



CAPITAL TYPING

PROPOSAL FOR BID NO. 01-24-24-11 LAW ENFORCEMENT TRANSCRIPTION SERVICES

Prepared by:

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Capital Typing
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Federal Tax Identification Number: 27-0671978

Submitted on
1/24/2024

Prepared for:

City of Coconut Creek
Finance and Administrative Services
Procurement Division
Linda Jeethan, Procurement Manager
4800 West Copans Road
Coconut Creek, Florida 33063

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I. BUSINESS INFORMATION

LEGAL NAME OF COMPANY: Officemotive, Inc. DBA Capital Typing

ADDRESS: 1627 Spur Branch Road, Williston, South Carolina 29853

WEBSITE: www.capitaltyping.com

PHONE: 800-784-9402

FAX: 800-768-1959

BUSINESS TYPE/SIZE: Small Corporation

DUNS: 962402405

CAGE: 602G0

EIN: 27-0671978

1.1 Contact Information of Designated Representative

NAME: David Jonas

TITLE: CEO

ADDRESS: 1627 Spur Branch Road, Williston, South Carolina 29853

PHONE: 800-784-9402 ext. 701

E-MAIL: david@capitaltyping.com

Instant message — Skype: mdjonas

1.2 Company Overview

Capital Typing is a leader in the Business Process Outsourcing (BPO) industry. Our advantage comes from an organizational structure designed for smarter process design and implementation methodology. Our system is rooted in an in-depth understanding of how businesses are organized. The concept is simple, yet profound, and highly effective. For this reason, Capital Typing has become the go-to team for large corporations, small and medium-sized businesses, and government agencies of every kind. Our system is dynamic enough to work for just about every company that exists, and our consultants take personal pride in proving that Capital Typing can integrate back-end office support and IT services with any existing operation.

We work with our clients not only as service providers and consultants, but more importantly in the spirit of business partners. We do well when you do well, and that's why we are careful to develop the very best strategies to make sure that your projects are done right, done on time, and at the lowest possible cost to you. We believe that you will benefit from outsourcing processes to Capital Typing and that a reputation of reliability and excellent care is the key to our success as a company.

Please always bear this in mind, and feel free to contact us at any time with questions, concerns, or any ideas you may have. We're on the same team.

Thank you for considering Capital Typing for your transcription requirements.

II. SCOPE OF THE PROJECT

As a licensed, qualified, and experienced provider of Law Enforcement Transcription Services, Capital Typing will deliver timely and accurate transcripts of oral proceedings captured on disc created from Liberty Recording software to the Coconut Creek Police Department (CCPD) on an as-needed basis, complying with all the terms, conditions, and specifications of the CCPD. Completed transcripts will be provided through our secure online portal, where authorized CCPD personnel can login securely to access files any time, 24 hours a day. Any number of CCPD personnel will be able to receive secure access to the system.

The team of transcriptionists, quality assurance editors, and transcription managers assigned to CCPD's work will be made up of experienced professionals, who are very acquainted with the unique requirements associated with this type of work.

We will accept 100% of the work offered pursuant to this contract and guarantee top quality, reliability, and excellent service on all our work.

2.1 Transcription Services Overview

Capital Typing, Inc. has become an industry leader in the transcription industry largely because of our rigorous quality control procedures. For each transcript project, we implement our time-tested and proven triple-pass accuracy assurance model to ensure reliable quality of results in the final product. We provide fast turnarounds, a huge volume capacity, and a wide range of subject matter specialties, including general transcription, legal transcription (court reporting, depositions), medical transcription, business transcription, and more.

In the triple-pass system, a highly trained and experienced transcriptionist transcribes the audio, then proofreads the transcript to ensure quality. After this, the proofed transcript is sent to a supervisor, who goes through the transcript carefully, word for word, while listening to the audio, and correcting any remaining errors or omissions.

This triple-pass system guarantees the best quality and reliable accuracy since it minimizes the possibility of human error. In addition, it combines the comprehension skills of two experienced specialists, so that in the case of poor quality audio, or where the speaker mumbles, and the words are difficult to make out, three separate attempts are made at comprehension, by two specialists working independently.

Transcriptionists with Capital Typing, Inc. undergo extensive training in vocabulary, grammar, and syntax, as well as specialized training in individual subject areas for content—such as legal, medical, or corporate (business) terminology. Furthermore, transcriptionists are trained in basic online research techniques to augment their ability; and for projects where extensive research of product names, place names, or other terminology is required, our transcription process is backed up by an expert team of professional researchers.

Better research, greater attention to detail, more advanced training, and a triple-pass accuracy assurance model that is recognized as the best practice in the transcription industry—all these great features combine with very competitive pricing to make our transcription service a better value. Great customer service, convenient tools like our Dictation Telephone® recording system, which allows customers to record memos, phone calls and conference calls using any touchtone phone—these are

just a few of the extra features that make Capital Typing, Inc. hands down the best transcription service in the nation.

Important highlights and advantages to Franklin County Children Services include:

- Knowledgeable, efficient and courteous customer support throughout the course of the contract. The contact person assigned to your account has access to our custom V-Enterprise® Project Management Database, which contains up to the minute information on each and every file being processed by our transcription department. Complete, real-time project information is just a phone call, IM message, or email away.
- Enjoy access to the convenience of cutting edge technology such as our proprietary Dictation Telephone® Recording System for creating recordings, which are automatically uploaded for processing by our transcription team. Other technology highlights include secure, multi-file uploading by FTP; real-time project status reporting by email, IM, phone, and/or SMS; and much more.
- Benefit from the peace of mind and security of knowing that your transcripts will be delivered on time, and that the quality will always be excellent.
- Have quick and easy access to a comprehensive archive of past and current project files, including both audio and documents, as well as invoicing and expense information.

2.2 Performance Standards and Quality Assurance

We understand the importance of having qualified transcribers with a working knowledge of law enforcement. Our transcribers have extensive experience in transcribing oral proceedings for various law enforcement agencies, such as police departments, sheriff's offices, and federal agencies. They are familiar with the terminology, procedures, and protocols of law enforcement, as well as the legal and ethical standards that govern their work. Our transcribers have a proven track record of delivering accurate, confidential, and timely transcripts for ongoing criminal investigations.

Other transcription service providers simply cannot afford to make this promise, but we can. We guarantee 99-100% word-for-word accuracy on all our transcripts, with no more than an average of one error per ten pages, excluding proper pronouns.

Our transcripts are also well formatted and punctuated, with detailed research done on difficult terms. When it comes to quality, we are the best in the business.

Capital Typing applies rigorous quality control procedures. Throughout the transcription process, we will apply our time-tested and proven triple-pass accuracy assurance model. The first draft is reviewed fully by a supervisor who listens through the entire recording, reading along and making changes as necessary. Then there is a final review and spot-check process to ensure there are no errors and that formatting requirements have been properly fulfilled. This combines the comprehension skills of two experienced specialists so that in the case of poor quality audio, or where the speaker mumbles and the words are difficult to make out, three separate attempts are made at comprehension, by specialists working independently.

If any transcript is not deemed acceptable, we will correct it immediately and at no additional costs.

2.3 Audio Quality

Audio quality plays a vital role in our ability to produce accurate transcripts and complete transcription processing within specified timelines. We understand that audio recordings made under law enforcement scenarios are often not made under ideal circumstances, and that audio quality can suffer as a result. However, audio recordings which are exceedingly unclear and difficult to transcribe may result in a delay in delivering the finished transcription product. Files with very poor audio quality or with large patches of blank audio may be difficult to transcribe or require different processing.

Where there are major problems with an audio file, Capital Typing will contact CCPD for clarification, and will notify CCPD of any anticipated delays to transcription.

2.4 Turnarounds

Our project management protocols and technology are designed to efficiently track the progress of transcriptions and prevent potential issues with quality or timely delivery. We use a simple yet effective methodology that allows our system to adapt to any required turnaround time. After receiving a 1-hour audio recording, we will complete the first draft within 2 hours. Then, it goes through our standard triple pass assurance protocol, ensuring that the completed transcript is ready for submission within 4-5 hours from the reception of the audio file. If the expected turnaround time is faster than this or the audio length is too long, we break the files into smaller parts to enable multiple transcribers to work simultaneously. This ensures timely delivery regardless of the recording length.

In cases where rush requests are received, our Production Supervisor immediately prioritizes them to ensure that the first draft is completed within an hour of receipt. We then carry out our standard triple-pass quality assurance procedures to ensure accuracy and completeness before submitting the completed transcript within the designated timeframe.

Our management team has a proven track record of handling rush requests as quickly as a two-hour turnaround. They are highly experienced in identifying and prioritizing urgent work to ensure timely delivery.

Standard Delivery

Three-day (normal) delivery timeframe.

Expedited Requests

Rush requests will go into the transcription production process immediately upon receipt so that the first draft will be completed by the following morning. Standard triple-pass quality assurance procedures will be carried out after that, so that the completed transcript will be submitted before the close of business that day, well within the 24-hour deadline for rush projects. Capital Typing regularly deals with rush client requests as fast as 2-hour turnarounds, and this is well within our capabilities.

2.5 Formatting Standards

Capital Typing will electronically deliver all the documents required by this contract as Microsoft Word 2016 or greater (.docx) with the following format specifications:

- Line spacing: double-spaced

- Margins: one-inch margins
- Font: Times New Roman, 12-point, black
- Font size: 9 or 10
- Line length: at least 56 characters for questions and answers, unless the speaker's text ends short of marginal requirements
- Header: date and time of the audio statement and speaker names at top of page
- Footer: page number, formatted as "Page x of y", aligned center
- Speaker identification: initials of each speaker, followed by a colon, before their dialogue
- Verbatim transcription: only the language from the audio file should appear on the transcript, except for unintelligible words or sounds, which should be marked as "[unintelligible]"
- Transcriber identification: initials of the transcriber at the bottom of the document

2.6 Account Management and Support

Files for transcription can be uploaded securely any time of day or night by authorized City personnel. The upload area will include a forced input system to capture information such as case number, Interviewee name, etc. during web upload. This system is customizable so that we can configure it to require the specific information we need.

Whenever files are uploaded to our system by the City, Capital Typing will receive a notification of the new transcription request. The City's personnel will also receive an automatic notification from our third-party system as a form of verification that the upload was successful. In addition, an email confirmation to the City will be sent out within 24 hours of receipt of transferred file(s) acknowledging receipt and our ability to access the audio file(s), or if there is any problem such as being unable to pen or access any email or digital file sent by the City.

Our customer support line is open M-F, 9 am to 6 pm EST, and email is always available 24/7. We acknowledge that we will return all phone calls, voicemail, e-mail or pages left by City personnel within eight (8) business hours.

Our notification system will allow City personnel to check on the status of transcription projects at any time to know what files have been received and are in processing, and what files have been completed. All completed files will be available for download securely by authorized personnel.

We will provide a secure online portal hosted on an encrypted server, with data transmission protected by a TLS encryption layer. All data storage will be encrypted with industry-standard technologies, the system has received FedRAMP Authorization and is CJIS compliant. This provides maximum security for the most sensitive data.

Capital Typing's online portal allows multiple uploads of all kinds of audio files and video formats, as well as other document types. This system is password-protected and inaccessible to the public, only authorized personnel will be granted access. All files shared will be available online for each personnel to access 24/7, 365 days/year. Archive and purge all transcriptions after ninety (90) days.

2.7 Client User Portal

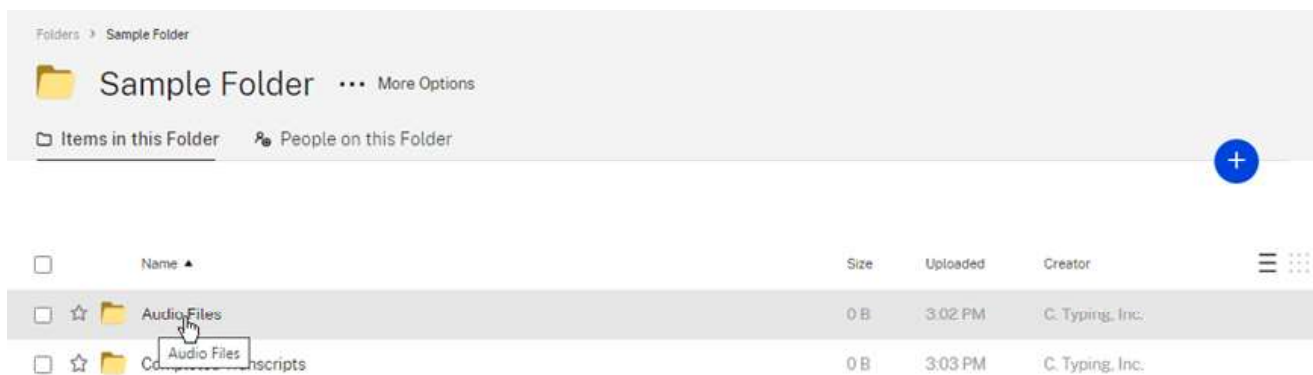
The following is a list of some of the central functionalities, along with some screenshots, of our secure, online, cloud-based file management and project management tool.

User Access

Project files, including source audio and completed transcripts, can be accessed directly using the cloud-based tool, from any browser connected to the internet. City personnel can access their account directly by going to <https://capitaltyping.sharefile.com> and logging in securely, using their credentials.

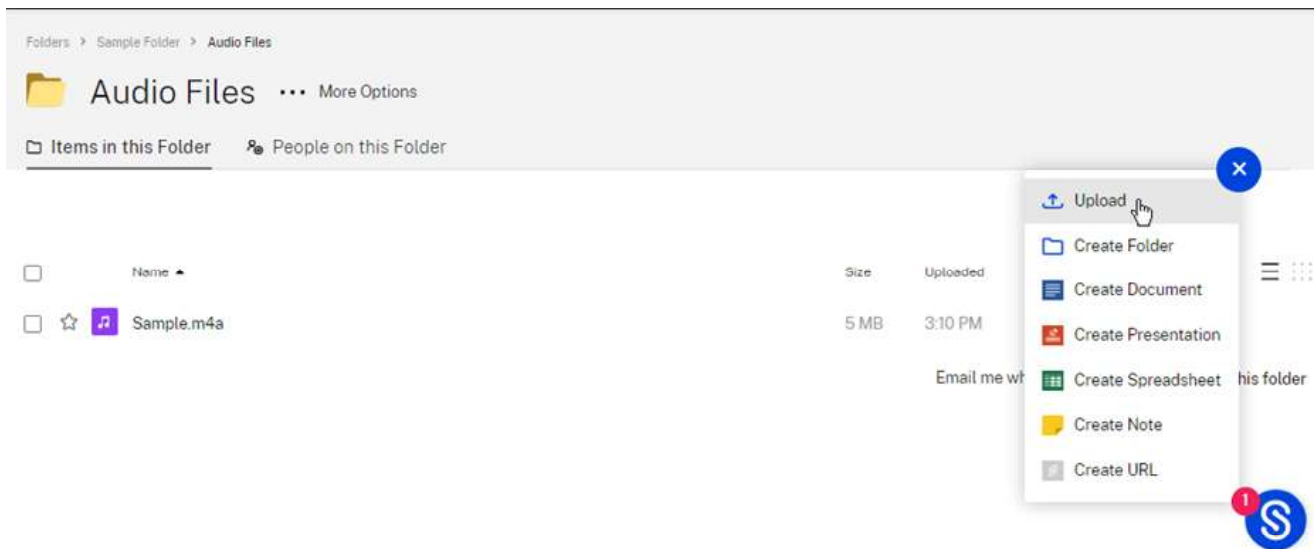
Uploading Files

- 1) To upload audio files to be transcribed, select the “Audio Files” folder.



- 2) The Audio Files folder will open up and you will be able to upload files from your computer into the “Audio Files” folder by two possible methods:
 - (i) Open the folder window where the files are stored in your computer, select the desired files, and use your mouse to Drag and Drop the files you want to upload into the Audio Files folder in our web-based system. Added files will show up in the list, and you will see their upload status show up next to each file, so you can track and confirm it is being uploaded. When fully uploaded, the files will show up normally in the folder.
 - (ii) Alternatively, you can click on plus sign icon, and select “Upload”. This will open up your folder interface from your computer, where you will be able to browse files on your computer, select the desired files, and click “open” to start the upload.

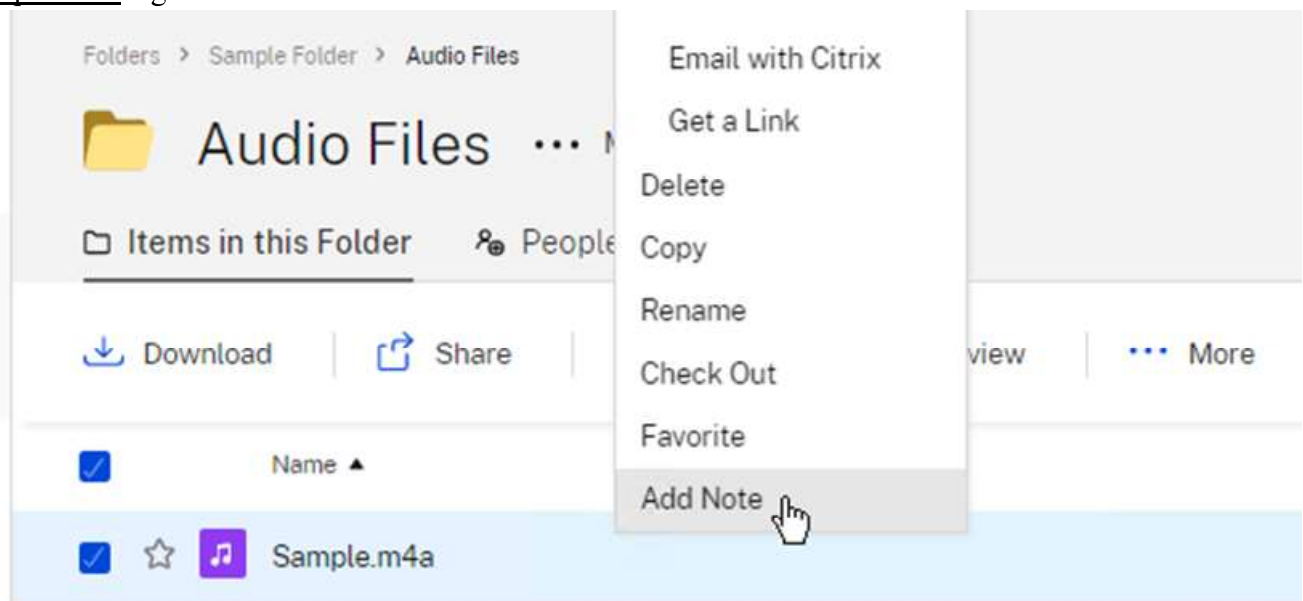
NOTE: The system allows all file formats, including but not limited to mp3, wav, mp4, m4a, pdf, jpg, docx, xlsx, and more.



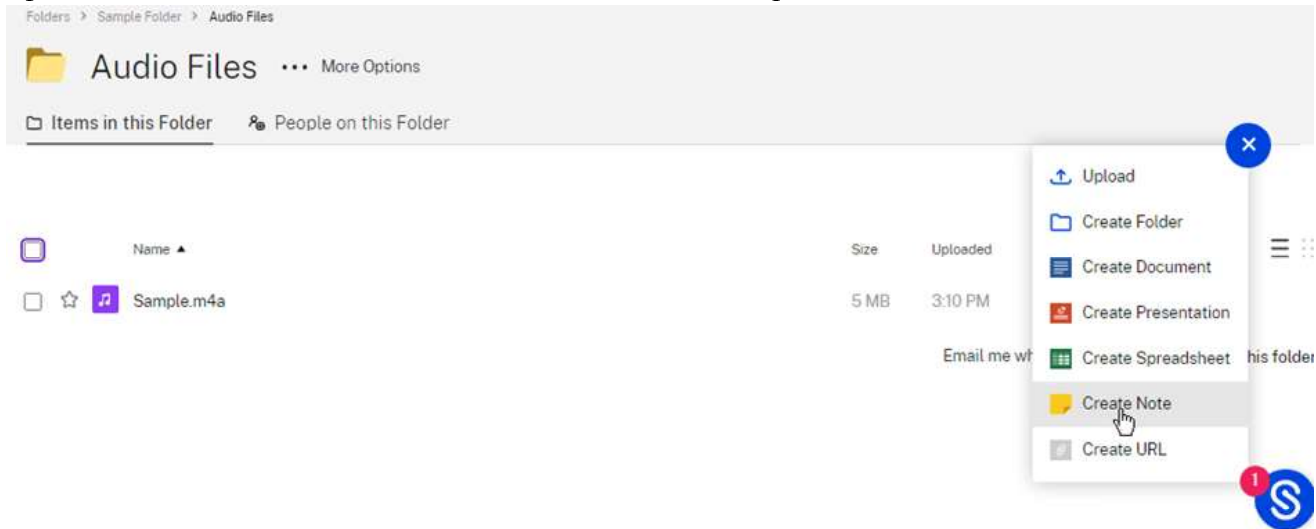
Add Notes

Users can add notes to any file. This is a convenient way to send specific processing instructions, which you wish our production team to know. You also have the option to send an email with instructions to our support team at any time, and we're there to help, but this notes tool is an option that many clients prefer.

Option 1: Right- Click on a file and select “Add Note”



Option 2: Click on the + button and select the “Add Note” option



Download and Edit Files

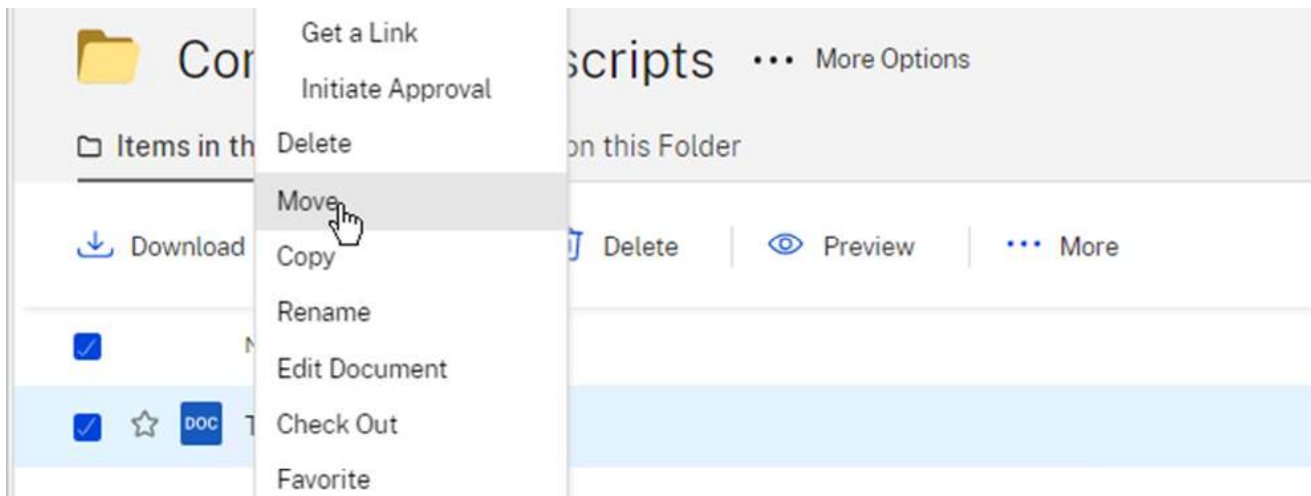
The following steps explain how to open and edit a file in our File System:

- 1) Navigate to the file you want to edit from your ShareFile folder.
- 2) Select Download. The file downloads locally to your device.
- 3) Use the corresponding application to edit the file.
- 4) After completing the edits, select Save from the application menu.
- 5) Upload the edited file to your ShareFile account.

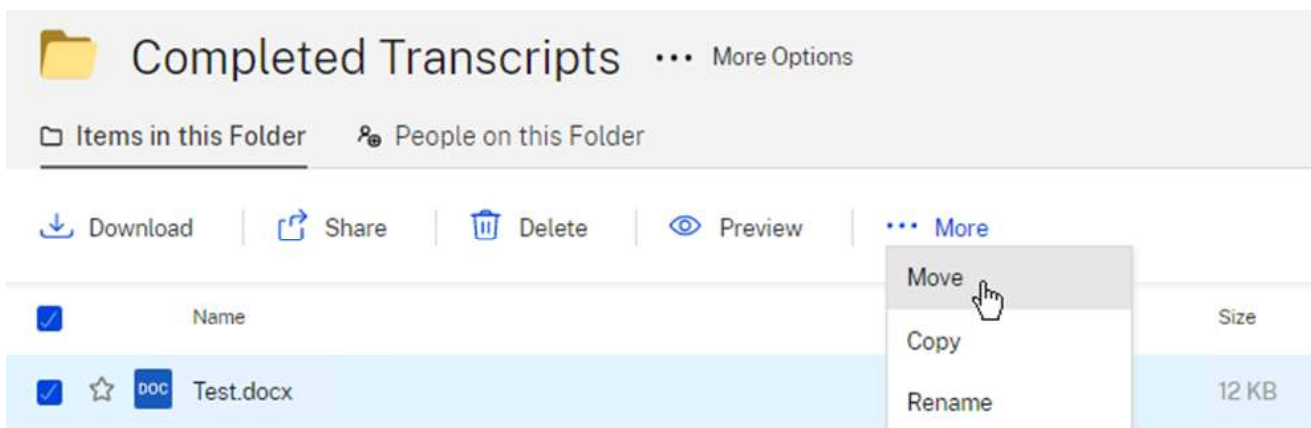
Move Files

Users may want to move files around in order to manage files for greater convenience. Our system has a flexible folder system that allows users to configure folders to match their workflow and unique requirements. For example, you may prefer to archive older files in an archive folder, or there may be special files, pertaining to some project you are working on, which you may wish to isolate in their own folder. The “move files” function allows the user to move files around with complete flexibility, to match any situation. There are two ways to move files:

Option 1: right click on the file and choose Move and select the destination folder.

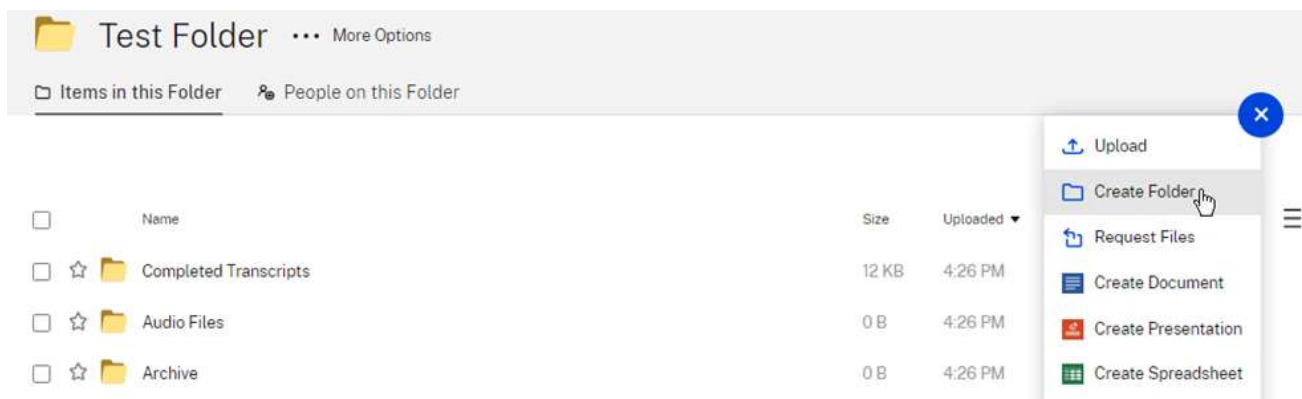


Option 2: select a file and click on "More" at the top menu to view options and select "Move" and the destination folder.



Create Folders

Hover over the blue Plus icon on the top right and select "Create Folder".



2.8 File Upload Backup System

Capital Typing will provide a backup system for the District Attorney personnel to upload files if the main system goes down. The backup system will allow each personnel to provide full details for processing each file.

2.9 Delivery

Our ability to consistently meet deadlines is a large part of what makes our transcription service such an excellent choice. Our advanced project management protocols and technology allow project managers to quickly and easily track the progress of a large volume of transcriptions and resolve potential issues before they have time to cause any problems with either quality or timely delivery.

Any issues we have with opening or listening to an audio file will be reported promptly so that corrective action may be taken without disrupting timely delivery

Completed transcripts will be delivered via our secure network file sharing system in a MS Word file .docx format which is readable by a range of word processors and web browsers.

Capital Typing will also send regular reports, including when new source audio is received and when completed transcripts are available on the sharing system.

III. TREATMENT OF CONFIDENTIAL DATA

Capital Typing has implemented various safeguards in our system, which will protect the confidentiality of all work products that we produce for the CCPD. We use a secure and organized database that keeps track of all the users and downloads, and ensures that only authorized personnel can access the voice files and transcripts. We also prevent any unauthorized access to the voice files sent to us by the City, by using encryption and password protection. We respect the confidential nature of the voice files produced during a confidential investigation, and we do not disclose their content in any fashion other than to authorized personnel. This includes any method of dissemination, such as verbal, written, or audio transmission.

At Capital Typing, we take privacy and security seriously and take extensive measures to ensure that all sensitive information remains secure at all times. Our in-house team closely monitors and maintains compliance with all necessary state and federal regulations, and keeps abreast of any changes, updating our procedures when necessary.

We are in compliance with the current National Institute of Standards and Technology (NIST) Special Publication 800-53, including NIST 800-53 standards, guidelines, and requirements for security controls and data security protocols. The physical location of our data center, systems, and equipment where the CCPD data will be stored is located within the continental United States.

We will never transmit confidential information unless it is in an encrypted state. None of the data handled under this contract can be accessed without proper authorization: access is available only to specific users through a password-protected system.

Staff working on this contract will be under strict instructions to ensure that the confidential information handled during the execution of this contract is treated with the strictest care and confidence. No confidential recordings will be disclosed in any manner, including but not limited to verbal, written, or audio transmission.

Capital Typing is also committed to ensuring the security and confidentiality of our transcripts and our clients' data. We are fully compliant with the Criminal Justice Information Services (CJIS) policies and standards, which regulate the access, use, and storage of sensitive information related to criminal justice. We use secure and encrypted methods to transfer and store our digital audio files and transcripts, and we follow strict procedures to protect the identity and privacy of our clients and their subjects. We also require our transcribers to undergo background checks and sign confidentiality agreements before working on any law enforcement projects.

IV. INVOICING

Invoicing will be processed according to the requirements of CCPD. Each invoice will reflect the list of files transcribed, turnaround, detective name, interviewee, billable length, billable rate based on standard or next-day, and total charge.

Payment can be made by any method convenient to CCPD, including check, e-check, credit card, or debit card.

SECTION IV BID REQUIREMENTS CHECKLIST

Bidder has attached all documents listed in the checklist as provided and any other pertinent information.

CHECK LIST

FORMS ATTACHED

Bidder Information	Yes <u> x </u>	No <u> </u>
Bid Confirmation	Yes <u> x </u>	No <u> </u>
Bid Schedule	Yes <u> x </u>	No <u> </u>
Reference Sheet	Yes <u> x </u>	No <u> </u>
Indemnification Clause	Yes <u> x </u>	No <u> </u>
Sworn Statement on Public Entity Crimes	Yes <u> x </u>	No <u> </u>
Non-Collusive Affidavit	Yes <u> x </u>	No <u> </u>
Bidder's Qualification Statement	Yes <u> x </u>	No <u> </u>
Drug-Free Workplace Form	Yes <u> x </u>	No <u> </u>
Scrutinized Companies Certification	Yes <u> x </u>	No <u> </u>
Exception to the Invitation for Bids	Yes <u> x </u>	No <u> </u>
Certificate of Insurance	Yes <u> x </u>	No <u> </u>
Copies of Valid Licenses	Yes <u> x </u>	No <u> </u>
E-Verify Form	Yes <u> x </u>	No <u> </u>
Business Tax Receipt	Yes <u> x </u>	No <u> </u>
Affidavit of Compliance with Foreign Countries of Concern	Yes <u> x </u>	No <u> </u>
Sunbiz: https://dos.myflorida.com/sunbiz/search	Yes <u> x </u>	No <u> </u>

BIDDER INFORMATION

Company Name: Officemotive, Inc. dba Capital Typing
Federal Tax I.D. No.: 27-0671978
Bidder's Name (Print): David Jonas Title: CEO
Address: 1627 Spur Branch Rd.

City/State/Zip: Williston, SC 29853
Phone: 800-784-9402 Fax:
Email: david@capitaltyping.com

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, Whichever Applies

Part I:


Bidder has examined copies of all the Contract Documents and of the following Addenda (receipt of all which is hereby acknowledged).

Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____

Part II:

☒ No Addendum was received in connection with this bid.

It is understood and agreed by Bidder that the City reserves the right to reject any and all Bids, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the Bid or in the Bids received as a result of the Bid. It is also understood and agreed by the Bidder that by submitting a bid, Bidder shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.



Bidder's Authorized Signature

1/24/2024

Date

David Jonas

Bidder's Printed Name

BID CONFIRMATION

In accordance with the requirements to provide transcription services pursuant to Bid No. 01-24-24-11, the undersigned submits the attached bid.


Bidder accepts and hereby incorporates by reference in this bid all of the terms and conditions of the scope of service, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Bidder is fully aware of the Scope of Service based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Bidder deems necessary.

This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham bid; Bidder has not solicited or induced any person; firm or a corporation to refrain from proposing and Bidder has not sought by collusion to obtain for himself any advantage over any other Bidder or over City.

The Bidder shall acknowledge this Bid by signing and completing the spaces provided. I hereby submit this Bid Package for transcription services pursuant to Bid No. 01-24-24-11 to the City of Coconut Creek with the full understanding of the IFB, General Conditions, Special Conditions, Detailed Requirements, and the entire Bid Package.

David Jonas
Bidder's Name


Signature

1/24/2024
Date

State of: South Carolina

County of: Barnwell

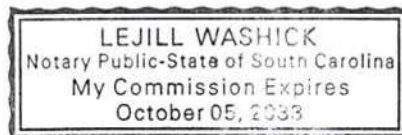
The foregoing instrument was acknowledged before me this 24 day of January, 2024,
by Martin David Jonas, who is (who are) personally known to me or who
has produced SODL as identification and who did (did not) take an oath.

Lejill Washick
Notary Public Signature

Lejill Washick
Notary Name, Printed, Typed or Stamped

Commission Number: _____

My Commission Expires: 10/5/2033



**CITY OF COCONUT CREEK
TRANSCRIPTION SERVICES
BID NO. 01-24-24-11**

BID SCHEDULE OF PROPOSED PRICING

**BIDDER SHALL ALSO SUBMIT PRICES ELECTRONICALLY
THROUGH THE EBID SYSTEM “LINE ITEMS” TAB**

WWW.COCONUTCREEK.NET/FIN/PROCUREMENT

PROPOSED PRICING

Item #	Description	UOM	QTY	Unit Price
1.	Transcription Service (English)	Per Page	1	\$ 1.50
2.	Transcription Service (English to Spanish)	Per Page	1	\$ 5.00
3.	Transcription Service (English to Creole)	Per Page	1	\$ 7.00
4.	Transcription Service (English to All other foreign languages)	Per Page	1	\$ 9.00
5.	Transcription Service (Spanish to English)	Per Page	1	\$ 5.00
6.	Transcription Service (Creole to English)	Per Page	1	\$ 7.00
7.	Transcription Service (All other foreign languages to English)	Per Page	1	\$ 9.00
8.	Upcharge for Two-day service (2-business days)	Per Page	1	\$ 1.00
9.	Upcharge for Next day service (1-business day)	Per Page	1	\$ 1.50

NOTES:

1. Bidder agrees to supply the products or services at the prices bid in accordance with the terms, conditions, and specifications contained in this IFB. Pricing must include delivery and be quoted FOB: Destination.

PAYMENT METHODS

VISA PURCHASING CARD

The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through Truist Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received

within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, and deal directly with the cardholder (in most cases).

Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with

a transaction. Such charges are allowable, however must be included in the total cost of the bid. Vendors are not to add notations such as "+3% service fee" in their bid response. All bid responses shall be inclusive of any and all fees associated with the acceptance of the P-Card.

Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term.

EFT

The City of Coconut Creek's Electronic Funds Transfer (EFT) Program allows the City to process payments to vendors electronically, directly to their financial institution of choice. With EFT payments, funds are deposited to vendor's bank account and are available the date the bank receives them. There will be no more waiting to receive payments in the mail, and no trips to the bank to make deposits. EFT payments also reduced the risk of misrouting, theft, and forgery. Additionally, an automated e-mail of the remittance advice will be sent to the e-mail specified by the vendor.

PAPER CHECK

Paper checks are also processed by the City for vendor payments.

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REFERENCES – TRANSCRIPTION SERVICES

The following is a list of at least four (4) references that Bidder has provided similar service in the past three (3) years. Government agency references are preferred. Bidder is responsible for verifying correct phone numbers, email address and current contract information. Failure to provide accurate data may result in the reference not being considered.

1. Name of Firm, City, County or Agency: Broward Sheriff's Office
Address: 2601 W. Broward Blvd. Suite 3562
City/State/Zip: Fort Lauderdale, Florida 33312
Contact: Chantelenia Chance Title: Administrative Assistant
Telephone: Chanteleina_chance@sheriff.org Fax: _____
Email Address: 954-831-8747
Scope of Work: Transcription of police interviews and reports, and translation into English of interviews conducted in foreign languages.
2. Name of Firm, City, County or Agency: Winter City of Winter Haven
Address: 125 N S Lake Silver Dr. NW,
City/State/Zip: Winter Haven, FL 33881
Contact: Heather Schoonmaker Title: Procurement Specialist
Telephone: 863-298-5556 Fax: _____
Email Address: procurement@mywinterhaven.com
Scope of Work: Transcription of police interviews and reports, and translation into English of interviews conducted in foreign languages.
3. Name of Firm, City, County or Agency: City of Orlando -Orlando Police Department
Address: 1250 West South Street
City/State/Zip: Orlando, Florida 32805
Contact: Brian Ferrara Title: _____
Telephone: 407-246-2912 Fax: _____
Email Address: brian.ferrara@cityoforlando.net
Scope of Work: Transcription of police interviews and reports, and translation into English of interviews conducted in foreign languages.
4. Name of Firm, City, County or Agency: Virginia Department of Professional and Occupational Regulation
Address: 9960 Mayland Drive Suite 400
City/State/Zip: Richmond, Virginia 23233
Contact: Lizbeth Hayes Title: Fair Housing Director
Telephone: 804-367-8530 Fax: _____
Email Address: liz.hayes@dpor.virginia.gov
Scope of Work: Transcription of interviews and reports, and translation into English

NOTE: Additional references may be attached and provided.

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

THIS FORM MUST BE SIGNED.

1. This sworn statement is submitted with Bid No. 01-24-24-11 for Transcription Services.
2. This sworn statement is submitted by David Jonas (name of entity submitting sworn statement) whose business address is 1627 Spur Branch Rd., Williston, SC 29853 and (if applicable) its Federal Employer Identification Number (FEIN) is 27-0671978.
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)
3. My name is David Jonas and my
(Please print name of individual signing)

relationship to the entity named above is CEO.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, includes but is not limited to:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes as amended from time to time, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, who are active, or

who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity within the last five (5) years of this sworn statement.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Please check all statements that are applicable.**

- ☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)
- ☐ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
- ☐ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)


9. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **Please check if statement is applicable.**

- ☐ The person or affiliate has not been placed on the convicted vendor list.
(If the box is not checked, please describe any action taken by or pending with the Department of General Services.)

10. The herein statement shall be subject to and incorporate all the terms and conditions contained in Section 287.133, Florida Statutes as amended from time to time.

11. Conviction of a public entity crime shall be cause for disqualification.

David Jonas
Bidder's Name


Signature

Date: 1/24/2024

BIDDER'S QUALIFICATIONS

(Page 1 of 5)

NOTE: This statement of Bidder's Qualifications must be completely filled out, properly executed and returned as part of your bid.

1. List the true, exact and proper names of the company, partnership, corporation, trade or fictitious name under which you do business and principals by name and titles:

Name of Company: Officemotive, Inc. dba Capital Typing

Address: 1627 Spur Branch Rd.

City: Williston State: South Carolina Zip: 29853

Phone No.: 800-784-9402 Fax No.: _____

Federal Tax I.D.: 27-0671978

Principals: David Jonas Titles: CEO

Shion Jonas COO

2. a. Are you licensed, as may be required, in the designated area(s) of Broward County, Florida?

Yes X No _____

- b. List Principals Licensed:

Name(s): David Jonas Title: CEO

Remarks: _____

3. How long has your company been in business and so licensed? 15 years

4. If Bidder is an **individual** or a **partnership**, answer the following: _____

- a. Date of organization: July 20, 2009

BIDDER'S QUALIFICATIONS

(Page 2 of 5)

b. Name, address and Ownership percentage of all partners:

David Jonas, 1627 Spur Branch Rd, Williston, SC 29853 - 50%

Shion Jonas, 1627 Spur Branch Rd, Williston, SC 29853 - 50%

c. State whether general or limited partnership: S-Corporation

If Bidder is other than an individual, corporation or partnership, describe the organization and give the name and address of principals.

5. If Bidder is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name?

15 years

a. Under what other former names has your organization operated?

7. a. Has your company ever failed to complete a bonded obligation or to complete a contract?

Yes _____ No x

BIDDER'S QUALIFICATIONS

(Page 3 of 5)

- b. If so, give particulars including circumstances, where and when, name of bonding company, name and address of City and disposition of matter:

8. Litigation/Judgments/Settlements/Debarments/Suspensions:
Submit information on any pending litigation and any judgments and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from doing business with any government agency and/or professional board.

N/A

9. a. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

See attached.

- b. State the name of the individual(s) and titles that will have personal supervision of the work:

David Jonas (CEO, Project Manager)

10. List name and title of persons in your company who are authorized to enter into a contract with the City of Coconut Creek, Florida for the proposed work should your company be the Successful Bidder.

Name:	<u>David Jonas</u>	<u>Shion Jonas</u>	<u></u>
Title:	<u>CEO</u>	<u>COO</u>	<u></u>

BIDDER'S QUALIFICATIONS

(Page 4 of 5)

The undersigned guarantees the authenticity of the foregoing statements and does hereby authorize and request any person, firm or corporation to furnish any information requested by the City of Coconut Creek, Florida to verification of the recitals comprising this statement of the Bidder's qualifications. **DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE BIDDER'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE BID, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.**

Date: 1/24/2024



Signature

David Jonas

Print Name

Officemotive, Inc. dba Capital Typing

Company

CEO

Title

If Corporation (Seal) If Individual or Partnership, two Witnesses are required:



Witness



Witness

Respectfully submitted

(CORPORATE SEAL)





Company - Contractor

BIDDER'S QUALIFICATIONS
(Page 5 of 5)

LEJILL WASHICK
Notary Public-State of South Carolina
My Commission Expires
October 05, 2033

ATTEST:

Lejill Washick
Notary

Vanessa Figueroa
Witness

Janice Cant
Witness

By _____ (Seal)
President

[Signature]
Contractor Signature



**Affidavit of Compliance with Foreign Countries of Concern
Pursuant to Section 287.138, Florida Statutes (2023)**

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes.)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes.)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes.)
4. The undersigned is authorized to execute this affidavit on behalf of Entity.
5. The undersigned further sayeth naught.

Date: January 24, 2024 Signed: 

Entity: Officemotive, Inc. Name: David Jonas

Title: CEO

STATE OF South Carolina

COUNTY OF Barnwell

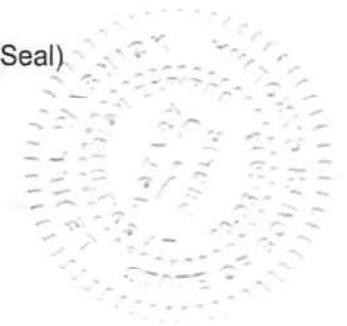
Sworn to (or affirmed) and subscribed before me, by means of ☒ physical presence or ☐ online notarization, this 24 day of January, 2024, by Martin David Jonas for Officemotive Inc, who is personally known to me or who has produced SC DL as identification.

Notary Public Signature: Lezlie Washick

State of SC at Large (Seal)

Print Name: Lezlie Washick

My commission expires: 10/5/2033



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

OFFICEMOTIVE, INC., a corporation duly organized under the laws of the State of South Carolina on July 20th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of April, 2023.


Mark Hammond, Secretary of State

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005515

Entity Name: OFFICEMOTIVE, INC.

Current Principal Place of Business:

1627 SPUR BRANCH ROAD
WILLISTON, SC 29853

Current Mailing Address:

PO BOX 275
WILLISTON, SC 29853 US

FEI Number: 27-0671978

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID ROBERTS

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CP	Title	VCS
Name	JONAS, DAVID	Name	JONAS, SHION
Address	1627 SPUR BRANCH ROAD	Address	1627 SPUR BRANCH ROAD
City-State-Zip:	WILLISTON SC 29853	City-State-Zip:	WILLISTON SC 29853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID JONAS

CEO

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Tyler Payments Services

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Receipt Confirmation	
Description	Amount
Total Payment To Division of Corporations	\$158.75
Service Fee	\$0.00
Total Amount Paid	\$158.75

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
4829471471CC F18000005515	Annual Report Filing	\$158.75	1	\$158.75
	Service Fee	\$0.00		\$0.00
Total Amount Paid				\$158.75

Customer Information

Customer Name	David Jonas	Receipt Date	1/24/2024
Local Reference ID	4829471471CC F18000005515	Receipt Time	09:30:50 AM EST

Payment Information

Payment Type	Credit Card	Credit Card Number	*****2161
Credit Card Type	VISA	Order ID	78363714
		Name on Credit Card	Martin D Jonas

Billing Information

Billing Address	PO Box 275
Billing City, State	Williston, SC
Billing Zip/Postal C...	29853
Country	US

Visit tylertech.com/mtd for license information and disclosures.

NIC Services, LLC dba Tyler Payments Services • 7701 College Boulevard, Overland Park, KS 66210 • (888) 853-0663

NIC Payment Solutions in Hawaii, New Jersey & Wisconsin



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation
OFFICEMOTIVE, INC.

Filing Information

Document Number	F18000005515
FEI/EIN Number	27-0671978
Date Filed	11/30/2018
State	SC
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/29/2021

Principal Address

1627 Spur Branch Road
Williston, SC 29853

Changed: 11/29/2021

Mailing Address

PO BOX 275
Williston, SC 29853

Changed: 11/29/2021

Registered Agent Name & Address

Registered Agents Inc
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702

Name Changed: 01/27/2023

Address Changed: 11/29/2021

Officer/Director Detail

Name & Address

Title CP

Jonas, David
1627 Spur Branch Road
Williston, SC 29853

Title VCS

Jonas, Shion
1627 Spur Branch Road
Williston, SC 29853

Annual Reports

Report Year	Filed Date
2022	02/04/2022
2023	01/27/2023
2024	01/24/2024

Document Images

01/24/2024 -- ANNUAL REPORT	View image in PDF format
01/27/2023 -- ANNUAL REPORT	View image in PDF format
02/04/2022 -- ANNUAL REPORT	View image in PDF format
11/29/2021 -- REINSTATEMENT	View image in PDF format
04/29/2020 -- ANNUAL REPORT	View image in PDF format
06/12/2019 -- ANNUAL REPORT	View image in PDF format
11/30/2018 -- Foreign Profit	View image in PDF format

State of Florida

Department of State

I certify from the records of this office that OFFICEMOTIVE, INC. is a South Carolina corporation authorized to transact business in the State of Florida, qualified on November 30, 2018.


The document number of this corporation is F18000005515.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 24, 2024, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fourth day of January,
2024*




Secretary of State

Tracking Number: 4829471471CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

State of Florida

Department of State

I certify from the records of this office that CAPITAL TYPING is a Fictitious Name registered with the Department of State on January 23, 2024.

The Registration Number of this Fictitious Name is G24000012801.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Fourth day of January, 2024*




Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: (888) 202-3007 INSURER(S) AFFORDING COVERAGE contact@hiscox.com	FAX (A/C, No):	NAIC #
INSURED Officemotive, Inc. DbA Capital Typing 37 PRITCHARD FARM LN BLUFFTON SC 29910	INSURER A : INSURER B : Hiscox Insurance Company Inc INSURER C : INSURER D : INSURER E : INSURER F :		10200


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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			UDC-2293596-EO-23	06/26/2023	06/26/2024	Each Claim: \$ 3,000,000 Aggregate: \$ 3,000,000

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

CERTIFICATE HOLDER**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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: (888) 202-3007 INSURER(S) AFFORDING COVERAGE contact@hiscox.com INSURER A : INSURER B : Hiscox Insurance Company Inc INSURER C : INSURER D : INSURER E : INSURER F :	FAX (A/C, No): NAIC # 10200
--	--	---

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:	Y		P100.354.345.6	06/26/2023	06/26/2024	EACH OCCURRENCE \$
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000						
	MED EXP (Any one person) \$ 100,000						
	PERSONAL & ADV INJURY \$ 5,000						
	GENERAL AGGREGATE \$ 2,000,000						
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$ S/T Gen. Agg.
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA 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**

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2023

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 CYBERPOLICY INSURANCE SOLUTIONS 1001 MARK AVE STE 201 CARPINTERIA 93013	CONTACT NAME: Chubb Customer Service Center PHONE (A/C, No, Ext): 866-972-2727 E-MAIL: Chubbcs@chubb.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC #
INSURED OFFICEMOTIVE INC DBA CAPITAL TYPING 1627 Spur Branch Road Williston SC 29853		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N	N / A	7180-9873	10/30/2023	10/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

This certificate does not amend, extend or alter the coverage afforded by the policies above. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies

CERTIFICATE HOLDER**CANCELLATION**

Insureds Copy

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

Jane Fogel

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: (888) 202-3007 INSURER(S) AFFORDING COVERAGE contact@hiscox.com		NAIC #
	INSURER A:		
INSURED Officemotive, Inc DBA Capital Typing PO Box 275 1627 Spur Branch Rd Williston, SC 29855	INSURER B:		10200
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		This information is exempt in accordance with the following Florida Statutes: Cyber Security and Network Information § 119.071(3)(d), 119.0725(2) & (3).			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A							

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

CERTIFICATE HOLDER**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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