the efforts of these groups.

**Plan Needs Assessment:**

- Phase 1: Research
  - Consultant will research, identify and set up appointments with, local community agencies who report being engaged in the effort of combatting heroin/opioid abuse in Horry and Georgetown County (e.g., law enforcement, court system, health care,

- 1 treatment facilities, medical community, public school system, educators, detention  
2 centers, faith based organizations, non-profit organizations, etc.).
- 3 ○ Consultant will also seek consent to obtain information from current heroin  
4 users/abusers and their families in regard to their needs and their assessment of the  
5 services available from Horry and Georgetown County.
  - 6 ○ Consultant will research best practices models to further assess.
  - 7 ○ Consultant shall meet to discuss preliminary findings with the Governance Committee.
  - 8 ○ Deliverable – Consultant will prepare a draft report/spread sheet detailing:
    - 9 ■ A master list of agencies who currently report being engaged in this effort (One  
10 for each county) with the associated scheduled appointment times scheduled to  
11 conduct interviews/assessments.
    - 12 ■ A report detailing the number of users/abusers and their families to be  
13 interviewed/assessed.
    - 14 ■ A master list of agencies outside of the two county area and their locations that  
15 will potentially be assessed with regard to establishing best practices (based on  
16 Governance Committee approval).
- 17
- 18 ● Phase 2: Interview, Assess and Categorize
    - 19
    - 20 ○ Consultant will interview, assess, and categorize each agency based on their efforts with  
21 regard to prevention, intervention and recovery efforts in Horry and Georgetown County.
    - 22 ○ Consultant will identify the services provided by each agency, and incorporate the agency  
23 fee schedules where applicable and available
    - 24 ○ Consultant will assess the current efforts to share resources, and information across  
25 agencies.
    - 26 ○ Consultant will visit/interview, assess and categorize programs outside of the two county  
27 area as approved by the Governance Committee.
    - 28 ○ Consultant shall meet to discuss preliminary findings with the Governance Committee.
    - 29 ○ Deliverable - Consultant will prepare a draft report/spreadsheets detailing:
      - 30 ■ An updated master list of viable agencies who are actively engaged in this effort  
31 (One for each county); detailing the services they provide relative to prevention,  
32 intervention and recovery efforts; separate reports for Horry and Georgetown.  
33 County; Fee schedules will be incorporated when available
      - 34 ■ The updated master list will divide services based on prevention, intervention and  
35 recovery efforts.
      - 36 ■ A report detailing best practices outside of the two county area including the  
37 details associated with any program the consultant visits outside or Horry or  
38 Georgetown County.
- 39
- 40 ● Phase 3: Consultant will produce a draft report, based on best practices, identifying:
    - 41 ● Gaps and duplication with regard to current services.
    - 42 ● Recommendations to fill the gaps in services.
    - 43 ● Recommendations to resolve service duplications.
    - 44 ● Additional community needs relative to intervention, treatment, relapse prevention, and  
45 recovery including best practices.
    - 46 ● Consultant shall meet to discuss preliminary findings with the Governance Committee.



- 1 • Deliverable - Consultant will prepare a draft report in hard copy and electronic form  
2 detailing these best practice models, and an assessment of these services in the two-  
3 county area.
  - 4 ▪ Identify areas of service duplication, strengths, and weaknesses.
  - 5 ▪ Identify service gaps.
- 6
- 7 • Phase 4: Consultant will produce a final report in both hard copy and electronic form. This report  
8 will also include a directory of viable resources in Horry and Georgetown County separately. This  
9 “resource directory” will also include a summarization of services, fee schedules, and contact  
10 information. Recommendations for a coordinated, comprehensive approach for treatment will  
11 also be included. Consultant shall also present the findings in a final report to the City Council and  
12 the funding partners.

13  
14 **Consultant Compensation:**

- 15 • The Consultant shall be paid the sum of \$60,000, payable on the following basis:
  - 16 ▪ \$15,000 upon completion (approval of the Governance Committee) of Phase 1.
  - 17 ▪ \$15,000 upon completion (approval of the Governance Committee) of Phase 2.
  - 18 ▪ \$15,000 upon completion (approval of the Governance Committee) of Phase 3.
  - 19 ▪ \$15,000 upon completion (approval of the Governance Committee) of Phase 4.
- 20 • Incidental expenses – Mileage based on the City’s prevailing mileage rate, travel expenses related  
21 to assessing best practices outside of Horry or Georgetown County (based on the Phase 2  
22 deliverable); Cell Phone and associated costs.

23  
24 **Governance:** The consultant shall meet initially with the funding partners. Thereafter the project shall  
25 proceed under the direction of a Governance Committee consisting of a representative of the City, a  
26 representative from law government in Georgetown County, a representative of the Health Care  
27 Community, a representative of the law enforcement, a representative of the court system, and a health  
28 care practitioner.

29  
30 **Insurance:** Consultant shall procure and maintain insurance acceptable to the City for protection from  
31 claims with the following coverage:

- 32 a. General Liability with \$1,000,000 limit of liability per occurrence;
- 33 b. Worker's Compensation \$500,000 each accident; \$500,000 bodily injury by disease, each  
34 employee and \$500,000 bodily injury by disease policy limit;
- 35 c. Professional Liability Insurance with \$1,000,000.00 limit per claim; (must be maintained in full  
36 force and effect for three (3) years beyond project acceptance by Owner);
- 37 d. Automobile Liability Insurance with \$500,000 limit of liability per occurrence.

38 Consultant shall, as evidence of compliance with the insurance requirements, provided OWNER a  
39 certificate of insurance reflecting the coverage stipulated above. Such certificate shall be endorsed to  
40 name the City as an “additional insured” under the general and auto liability policies and shall provide  
41 that the City will be given thirty (30) days prior written notice of policy cancellation modification or  
42 reduction of limits. All insurance companies providing coverage to the City, shall be licensed to do business  
43 in the State and have an A.M. Best rating of “A-” or better.

44  
45 **Hold Harmless/Indemnification:** Consultant agrees to protect, defend, indemnify and hold the City, its  
46 officers, employees and agents free and harmless from and against any and all losses, penalties, damages,  
47 settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character  
48 arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes

1 of pages action of every kind and character in connection with the breach by the Consultant of any  
2 covenant or condition hereunder, or the negligence or willful misconduct of the Consultant or any of its  
3 employees in the performance hereof. Consultant further agrees to investigate, handle, respond to,  
4 provide defense for and defend the same at its sole expense and agrees to bear all other costs and  
5 expenses related thereto.  
6

7 IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed on the dates indicated.  
8

9 Signed, sealed and executed for the Consultant:

10  
11 Witness:

12 Sandra Zampini  
13  
14

15 By: Rebecca Ann Curry  
16 Title: Consultant

17 Signed, sealed and executed for the City:

18  
19 Witness:

20 John Piderman  
21  
22

23 By: John Piderman  
Title: City Manager



STATE OF SOUTH CAROLINA )  
COUNTY OF HORRY )

**OWNER WAIVER  
WORKERS' COMPENSATION**

I, Renee Robyn Coney, am the owner of Your Advocate LLC, a  
(Name of Company)

LLC (Corporation, Partnership, LLC or Sole Proprietorship). I hereby certify  
(Legal Status)

that Your Advocate has 1 owner(s) and 0 employee(s).  
(Name of Company) (#) (#)

The City's standard contract requires Workers' Compensation Insurance. I understand if the company shown above has employees as defined by the SC Workers' Compensation Act, the Waiver Form is not acceptable and Workers' Compensation coverage is required by the City of Myrtle Beach even though South Carolina law may not mandate such coverage. In consideration of the City waiving the standard contract requirement, I hereby waive subrogation against the City of Myrtle Beach, its officers, officials, agents and employees for any injury or illness that might occur while performing work for the City and/or falsification of this waiver. I agree not to file a Workers' Compensation claim against the City of Myrtle Beach.



Date: 3/19/18

Renee Coney  
(Signature)

Print Name: Renee Coney  
Address: 1008 3<sup>rd</sup> Ave, Suite B  
City/State/Zip: Coney, SC 29546

SWORN to before me this 19  
day of MARCH, 2007. 2018

Cecilia E. Carter  
Notary Public for South Carolina  
My Commission Expires: Exp. 8/1/2021

Reviewed By: Val Rosser  
Val Rosser, Director of Insurance and Risk Services, City of Myrtle Beach

Washington DC

VERIFICATION OF COVERAGE  
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

RENEE ROBYN CAUSEY  
313 14TH AVE S  
SURESIDE BCH, SC 29575-3105

Policy Number: 4006532198  
Effective Date: 12-09-17  
Expiration Date: 06-09-18  
Registered State: SOUTH CAROLINA

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2002  
Make: CHEV  
Model: TAHOE  
VIN: 1GNEC13Z12J153083

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability	\$50,000/\$100,000	
Property Damage Liability	\$50,000	
UNINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
UNINSURED MOTORIST PROPERTY DAMAGE	\$50,000	\$200 Ded
UNDERINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
PROPERTY DAMAGE	\$50,000	
Comprehensive		\$500 Ded
Emergency Road Service	Full	Non-Ded

Lienholder       Additional Insured       Interested Party

CITY OF MYRTLE BEACH  
937- BROADWAY ST  
MYRTLE BEACH, SC 29577-0000

Additional Information:

Issued 03/16/2018

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.



Washington DC

VERIFICATION OF COVERAGE  
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

RENEE ROBYN CAUSEY  
313 14TH AVE S  
SURESIDE BCH, SC 29575-3105

Policy Number: 4006532198  
Effective Date: 12-09-17  
Expiration Date: 06-09-18  
Registered State: SOUTH CAROLINA

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2008  
Make: BMW  
Model: 535I  
VIN: WBANW13528CZ75821

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability	\$50,000/\$100,000	
Property Damage Liability	\$50,000	
UNINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
UNINSURED MOTORIST PROPERTY DAMAGE	\$50,000	\$200 Ded
UNDERINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
PROPERTY DAMAGE	\$50,000	
Comprehensive		\$1,000 Ded
Collision		\$1,000 Ded
Emergency Road Service	Full	Non-Ded

Lienholder       Additional Insured       Interested Party

CITY OF MYRTLE BEACH  
937- BROADWAY ST  
MYRTLE BEACH, SC 29577-0000

Additional Information:

Issued 03/16/2018

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2018

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 have ADDITIONAL INSURED provisions or 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 endorsements.

PRODUCER NASW RRG Plan Administrator 1200 East Glen Avenue Peoria Heights, IL 61616-5348	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Your Advocate, LLC 1008 3rd Avenue, Suite B Conway, SC 29526	INSURER A: NASW Risk Retention Group		14366
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

CUSTOMER ID: 3YYZMRHQ1C

CERTIFICATE NUMBER: P-GRO3YYZMVTPEL-00

REVISION NUMBER: 001

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> EPLI - CLAIMS MADE <input type="checkbox"/> EPLI - OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under Description of Operations below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liability Insurance Retroactive Date: 03-12-2018	Y	N	P-GRO3YYZMVTPEL-00	03/12/2018	03/12/2019	Per Claim Limit \$1,000,000.00 Aggregate Limit \$3,000,000.00 State Licensing Board Limits \$35,000.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City Of Myrtle Beach 937 Broadway Street Myrtle Beach SC 29577	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ON ACCORDANCE WITH POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2018

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 have ADDITIONAL INSURED provisions or 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 endorsements.

PRODUCER NASW RRG Plan Administrator 1200 East Glen Avenue Peoria Heights, IL 61616-5348	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Your Advocate, LLC 1008 3rd Avenue, Suite B Conway, SC 29526	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

CUSTOMER ID: 3YYZMRHQ1C

CERTIFICATE NUMBER: G-3YYZMVTPI-00

REVISION NUMBER: 001

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	COMMERCIAL GENERAL LIABILITY	N	N	G-3YYZMVTPI-00	03/12/2018	03/12/2019	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	EPLI - CLAIMS MADE						PERSONAL & ADV INIURY	\$
	EPLI - OCCUR						GENERAL AGGREGATE	\$ 3,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY						BODILY INIURY (Per person)	\$
	HIRED AUTOS ONLY						BODILY INIURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB						EACH OCCURRENCE	\$
	DED RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHER
	ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under Description of Operations below						E.L. DISEASE - EACH EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

MB P.O. BOX 2468	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ON ACCORDANCE WITH POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 