



Division of Purchasing
1915 Prospect Road, Suite 1200
Des Moines, Iowa 50310
Phone (515)242-7751
Fax (515)242-7550

Physiotherapy Associates
Attn: Troy Kleese LAT, ATC
450 Laurel Street
Des Moines, IA. 50314

February 22, 2016

Re: RFP6979 Athletic Trainer Services – Second Extension

Mr. Kleese:

The Des Moines Independent Public School District would like to renewal contract RFP6979 Athletic Trainer Services for the fiscal year 2016-2017 with the renewal beginning on July 1, 2016 and ending June 30, 2017. Please return the following forms for this renewal.

- 1) Your insurance affidavit (Acord statement)
- 2) Complete and sign RFP6979 with pricing for 2016-2017 (enclosed)

Please return the attached renewal documents no later than March 21, 2016 to:

Des Moines Public Schools
Purchasing Department
1915 Prospect Road, Suite 1200
Des Moines, Iowa 50310

Regards,

Mark Mattiussi

Purchasing Agent
Des Moines Public Schools

Non – Discrimination Policy:

It is the policy of the Des Moines Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you believe you have been discriminated against or treated unjustly, please contact the Equity Coordinator, Isaiah McGee at 2323 Grand Avenue, Des Moines, IA 50312, 515-242-7662 Isaiah.mcgee@dmschools.org Section 504 34 CFR 104.8, Title IX 34 CFR 106.9, OCR Guidelines IV.O and V.C

Debarment Policy:

The District is prohibited from entering into a contract where an organization or, its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State or Local department or agency.

Payment Policy:

The District plans to pay Provider (s) using a procurement or virtual credit card, or may make payments by electronic funds transfer and recommends that Contractors accept one of these forms of payment

Acknowledgement & Certification:

Provider(s) must agree to complete and sign the Acknowledgement & Certification regarding their staff's ability to be in contact with the student population.

RFP6979 Athletic Trainer Services



Based upon the Scope of Services as well as example detailed in Exhibit B, please indicate your costs to perform the required services. Your proposal shall clearly state all of the costs associated with the service requested. No other costs post award will be accepted:

Cost of Athletic Training Service: Second Extension

High School	FY15	\$62,500.00	\$ 65,000.00 / Year
(Per Exhibit A, B)			
Middle School			
• Football	FY 15	\$50.00 /game	\$ 50.00 /game
• Volleyball	FY15	\$25.00 / hour	\$ 25.00 /hour
• Soccer	FY15	\$25.00 / hour for single game and \$50.00 per hour	
		Multiple games at the same time slot / location	
			\$ 25.00 /hour
			\$ 50.00 /hour
• Track	FY15	\$50.00 / meet	\$ 25.00 / hour /meet
• Other	FY15	\$25.00 / hour	\$ 25.00 /hour
Cost per hour for additional trainer if required			
	FY15	\$25.00 / hour	\$ 25.00 / Hour

List any / all complimentary services included with your cost proposal

1. Fall Saturday morning sports injury clinics- Athletic Trainer Consult
2. Daily sports injury clinic at Downtown / Ankeny Office – AT Consult
3. Injury consultations at all six metro locations
4. Body composition testing for all high school wrestlers
5. Team physical therapist
6. Sports physicals
7. Various education opportunities: Newsletters, talks, etc.

The undersigned bidder certifies, by responding to this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State or Local department or agency. Further, it is the policy of the Des Moines Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you believe you have been discriminated against or treated unjustly, please contact the Equity Coordinator, Isaiah McGee at 2323 Grand Avenue, Des Moines, IA 50312, 515-242-7662 isaiah.mcgee@dmschools.org Section 504 34 CFR 104.8, Title IX 34 CFR 106.9, OCR Guidelines IV.O and V.C. Also the District plans to pay Seller using a procurement or virtual credit card, or may make payments by electronic funds transfer and recommends that Contractors accept one of these forms of payment. Finally by signing this document the Seller and their agent(s) have read, understand and will comply with the District's Acknowledgement & Certification and Non-Disclosure requirements as detailed below.

Company Name: Physiotherapy Associates

Street Address: 450 Laurel Street

City / State/ Zip: Des Moines / Iowa / 50314

Phone Number: 515-323-6485

Fax Number: 515-323-6486

Email Address: troy.kleese@myphysio.com / john.brandt@myphysio.com

Representative Name (print): Troy D. Kleese LAT, ATC - Iowa Sports Med Director / John Brandt DPT, LAT, ATC - Regional Sports Med. Coordinator

Authorized Representative Signature:

SUBJECT TO THE TERMS AND CONDITIONS @ <http://www.dmschools.org/wp-content/uploads/2014/11/General-Terms-n-Conditions-New.pdf> THIS FORM AND EACH ADDITIONAL FORM OF PROPOSAL, IF ANY, MUST BE SIGNED.



Acknowledgment & Certification

Physiotherapy Associates ("Company") is providing services to the Des Moines Independent Community School District ("District") as a contractor, vendor, supplier, provider or sub-provider and/or is operating or managing the operations of a contractor, vendor, supplier or provider. The services provided by the Company may involve the presence of the Company's employees upon the real property of the District. The Company acknowledges that Iowa law prohibits a sex offender who has been convicted of a sex offense against a minor from being present upon the real property of the District. The Company further acknowledges that, pursuant to Iowa law, a sex offender who has been convicted of a sex offense against a minor shall not operate, manage, be employed by, or act as a contractor or volunteer at the District.

The Company hereby certifies that no one who is an owner, operator or manager of the Company has been convicted of a sex offense against a minor. The Company further certifies and agrees that it shall not permit any person who is a sex offender convicted of a sex offense against a minor to provide any services to the District in accordance with the prohibitions set forth above.

The Company further certifies that the Company has completed a satisfactory background check on the Company's employees. The Company hereby agrees to provide the District with the Company's background screening procedures including specific context and infractions that are reviewed by the Company. The District reserves the right to, but does not have the obligation to, conduct a District background check on Company employees as determined by the District in its sole discretion. The District reserves the right to restrict access of any Company employee upon the real property of the District if such employee does not clear the District's background check.

The District reserves the right, but does not have the obligation to, to audit the Company's background screening program at any time, whether announced or unannounced. The Company hereby agrees that the Company shall, upon request, permit an authorized District representative to review background screening records, including those of individual Company employees, in order to conduct a compliance review, audit or investigation, to the fullest extent permitted by law. The Company shall ensure that the provisions of this Acknowledgment and Certification are extended to any and all subcontractors, consultants, or others the Company may engage if such engagement involves their presence upon the real property of the District.

The Company understands and agrees that violation of any of the provisions of this Acknowledgment and Certification shall constitute sufficient grounds for termination of any contract or subcontract without damages or penalty to the District.

This Acknowledgment and Certification is to be construed under the laws of the State of Iowa. If any portion hereof is held invalid, the balance of the document shall, notwithstanding, continue in full legal force and effect.

In signing this Acknowledgment and Certification, the person signing on behalf of the Company hereby acknowledges that he/she has read this entire document that he/she understands its terms, and that he/she not only has the authority to sign the document on behalf of the Company, but has signed it knowingly and voluntarily.



CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

The party identified above as Provider ("Provider") anticipates having dealings from time to time with Des Moines Independent Community School District, and/or one or more of the affiliates of Des Moines Independent Community School District. (Individually and collectively referred to herein as "Customer") In the course of such dealings, Provider may receive or have access to certain information concerning Customer or third parties to whom Customer has an obligation of confidentiality. In consideration of the business dealings of the parties, Provider agrees to the terms of this Confidentiality and Nondisclosure Agreement ("Agreement").

1. **Confidentiality.** For purposes of this Agreement, Customer's "Confidential Information" consists of: (a) all non-public information (including but not limited to trade secrets, proprietary information, and information about products, business methods and business plans) relating to Customer's business (or to the business of Customer's licensors, suppliers or other trading partners) that is either marked or otherwise identified as confidential or proprietary, or that a reasonable person would understand to be considered confidential by Customer (even if not so marked or identified); and (b) all information that Customer is obligated by law to treat as confidential for the benefit of third parties, including but not limited to personal, financial, and/or health information about individuals who have applied for or purchased financial products or services from Customer. Provider acknowledges that, in connection with the performance of this Agreement or otherwise in the course of its dealings with Customer, Provider may receive Confidential Information from Customer or may otherwise have access to or learn of Customer's Confidential Information. In the absence of Customer's prior written consent to a specific disclosure or use, Provider will not disclose to any third party any of Customer's Confidential Information, either orally or in writing, and will not appropriate any of Customer's Confidential Information to Provider's own use or to the use of any third party. Confidential Information that is provided by Customer to Provider will be used by Provider and its agents only for the purpose for which it was provided, and access to such information will be restricted to individuals who require the information (or access to the information) to further that purpose. Without limiting any of the foregoing, Provider will take at least such precautions to protect Customer's Confidential Information as Provider takes to protect its own confidential information, and in any event will take all precautions that are reasonably necessary to protect the security of Customer's Confidential Information. Upon Customer's request, Provider will return or destroy, as specified by Customer, all tangible items containing any of Customer's Confidential Information, including all copies, abstractions and compilations thereof, without retaining any copies of the items required to be returned or destroyed. With respect to an electronic or computer copies or records of or relating to the same, without limiting the foregoing, upon request for destruction by the Provider, the Provider shall immediately shred, permanently delete or otherwise irretrievably destroy and render unreadable all such copies or records from all computers, laptops, servers, back-up systems, storage devices and media owned by, or operated by or for the Provider.
2. **Notification obligation.** Upon learning of any unauthorized disclosure or use of Customer's Confidential Information, Provider will notify Customer promptly and cooperate fully with Customer to protect Customer's Confidential Information.
3. **Disclosure required by law.** If Provider believes it is required by law or by a subpoena or court order to disclose any of Customer's Confidential Information, then prior to any disclosure Provider will promptly notify Customer in writing, attaching a copy of the subpoena, court order or other demand, and Provider will make all reasonable efforts to allow Customer an opportunity to seek a protective order or other judicial relief.

4. **Non-restricted information.** Except as stated in the final sentence of this paragraph, nothing in this Agreement will be construed to restrict disclosure or use of information that: (a) was in the possession of or rightfully known by Provider, without an obligation to maintain its confidentiality, prior to receipt from Customer; (b) is or becomes generally known to the public without violation of this Agreement; (c) is obtained by Provider in good faith from a third party having the right to disclose it without an obligation of confidentiality; (d) is independently developed by Provider without the participation of individuals who have had access to Customer's Confidential Information. Provider acknowledges that certain laws governing information about individuals are more restrictive than the foregoing statements, and Provider agrees to comply in all respects with such laws.
5. **Duration of obligations.** The obligations imposed by this Agreement will survive termination of an existing business relationship between Provider and Customer, or completion of the exploration of a potential business relationship between the parties, as applicable, and will remain in effect with respect to each item of Confidential Information until that information becomes unprotected under the terms of the paragraph above titled "Non-restricted information". However, if applicable law sets a maximum period for the duration of obligations of nondisclosure and non-appropriation of confidential information, the obligations imposed by this Agreement with respect to each item of Confidential Information (other than trade secrets and other than information about individuals that is protected by law) will remain in effect only until such period expires.
6. **Additional limitation.** If Provider is directed in writing by Customer to discuss the work described and the business dealings associated with that work only with specifically named employee(s) of Customer, then Provider agrees not to disclose any information relating to that work to any other employee of Customer.
7. **Non-waiver.** No term or provision of this Agreement will be deemed waived and no breach will be deemed excused unless such waiver or consent will be in writing and signed by Customer. No consent by Customer to, or waiver of, a breach by Provider will constitute consent to, waiver of, or excuse for any different or subsequent breach.
8. **Partial invalidity.** If any provision of this Agreement is held to be unenforceable, the remaining provisions will continue in full force and effect. In addition, the parties or the court will modify any unenforceable provision so as to make it enforceable under applicable law, while keeping the modified provision as consistent as possible with the original intent of the parties.
9. **Headings.** The paragraph headings in this Agreement are for reference purposes only and will not be deemed a part of this Agreement.
10. **No assignment.** Rights and obligations under this Agreement are personal, and may not be assigned or delegated by either party.
11. **Governing law.** This Agreement will be governed by the laws of the state of Iowa, without reference to conflict of law principles.
12. **Consents, permissions and approvals.** If a provision of this Agreement requires Provider to obtain Customer's written consent, permission or approval (or similar indication of agreement) with respect to a specified matter, such consent, permission or approval (or similar indication of agreement) will, unless otherwise expressly stated in the applicable provision of this Agreement, be valid if and only if it is given in an email message sent by, or on a paper document manually signed in ink by, an authorized representative of Customer. Notwithstanding the foregoing: (a) if Customer's authorized representative faxes such a manually-signed paper document to the other party, the faxed copy of the manually-signed paper document will be valid to the same extent as the original; and (b) in no event may any provision of this Agreement be changed via email or by any document which is signed by only one party.
13. **Notices.** All notices required by this Agreement will be delivered by hand or overnight courier to Des Moines Public Schools, 1915 Prospect Road Suite 1200, Des Moines, IA, 50310.

Exhibit A
Game & Event Coverage

<i>Sport</i>	<i>Home</i>	<i>Away</i>	<i>Notes</i>
Varsity Football	Covered	Covered	
FR/SO/JV Football	Covered	Not Covered*	*Covered if played prior to Varsity game and per pre-game needs of varsity team
Friday Football	Covered	Covered*	*If played prior to Varsity game and per pre-game needs of varsity team
Varsity Volleyball	Covered	Not Covered	
FR/JV Volleyball	Covered*	Not Covered	*Covered once football practice needs are complete and coverage of home tournaments and per the request of the coach or Activities Director (AD)
Cross Country	Covered*	Not Covered	*Covered based on schedule plan developed by AD, Football, Cross Country coaches and the Trainer
Varsity Basketball	Covered	Not Covered	
SO/JV Basketball	Covered*	Not Covered	*Covered if games are played prior to varsity home games on the same date.
JV/Varsity Wrestling	Covered	Not Covered	
JV/Varsity Track	Covered	Not Covered	
Varsity Soccer	Covered	Not Covered	
FR/JV Soccer	Covered*	Not Covered	*Covered if games are played prior to varsity home games on the same date.
Baseball	Covered*	Not Covered	*Covered with Trainer rotating between softball and baseball as most games played on same date and times
FR/JV/SO Baseball	Covered*	Not Covered	*Covered if played immediately before home varsity baseball games.
Softball	Covered*	Not Covered	*Covered with Trainer rotating between softball and baseball as most games played on same date and times
FR/JV/SO Softball	Covered*	Not Covered	*Covered if played immediately before home varsity softball games.
Swimming	Not Covered*	Not Covered	*Unless coverage is sought and scheduled. Coverage if no conflict with football, basketball, wrestling, or other on-campus events / practices.
Golf	Not Covered	Not Covered	Any medical need for this sport – will contact the Trainer or stop by training room after the school day.
Tennis	Not Covered	Not Covered	Any medical need for this sport – will contact the Trainer or stop by training room after the school day.
Middle School Football	Covered*	Not Covered	*Coverage of MS full contact (pad) football games if desired by AD and if no conflict with high school practice or game coverage.
Middle School Wrestling	Covered*	Not Covered	*Coverage of wrestling matches as directed by AD
Middle School Track & Field	Covered	Not Covered	*Coverage of wrestling matches as directed by AD
Middle School Soccer	Covered*	Not Covered	* Coverage of soccer matches as directed by AD
Cheerleading, Dance Team, Performing Arts	Covered*	Not Covered	*Event coverage made <u>possible</u> with communication and review of schedule and availability based athletic team needs

Exhibit B
Game & Event Coverage
Post Season / State Tournament

<i>Sport</i>	<i>Home</i>	<i>Away</i>	<i>Notes</i>
Varsity Football	Covered	Covered	
Varsity Volleyball	Covered	Covered*	*Covered if game played in metro area and is not a conflict with other coverage needs at the School's practice or games
Cross Country	Covered*	Not Covered	*Covered if school is hosting for district/playoff event and if not a conflict with other coverage needs at the Schools practice or games
Varsity Basketball	Covered	Covered*	*Covered if game played in metro area and is not a conflict with other coverage needs at the School's practice or games
Varsity Wrestling	Covered	Not Covered	
Varsity Track	Covered	Not Covered	
Varsity Soccer	Covered	Covered*	*Covered if game played in metro area and is not a conflict with other coverage needs at the School's practice or games
Baseball	Covered	Covered*	*Covered if game played in metro area and is not a conflict with other coverage needs at the School's practice or games
Softball	Covered	Covered*	*Covered if game played in metro area and is not a conflict with other coverage needs at the School's practice or games
Swimming	Covered*	Not Covered	*Covered if requested by AD and if not a conflict with other coverage needs at the School
Golf	Not Covered*	Not Covered	*Not covered unless the School hosts playoff event they seek to have covered
Tennis	Not Covered*	Not Covered	*Not covered unless the School hosts playoff event they seek to have covered

Training services to provide medical coverage for play off / tournament events hosted by the School where the Schools teams may or may not be participating. The Trainer to act as liaison between the School and teams playing for any needed medical assistance or to assist visiting team medical personnel as needed. School events / practices will be covered as a priority if they occur at the same time as the play off or tournament event.



CERTIFICATE OF LIABILITY INSURANCE

9/1/2016

DATE (MM/DD/YYYY)
8/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 1329618 PHYSIOTHERAPY ASSOCIATES HOLDINGS, INC. 855 SPRINGDALE DRIVE, SUITE 200 EXTON PA 19341-2852	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B: Zurich American Insurance Company	16535
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES PHYCOR01

CERTIFICATE NUMBER: 13119226

REVISION NUMBER: XXXXXXXX

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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	N	SM909341	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	N	BAP0134854-00	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	N	UM800289	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B	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 N	N/A	WC0134853-01	9/1/2015	9/1/2016	<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
A	Professional Liability Claims-Made	Y	N	SM909341	9/1/2015	9/1/2016	\$1,000,000 Ea. Claim \$3,000,000 AGG.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A SELF INSURED RETENTION OF \$100,000 APPLIES TO THE PROFESSIONAL LIABILITY. A SELF INSURED RETENTION OF \$10,000 APPLIES TO THE GENERAL LIABILITY. ALL EMPLOYEES AND FACILITIES OF PHYSIOTHERAPY CORPORATION ARE COVERED UNDER THE GENERAL LIABILITY POLICY BUT ONLY FOR ACTS WITHIN THE SCOPE OF THEIR EMPLOYMENT WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF THE CERTIFICATE HOLDER (ON ALL POLICIES EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

13119226 "For Informational Purposes Only"	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 