

BID RESPONSE PACKET
710-21-0024

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	HolaDoctor Inc.				
Address:	800 Old Roswell Lakes Parkway, Suite 150				
City:	Roswell	State:	GA	Zip Code:	30076
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
	AR Certification #: _____			* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation-related matters.</i>			
Contact Person:	James Jones	Title:	National Account Executive
Phone:	(813) 892-1926	Alternate Phone:	305-239-8811
Email:	jjones@holadoctor.net		

CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i></p>

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

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not during the aggregate term of a contract awarded as a result of this bid solicitation.
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

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

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

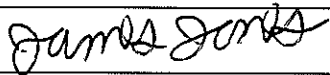
Authorized Signature: James Jones Title: National Account Executive
Use Ink Only.

Printed/Typed Name: James Jones Date: 01/19/2021

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

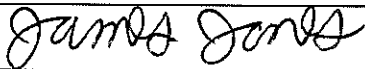
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

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

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

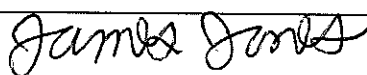
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

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

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

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

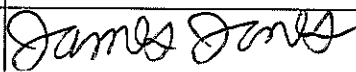
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

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

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

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

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

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

PROPOSED SUBCONTRACTORS FORM

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

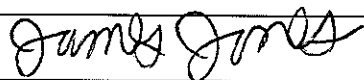
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

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

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES

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

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

OFFICIAL BID PRICE SHEET

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

James Jones

Application for Certificate of Authority

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

Notice

Notice for Foreign Filings

The following procedures must be completed before submitting transaction:

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

OR

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

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

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

Asterisk(*) indicates required field.

Filing Act

*Select Filing Act

958 of 1987

Entity Information

*Corporation Name

HolaDoctor

*Designated Name To Be Used in Arkansas

HolaDoctor

[Search for similar names](#)

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

*State of

Origin

Georgia

Country of
Incorporation

United States

*Date Incorporated 8/11/1999

Period of Duration Ongoing

Primary Purpose Interpretation and Translation

Stock

The number and par value, if any, of shares of the corporation's capital stock owned or to be owned by residents of Arkansas.

Number of shares 0

Par value of shares 0

Value of Assets in Arkansas 0

Total Value of Assets (including Arkansas) 0

Financial Institutions Extension



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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Broadened Named Insured

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

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

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

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

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

B. Newly Acquired or Formed Organizations as Named Insureds

1. Paragraph **3.** of Section **II – Who Is An Insured** is replaced by the following:

3. Any organization you newly acquire or form during the policy period and over which you maintain an ownership interest of more than 50% of such organization, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the end of the policy period;
- b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

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

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

C. Insured Status – Employees

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

2. Each of the following is also an insured:

- a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
- (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
- (d) Arising out of his or her providing or failing to provide professional health care services.

However:

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

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

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

D. Additional Insureds – Lessees of Premises

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

However, the insurance afforded to such additional insured:

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

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

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

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

E. Additional Insured – Vendors

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