

**NON-EMPLOYEE CONTRACT FOR ADJUNCT PERSONNEL
SCHOOL BOARD OF CLAY COUNTY, FLORIDA
900 Walnut Street
Green Cove Springs, Florida 32043**

"YOUNG REMBRANDTS" is a family-funded after-school enrichment program hosted in elementary schools to provide drawing and art enrichment to elementary age children.

THIS AGREEMENT stipulates the terms and conditions under which "YOUNG REMBRANDTS" (hereinafter "contractor") agrees to provide drawing classes as outlined below under the provisions of School Board policy. The above-named contractor agrees to provide these services for the School Board of Clay County, Florida, at the following location(s):

<SCHOOL NAME ENTERED HERE>
<SCHOOL ADDRESS HERE.
<SCHOOL CITY, ST ZIP HERE>

The contractor must comply with the following terms and conditions:

(1) All instructors under the employ of the contractor must submit to and pass a Level II background check prior to teaching the Young Rembrandts drawing curriculum at any Clay County School. The contractor will use the process specified by the Clay County School Board for obtaining a Level II background check, and agrees to obtain a current clearance card for each instructor that teaches classes in the Clay County School District. The full cost of this procedure shall be the responsibility of the said contractor.

(2) The contractor must carry and provide evidence thereof for:
(a) \$1,000,000 liability insurance with the School Board of Clay County, Florida, listed as additional insured;
(b) Workers Comp. insurance in an amount that complies with School Board policy.

(3) Participants in these activities will be restricted to students who are enrolled in or participate in a program within the facility that sponsors the above-named contractor. Classes are grouped in individual sessions of 6 to 8 weeks throughout the school year, and meet one time per week. Students may enroll in one or more sessions during the school year, using preprinted enrollment flyers sent home with the student no more than twice before each new session. The cost of printing enrollment flyers and delivering them to the facility for distribution shall be the responsibility of the said contractor. Under the provisions of this contract, the contractor is given permission to have access to the facilities mailboxes for the purpose of enrollment flyer

distribution.

(4) The cost to the student is \$13 per class. The total charge for a drawing session is determined by multiplying the per class cost by the number of classes in the session. The contractor will invoice the session charge directly to the student's parents upon enrollment. The per class rate may be changed from school year to school year

(5) Payments will be collected directly from the family by the contractor, who is solely responsible for all collection activity. The contractor is obligated to provide the facility with (a) a current roster of all students participating in the session and (b) an accounting by student of charges and payments for a session prior to the close of the session. It is the responsibility of the contractor to insure that all accounting processes are transparent, and auditable by the facility at the facility's digression.

(6) The said contractor hereby agrees to provide a facility usage consideration to the facility as follows:

(a) Pay an eighteen percent (18%) usage fee of the total sum of all current session payments made, prior to the conclusion of said current session. The contractor shall be responsible for obtaining payments from the family and remitting the eighteen percent (18%) usage fee for all students actively on the current session roster. The usage fee payment, with appropriate accounting, will be made payable to: <SCHOOL NAME>. The usage fee percent may be changed from school year to school year.

(b) The School Board of Clay County agrees that Title I schools may require contractor service program(s) designed to (i) significantly reduce the total session cost to students and (ii) allow for at least 50% of the students enrolled in the session to be provided all fees paid scholarships. Therefore, the facility administrator of a Title I school has the option to forego collecting the then current usage fee and the contractor will:

(i) Reduce the per class cost by approximately 65% thereby reducing the total tuition per session;

(ii) Limit each session length to not more than 6 weeks, thereby further reducing the total cost per session;

(iii) Allow the facility administrator to limit the number of paid enrollments beyond the minimum required of 8, and provide the administrator all fees paid scholarships from the limit set by the administrator up to the maximum class size of 18.

(7) The contractor agrees to use best efforts to collect all delinquent payments for previously completed drawing sessions. All late payments will be subject to then current usage fee payment as defined in paragraph (6 a).

(8) All classes will be conducted in dry media only.

(9) The contractor will be responsible for cleanup after each session and returning the facility to pre-class condition.

(10) Supplies will be provided by contractor.

Under the terms of this contract, the contractor shall in NO WAY BE CONSTRUED TO BE AN EMPLOYEE of the School Board of Clay County, Florida, will not qualify for entitlements as such, and will not be treated as an employee for federal tax purposes. The School Board of Clay County, Florida, reserves the right to cancel services of the above said contractor at any time.

Sharon L. Murawski

CONTRACTOR'S PRINTED NAME

Sharon L. Murawski
CONTRACTOR'S SIGNATURE

20-1022893

Federal I.D. No

6-27-2012

Date

BUSINESS NAME: Young Rembrandts

ADDRESS: 2220 CR 210 W., Suite 108 - PMB 310, St. Johns, FL 32259

TELEPHONE: 904-230-4714

PRINCIPAL'S PRINTED NAME

PRINCIPAL'S SIGNATURE

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/11

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 Encompass Insurance Consultants 113 Nature Walk Parkway Suite 101 St. Augustine, FL 32092 Phone (904)230-9669 Fax (904)687-0815	CONTACT NAME: PHONE (A/C, No, Ext): (904)230-9669 FAX (A/C, No): (904)687-0815 E-MAIL ADDRESS: larry@encompassic.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED RDM, LLC dba Young Rembrandts 2220 Cr210 West, Suite 108-310 Jacksonville, FL 32259	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D: Travelers Casualty And Surety	
	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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> (If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	IAUB5660L47A11	08/02/2011	08/02/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000.00 E.L. DISEASE - EA EMPLOYE \$ 2,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 2,000,000.00

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

CERTIFICATE HOLDER

Clay County School District
 900 Walnut Street
 Green Cove Springs, FL 32043

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

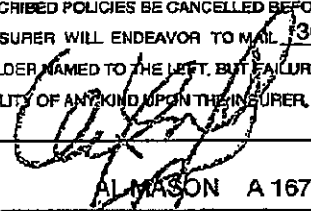
ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)
03/23/2012

PRODUCER SOUTHEAST MARINE & AVIATION INS. 2333 PONCE DE LEON BLVD. SUITE R-200 CORAL GABLES, FLORIDA 33134 TELE: 305-779-7676 FAX: 305-779-7677	Serial # 103886	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED R. D. M., LLC DBA YOUNG REMBRANDTS 2220 COUNTY RD. 210 W. SUITE 108 BOX 310 ST. JOHNS, FL 32259	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC#</td> </tr> <tr> <td>INSURER A: WESTERN WORLD</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: WESTERN WORLD		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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COVERAGES
 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

WSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NPP1329028	03/21/2012	03/21/2013	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
		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) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 PROFESSIONAL LIABILITY \$1,000,000 PER CLAIM / SUBJECT TO GENERAL AGGREGATE.
 \$25,000/\$50,000 SEXUAL MOLESTATION
 \$250 DEDUCTIBLE FOR BODILY INJURY AND PROPERTY DAMAGE PER CLAIM INCLUDING ADJUSTMENT EXPENSE.
 CLAY COUNTY SCHOOL DISTRICT IS NAMED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY ONLY.

CERTIFICATE HOLDER CLAY COUNTY SCHOOL DISTRICT 900 WALNUT STREET GREEN COVE SPRINGS, FL 32043	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  AL MASON A 167455
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