BID RESPONSE PACKET 710-21-0024

BID SIGNATURE PAGE

Type or Print the following information.

	PROSPEC	CTIVE CONT	RACTOF	₹'S INFO	RMATION		
Company:	HolaDoctor Inc.						
Address:	800 Old Roswell Lakes Parkway, Suite 150						
City:	Roswell		State:	GA		Zip Code:	30076
Business Designation:	 ☐ Individual ☐ Partnership 		e Propriet poration	orship		Public Servic	ce Corp
Minority and Women-Owned Designation*:	☑ Not Applicable □ African American □ Asian American	□ America □ Hispani □ Pacific I	ic America	an	Service Disabled Veteran Women-Owned		əteran
	AR Certification #:					Women-Owned	Business Policy
	PROSPECTIVE Provide contact inform						
Contact Person:	James Jones	······································	Title:		Nation	al Account Ex	kecutive

Email: jjones@holadoctor.net

Phone:

(813) 892-1926

CONFIRMATION OF REDACTED COPY

Alternate Phone:

- Z YES, a redacted copy of submission documents is enclosed.
- □ NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this bid solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not during the aggregate term of a contract awarded as a result of this bid solicitation.

Prospective Contractor does not and shall not boycott Israel.

An official authorized to legally bind the Prospective Contractor must sign below.

mis.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: ________

Use Ink Only.

Title: National Account Executive

Date: 01/19/2021

305-239-8811

Printed/Typed Name: James Jones

Bid Response Packet 710-21-0024

Page 2 of 8

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
 page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
 number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

Vendor Name:	HolaDoctor Inc.	Date:	01/19/2021
Authorized Signature:	Same Sont	Title:	James Jones
Print/Type Name:	National Account Executive		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
 page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
 number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

Vendor Name:	HolaDoctor Inc.	Date:	01/19/2021
Authorized Signature:	Samo Sours	Title:	National Account Executive
Print/Type Name:	James Jones		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
 page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
 number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disgualified.

Vendor Name:	HolaDoctor Inc.	Date:	01/19/2021
Authorized Signature:	James Jones	Title:	National Account Executive
Print/Type Name:	James Jones	0 (month)	•

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
 page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
 number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

Vendor Name:	HolaDoctor Inc.	Date:	01/19/2021
Authorized Signature:	Samp Sont	Title:	National Account Executive
Print/Type Name:	James Jones		1

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Homeland Language Services	1000 Town Center Dr	Oxnard, California 93030
-		

□ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	HolaDoctor Inc.	Date:	01/19/2021
Authorized Signature:	James Jones	Title:	National Account Executive
Print/Type Name:	James Jones		

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OFFICIAL BID PRICE SHEET

ITEM	CERTIFICATION LEVEL	ESTIMATED ANNUAL HOURS	UNIT PRICE PER HOUR	EXTENDED PRICE
1	RID, NAD (Level 3 and above QAST (Level 2 and above)	2,700 hours Daytime: Mon - Fri (8:00 am -5:pm CST)	\$83.00 Per hour	\$224,100.00
2	RID, NAD (Level 3 and above) QAST (Level 2 and above)	700 hours Evenings: Mon – Fri 5:01 am CST until 7:59 pm CST) Weekends: Sat- Sun (24 hour each day) Holidays: (Note the State's observed on page)	\$ <u>83.00</u> Per hour	\$58,100.00
3	RID, NAD (Level 3 and above) QAST (Level 2 and above)	50 hours Emergency/Crisis: Less than 24 hour notice	\$ <u>83.00</u> Per hour	\$4,150.00
4	RID, NAD (Level 3 and above)	50 hours Court/Legal: All Hours Daytime, Evenings, Weekends, Holidays & Emergency/Crisis	\$ 9er hour	\$4,150.00
			TOTAL	\$ 290,500.00

James Sont

Application for Certificate of Authority

Foreign for Profit - Form F-01 Submitted 12/30/2020

Notice

Notice for Foreign Filings

The following procedures must be completed before submitting transaction:

- Arkansas law requires Foreign Entities to deliver to BCS:
 - Certificate of Existence (or document of similar import) dated within 30 days of filing with Arkansas.

OR

- Certified Copy of Amendment as filed in your state of incorporation dated within 60 days of filing with Arkansas.
- Method of Delivery
 - o Fax 501-682-3437
 - o E-mail corprequest@sos.arkansas.gov
 - o or upload at the end of the filing process

If the above criteria are not completed, your transaction and payment will be voided.

Should you have any questions about filing online please contact our office at 501-682-3409 or 888-233-0325 or corprequest@sos.arkansas.gov

Asterisk(*) indicates required field.

Filing Act		
*Select Filing Act Entity Information	958 of 1987	-
*Corporation Name	laDoctor	
*Designated Name To E	Be Used in Arkansas HolaDoctor	

(The corporation may use a ficititious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its board of directors certified by its secretary adopting a fictitious name.)

*State of

Origin

Georgia 👻

Country of Incorporation

United States
*Date Incorporated 8/11/1999
Period of Duration Ongoing
Interpretation and Translation
Primary Purpose
The number and par value, if any, of shares of the corporation's capital stock owned or to be owned by residents of Arkansas.

Number of shares
Par value of shares
Value of Assets in Arkansas
Total Value of Assets (including Arkansas)



CERTIFICATE OF LIABILITY INSURANCE

ALIVAUDAIS

DATE (MM/DD/Y	YYY)
1/5/2021	1

PAN-LIF-01

	<u> </u>	, I					JUKAN		1	/5/2021	
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	DUCER				CONTA	ст Ariane L	.ivaudais				
Allia	ant Insurance Services, Inc. Poydras St #2650					o, Ext): (304) 4		FAX (A/C, No)	:		
New	/ Orleans, LA 70112				E-MAIL ADDRE	_{ss:} ariane.li	vaudais@a	lliant.com		.	
[NAIC #	
INSU				INSURER A : Zurich American Insurance Company					16535		
				INSURER B Indian Harbor Insurance Company					36940		
HolaDoctor, Inc. 800 Oid Roswell Lakes Pkwy Ste 150						INSURER C :					
	Roswell, GA 30076			INSURE							
	and the second				INSURE						
<u> </u>				E NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	REM	ENT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP SED. HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR	Х	Х	CPO-0196350-04		6/1/2020	6/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	<u>s</u>	10,000	
								PERSONAL & ADV INJURY	\$	2,000,000 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
								PRODUCTS - COMP/OP AGG		2,000,000	
	OTHER:		<u> </u>					COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	s		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	1		
	AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	· · · · · · · · · · · · · · · · · · ·	
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
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	AND EMPLOYERS' LIABILITY								s		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEI	1		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		· · ·	
В	Professional Liab			ELU172312-20		12/20/2020	12/20/2021	Aggregate	1	5,000,000	
В	Professional Liab			ELU172312-20		12/20/2020	12/20/2021	Retention		3,500,000	
DESC The subr	RIPTION OF OPERATIONS / LOCATIONS / VEHICI State of Arkansas, Department of Huma ogations applies as respects General L	ES (/ n Se iabili	corr rvice ty pe	9 101, Additional Remarks Schedul s, its officers, agents, emp r attached endorsements.	ie, may b loyees,	e attached if mor , and servant	s space is requines and studen	ed) ts are additional insured	and wa	iver of	
CEF	RTIFICATE HOLDER				CANC	ELLATION]	
State of Arkansas Department of Human Services 700 Main Street Little Rock, AR 72201						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1				UNK	B. Ch-					

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Financial Institutions Extension



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.	
CPO-0196350-04	O-0196350-04 06/01/2020 06/01/2021					· · · · · · · · · · · · · · · · · · ·	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Broadened Named Insured

1. The following is added to Section II - Who Is An Insured:

Any organization of yours, other than a partnership or joint venture, which is not shown in the Declarations, and over which you maintain an ownership interest of more than 50% of such organization as of the effective date of this Coverage Part, will qualify as a Named Insured. However, such organization will not qualify as a Named Insured under this provision if it:

- a. Is newly acquired or formed during the policy period;
- **b.** Is also an insured under another policy, other than a policy written to apply specifically in excess of this Coverage Part; or
- c. Would be an insured under another policy but for its termination or the exhaustion of its limits of insurance.

Each such organization remains qualified as a Named Insured only while you maintain an ownership interest of more than 50% in the organization during the policy period.

2. The last paragraph of Section II – Who Is An Insured does not apply to this provision to the extent that such paragraph would conflict with this provision.

B. Newly Acquired or Formed Organizations as Named Insureds

- 1. Paragraph 3. of Section II Who Is An Insured is replaced by the following:
 - 3. Any organization you newly acquire or form during the policy period and over which you maintain an ownership interest of more than 50% of such organization, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the end of the policy period;
 - **b.** Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

An additional premium will apply in accordance with our rules and rates in effect on the date you acquired or formed the organization.

2. The last paragraph of Section II – Who Is An Insured does not apply to this provision to the extent that such paragraph would conflict with this provision.

C. Insured Status – Employees

Paragraph 2.a.(1) of Section II - Who Is An Insured is replaced by the following:

2. Each of the following is also an insured:

- a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or 'volunteer workers" are insureds for:
 - (1) "Bodily injury" or "personal and advertising injury":
 - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
 - (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
 - (d) Arising out of his or her providing or failing to provide professional health care services.

However:

Paragraphs (1)(a) and (1)(d) do not apply to your "employees" or "volunteer workers", who are not employed by you or volunteering for you as health care professionals, for "bodily injury" arising out of "Good Samaritan Acts" while the "employee" or "volunteer worker" is performing duties related to the conduct of your business.

"Good Samaritan Acts" means any assistance of a medical nature rendered or provided in an emergency situation for which no remuneration is demanded or received.

Paragraphs (1)(a), (b) and (c) do not apply to any "employee" designated as a supervisor or higher in rank, with respect to "bodily injury" to co-"employees". As used in this provision, "employees" designated as a supervisor or higher in rank means only "employees" who are authorized by you to exercise direct or indirect supervision or control over "employees" or "volunteer workers" and the manner in which work is performed.

D. Additional Insureds - Lessees of Premises

 Section II — Who Is An Insured is amended to include as an additional insured any person or organization who leases or rents a part of the premises you own or manage who you are required to add as an additional insured on this policy under a written contract or written agreement, but only with respect to liability arising out of your ownership, maintenance or repair of that part of the premises which is not reserved for the exclusive use or occupancy of such person or organization or any other tenant or lessee.

However, the insurance afforded to such additional insured:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured; and
- c. Ends when the person or organization ceases to lease or rent premises from you.
- 2. With respect to the insurance afforded to the additional insureds under this endorsement, the following is added to Section III Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the written contract or written agreement referenced in Subparagraph D.1. above (of this endorsement); or
- b. Available under the applicable Limits of Insurance shown in the Declarations,

whichever is less.

This Paragraph D. shall not increase the applicable Limits of Insurance shown in the Declarations.

E. Additional Insured – Vendors

1. The following change applies if this Coverage Part provides insurance to you for "bodily injury" and "property damage" included in the "products-completed operations hazard":