

**RFP TITLE: MEDICAL DIRECTOR SERVICES**

**RFP NO.: 2021-032**

**Title Page**

**Proposer Firm:**

InPhyNet South Broward, Inc.

**Proposer Contact Name:**

Frederick Keroff, M.D., FACEP

**Proposer Mailing Address:**

2883 East Lake Vista Circle  
Davie, Florida 33328-1127

**Proposer Telephone Number:**

305-333-9433

**Proposer email address:**

[fredkeroff@aol.com](mailto:fredkeroff@aol.com)

Date: October 25, 2021

**RFP TITLE: MEDICAL DIRECTOR SERVICES**

**RFP NO.: 2021-032**

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InPhyNet South Broward, Inc.

**Proposer Contact Name:**

Frederick Keroff, M.D., FACEP

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# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
 Finance Department / Procurement Division  
 Tel: 305-460-5102 / Fax: 305-261-1601

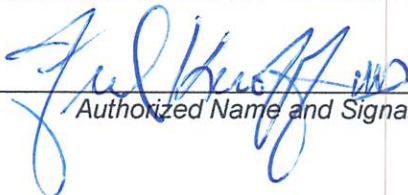
## PROPOSER'S ACKNOWLEDGEMENT

<b>RFP Title:</b> Medical Director Services	<b>Electronic submittals must be received prior to 2:00 p.m., November 2, 2021, via PublicPurchase; and will remain valid for 120 calendar days. Submittals received after the specified date and time will not be accepted.</b>
<b>RFP No.:</b> 2021-032  A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.	Contact: Letrice Y. Smith Title: Procurement Specialist Telephone: 305-460-5121 Email: <a href="mailto:Lsmith@coralgables.com">Lsmith@coralgables.com</a> <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a>

<b>Proposer Name:</b> Frederick Michael Keroff <sup>CEO Inphynnet</sup> South	<b>FEIN or SS Number:</b> 65-0726225
<b>Complete Mailing Address:</b> 2883 East Lake Vista Circle Davie, Florida 33328-1157	<b>Telephone No.:</b> Cellular No.: 305-333-9433
<b>Indicate type of organization below:</b> Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	<b>Fax No.:</b>
<b>Bid Bond/Security Bond (if applicable)</b> <input checked="" type="checkbox"/> N/A _____ %	<b>Email:</b> fredkeroff@aol.com

**ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RFP FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROPOSER NON-RESPONSIVE.**

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK**, ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

  
 \_\_\_\_\_  
 Authorized Name and Signature

SVP \_\_\_\_\_ Oct 8, 2021  
 Title Date  
 Senior Vice President

# SOLICITATION SUBMISSION CHECKLIST

## Request for Proposals (RFP) No. 2021-032

COMPANY NAME: (Please Print): InPhyNet South Broward, Inc.  
Phone: 305-333-9433 Email: fred.keroff@aol.com

A response package numbered by page must be submitted ELECTRONICALLY via PUBLICPURCHASE. Please provide the PAGE NUMBER of your solicitation response in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:

### SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.

- 1) Title Page: Show the RFP number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. PAGE # 1
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. PAGE # 2
- 3) Fill out, sign, and submit the Proposer's Acknowledgement Form. PAGE # 3
- 4) Fill out and submit the Solicitation Submission Check List. PAGE # 4-6
- 5) Fill out, sign, notarize (as applicable), and submit the Proposer's Affidavit and Schedules A through M. PAGE # 7-23
- 6) Fill out, E-Verify Affidavit PAGE # 24
- 7) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 25-37

### SUBMITTAL - SECTION II: EXPERIENCE AND PROPOSER'S QUALIFICATIONS

#### (i) FOR PROPOSER:

- 1) Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities and capacity to meet the City's needs. PAGE # 25
- 2) Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" for a minimum of five (5) years to public sector agencies/ or as a Physician in an emergency department similar in size to the City of Coral Gables. PAGE # 25

### SUBMITTAL - SECTION III: PROJECT APPROACH AND METHODOLOGY

- 1) Describe in detail, your approach to perform the services solicited herein. Include detailed information, as applicable, which addresses, but need not be limited to: understanding of the RFP scope and explain methods and mitigate a public health pandemic and requirements, implementation plan and

communication with City staff and Consultants. Indicate how the Proposer intends to positively and innovatively work with the City in providing the services outlined in this RFP. PAGE # 25

- 2) Provide a detailed description of proposer's capabilities and competency, including but not limited to:
- a. Training experience in Paramedics & Emergency Medical Technicians (EMT) to include testing and state of Florida certification procedures / contributions to EMS. PAGE # 25-37
  - b. Training experience and approach in Advance Life Support protocols. PAGE # 25-37

**SUBMITTAL – SECTION IV: PROFESSIONAL AFFILIATION / HISTORY OF AFFILIATION WITH FIRE DEPARTMENT AND / OR HOSPITAL SERVING THE COMMUNITY**

- 1) Proposer experience as a Liaison with neighboring Fire Department Medical Directors. PAGE # 25-37
- 2) Proposer Experience as a Liaison with neighboring Community Hospitals, Trauma Centers and any other Emergency Medical Professional organizations. PAGE # 25-37

**SUBMITTAL – SECTION V: PAST PERFORMANCE AND REFERENCES**

- 1) Provide a minimum of three (3) references for which the Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. **DO NOT include work/services performed for the City of Coral Gables or City employees as reference.** PAGE # 38-40
- 2) Provide a list with contact information of public sector clients, if any, that have discontinued use of Proposer's services within the past two (2) years and indicate the reasons for the same. The City reserves the right to contact any reference as part of the evaluation process. PAGE # NA
- 3) Please identify each incident within the last five (5) years where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFP (See Affidavit D). PAGE # NA
- 4) Proposer's statement regarding having any past performance issues of malpractice, etc. PAGE # NA

**SUBMITTAL – SECTION VI: PROPOSAL PRICE PROPOSAL**

- 1) Provide pricing on the Response Form for Medical Director. PAGE # 42

**SUBMITTAL – SECTION VII: AGREEMENT COMMENTS**

- 1) Please follow the instructions as outlined in Section 1.6 Agreement Execution.

**NOTICE--**

**BEFORE SUBMITTING YOUR RFP RESPONSE MAKE SURE YOU:**



1. Carefully read and have a clear understanding of the RFP, including the Scope of Services and enclosed Professional Services Agreement (*draft*).



2. Carefully follow the Submission Requirements outlined in Section 6 of the RFP and ensure you have submitted all of the required information. **DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.**



3. **Prepare and submit ONE (1) electronic copy via PublicPurchase**



4. Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

**FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RESPONSE SUBMITTAL NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.**



**RESPONDENT'S AFFIDAVIT**

**SOLICITATION:**        **RFP 2021-032 Medical Director Services**

**SUBMITTED TO:**     City of Coral Gables  
                         Procurement Division  
                         2800 SW 72 Avenue  
                         Miami, Florida 33155

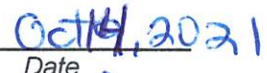
The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through M shall be relied upon by Owner awarding the contract and such information is warranted by Respondent to be true and correct. The discovery of any omission or misstatements that materially affects the Respondent's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the respondent that has submitted the attached solicitation response*). Schedules A through M are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – RESPONDENT'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA
- SCHEDULE I – APPENDIX A, 44 C.F.R. PART 18-CERTIFICATION REGARDING LOBBYING
- SCHEDULE J – CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
- SCHEDULE K – FEDERAL GRANT FUNDING SPECIAL PROPOSAL CONDITIONS
- SCHEDULE L – WORK HOURS & SAFETY CERTIFICATION
- SCHEDULE M – SAFETY ACCIDENT PREVENTION

This affidavit is to be furnished to the City of Coral Gables with the solicitation response. It is to be filled in, executed by the respondent and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the solicitation response.

 MD  
\_\_\_\_\_  
Authorized Name and Signature

  
\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Date



STATE OF Florida

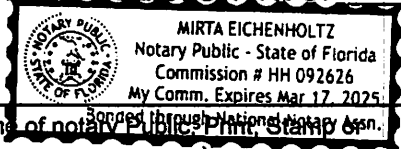
COUNTY OF Broward

On this 14 day of October, 2021, before me the undersigned Notary Public of the State of FL, personally appeared Fredende Keroff  
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

Marta Eichenholtz

NOTARY PUBLIC, STATE OF FL



(Name of notary Public Print Stamp & Type as Commissioned.)

NOTARY PUBLIC  
SEAL OF OFFICE:

Personally know to me, or Produced Identification.

\_\_\_\_\_  
(Type of Identification Produced)



**SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION**

Neither I, nor the company, hereby represent has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the respondent) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the respondent) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):



**SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT**

1. He/she is the Representative  
(Owner, Partner, Officer, Representative or Agent)

of the Respondent that has submitted the attached response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Respondent's officers or employees are employed by the City, indicate name and relationship below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- 4. No lobbyist or other Respondent is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.



**SCHEDULE "C" CITY OF CORAL GABLES - VENDOR DRUG-FREE STATEMENT**

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug- free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087



**SCHEDULE "D" CITY OF CORAL GABLES – RESPONDENT'S QUALIFICATION STATEMENT**

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

**GENERAL COMPANY INFORMATION:**

Company Name: In PhyNet South Broward

Address: 2883 East Lake Vista Circle Davie FL 33328  
Street City State Zip Code

Telephone No: 305-333-9433 Fax No: ( ) Email: fredheoff@aol.com

How many years has your company been in business under its present name? 35 Years

If Respondent is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:

\_\_\_\_\_

Under what former names has your company operated? : \_\_\_\_\_

At what address was that company located? \_\_\_\_\_

Is your company certified? Yes  No \_\_\_\_\_ If Yes, **ATTACH COPY** of Certification.  
Is your company licensed? Yes  No \_\_\_\_\_ If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?  
Yes \_\_\_\_\_ No  If yes, explain: \_\_\_\_\_

**LEGAL INFORMATION:**

Please identify each incident **within the last five (5) years** where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Respondent's rights, remedies or duties under a contract for the same or similar type services to be provided under this solicitation **(A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified)**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company ever been debarred or suspended from doing business with any government entity?

Yes \_\_\_\_\_ No  If Yes, explain \_\_\_\_\_

*Handwritten signature and number 11*

**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE**

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

**SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT**

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

**SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

1. I understand that a "public entity crime" as define 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 of the United States, including, but not limited to, any Proposal 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.
2. I understand that "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, non-jury trial, or entry of a plea of guilty or nolo contendere.



3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

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 36 months shall be considered an affiliate.

4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, 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 Proposals or applies to Proposal 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, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Please indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has 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 its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the 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. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

**[Attach a copy of the final order]**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**



**SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA**

1. The undersigned agrees, if this RFQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFQ and Contract Documents within the Contract time indicated in the RFQ and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Qualifications.

**Failure to adhere to changes communicated via any addendum may render your response non-responsive.**

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

 14

**SCHEDULE "I" - APPENDIX A, 44 C.F.R. PART 18-CERTIFICATION REGARDING LOBBYING**

**LOBBYING - 31 U.S.C. 1352, as amended**

**APPENDIX A, 44 CFR PART 18--CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements  
(To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Company] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Respondent, Frederick Michael Keroff, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Frederick Michael Keroff Signature of Company's Authorized Official

Senior Vice President Name and Title of Company's Authorized Official

Oct 9, 2021 Date

*FK* 15

**SCHEDULE "J" – CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION**

**Government Debarment & Suspension Instructions**

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.





**Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.355, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

**[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING CERTIFICATION]**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this solicitation

Frederick Michael Keruff, MD Senior Vice President  
Printed Name and Title of Authorized Representative

  
Signature

Oct 9, 2021  
Date



## SCHEDULE "K" FEDERAL GRANT FUNDING SPECIAL PROPOSAL CONDITIONS

This procurement is fully or partially Federally Grant funded. Respondent certifies that it shall comply with the applicable clauses as enumerated below.

1. **Drug Free Workplace Requirements:** Drug-free workplace requirements in accordance with Drug Free Workplace Act of 1988 (Pub I 100-690, Title V, Subtitle D) All proposers entering into Federal funded contracts over \$100,000 must comply with Federal Drug Free workplace requirements as Drug Free Workplace Act of 1988.
2. **Respondent's Compliance:** The respondent shall comply with all uniform administrative requirements, cost principles, and audit requirements for federal awards.
3. **Conflict of Interest:** The respondent must disclose in writing any potential conflict of interest to the city or pass-through entity in accordance with applicable Federal policy.
4. **Mandatory Disclosures:** The respondent must disclose in writing all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.
5. **Utilization of Minority and Women Firms (M/WBE):** The respondent must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible, in accordance with 2CFR 200.321. If subcontracts are to be let, prime proposer will require compliance by all sub-contractor. Prior to contract award, the respondent shall document efforts to utilize M/WBE firms including what firms were solicited as suppliers and/or subcontractor as applicable and submit this information with their bid submittal. Information regarding certified M/WBE firms can be obtained from:

Florida Department of Management Services (Office of Supplier Diversity)  
Florida Department of Transportation  
Minority Business Development Center in most large cities and  
Local Government M/DBE programs in many large counties and cities

6. **Equal Employment Opportunity/Nondiscrimination:** (As per Executive Order 11246) The respondent may not discriminate against any employee or applicant for employment because of age, race, color, creed, sex, disability or national origin. The respondent agrees to take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their age, race, color, creed, sex, disability or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.
7. **Davis-Bacon Act:** If applicable to this contract, the respondent agrees to comply with all provisions of the Davis Bacon Act as amended (40 U.S.C. 3141-3148). Respondents are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, respondents must be required to pay wages not less than once a week. If the grant award contains Davis Bacon provisions, the City will place a copy of the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination.
8. **Copeland Anti Kick Back Act:** If applicable to this contract, respondents shall comply with all the requirements of 18 U.S.C. § 874, 40 U.S.C. § 3145, 29 CFR Part 3 which are incorporated by reference to this contract. Respondents are prohibited from inducing by any means any person employed in the construction, completion or repair of public work to give up any part of the compensation to which he or she is otherwise entitled.



9. **Contract Work Hours and Safety Standards Act** (40 U.S.C. 3701–3708): Where applicable, all contracts awarded in excess of \$100,000 that involve the employment of mechanics or laborers must be in compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each respondent is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
10. **Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387)**; as amended—The Respondent agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
11. **Debarment and Suspension** (Executive Orders 12549 and 12689): A contract award (see 2 CFR 180.220 and 2 CFR pt. 300) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension. SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The respondent shall certify compliance. The respondent further agrees to include a provision requiring such compliance in its lower tier covered transactions and subcontracts.
12. **Byrd Anti-Lobbying Amendment** (31 U.S.C. 1352): Respondents that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award. The respondent shall certify compliance.
13. **Rights to Inventions Made Under a Contract or Agreement**: If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or sub-recipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or sub-recipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
14. **Procurement of Recovered Materials**: Respondents must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.



15. **Access to Records and Reports:** Respondent will make available to the City's granting agency, the granting agency's Office of Inspector General, the Government Accountability Office, the Comptroller General of the United States, City of Coral Gables, or any of their duly authorized representatives any books, documents, papers or other records, including electronic records, of the proposer that are pertinent to the City's grant award, in order to make audits, investigations, examinations, excerpts, transcripts, and copies of such documents. The right also includes timely and reasonable access to the respondent's personnel during normal business hours for the purpose of interview and discussion related to such documents. This right of access shall continue as long as records are retained.
16. **Record Retention:** Respondent will retain of all required records pertinent to this contract for a period of three years, beginning on a date as described in 2 C.F.R. §200.333 and retained in compliance with 2 C.F.R. §200.333.
17. **Federal Changes:** Respondent shall comply with all applicable Federal agency regulations, policies, procedures and directives, including without limitation those listed directly or by reference, as they may be amended or promulgated from time to time during the term of the contract.
18. **Termination for Default (Breach or Cause):** If a contract is entered into, the Respondent acknowledges that if it fails to perform in the manner called for in the contract, or if the Respondent fails to comply with any other provisions of the contract, the City may terminate the contract for default. Termination shall be effected by serving a notice of termination to the respondent setting forth the manner in which the respondent is in default. The respondent will only be paid the contract price for supplies delivered and accepted, or services performed in accordance with the manner of performance set forth in the contract.
19. **Safeguarding Personal Identifiable Information:** Respondent will take reasonable measures to safeguard protected personally identifiable information and other information designated as sensitive by the awarding agency or is considered sensitive consistent with applicable Federal, state and/or local laws regarding privacy and obligations of confidentiality.
20. **Prohibition on utilization of cost plus a percentage of cost contracts:** The City will not award contracts containing Federal funding on a cost plus percentage of cost basis.
21. **Energy Policy and Conservation Act (43 U.S.C. §6201):** All contracts except micro-purchases (\$3000 or less, except for construction contracts over \$2000). Contracts shall comply with mandatory standards and policies relating to energy efficiency, stating in the state energy conservation plan issued in compliance with the Energy Policy and Conservation act. (Pub. L. 94-163, 89 Stat. 871) [53 FR 8078, 8087, Mar. 11, 1988, as amended at 60 FR 19639, 19645, Apr. 19, 1995].



As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above applicable requirements. I further certify that any subcontractor will also be required to comply with the requirements above.

DATE: Oct 9, 2021

SIGNATURE: 

COMPANY: In PhyNet South Broward

NAME: Fredrick Michael Keroff, MD

ADDRESS: 2883 East Lake Vista Circle  
Davie, Florida  
33328-1127

TITLE: Senior Vice President

E-MAIL: fredkeroff@aol.com

PHONE NO. 305-333-9433



**SCHEDULE "L" - CONTRACTOR CERTIFICATION WORK HOURS AND SAFETY STANDARDS**  
**ADDENDUM**

This certification is incorporated as part of the contract for Medical Director Services.

The Contractor acknowledges and certifies that in accordance with the mandatory requirement that this provision be set forth in all FEMA related contracts, that it shall comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).

Under 40 U.S.C. s. 3702, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week.

The requirements of 40 U.S.C. s. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

More particularly, as set forth in 29 CFR s.5.5(b) which provides the required contract clauses:

(1) *Overtime requirements.* No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

(2) *Violation; liability for unpaid wages; liquidated damages.* In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$25 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.

(3) *Withholding for unpaid wages and liquidated damages.* The (write in the name of the Federal agency or the loan or grant recipient) shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

(4) *Subcontracts.* The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (1) through (4) of this section.

Frederick Keroff, MD, hereby certifies that it shall adhere to the Work Hours and Safety Standards regulations throughout the duration of this Contract as set forth above.

Contractor Signature


Date: Oct 9, 2021

**SCHEDULE "M" – SAFETY ACCIDENT PREVENTION**

This provision is applicable to all Federal-aid construction contracts and to all related subcontracts.

1. In the performance of this contract the contractor shall comply with all applicable Federal, State and local laws governing safety, health, and sanitation (23 CFR 635). The contractor shall provide all safeguards, safety devices and protective equipment and take any other needed actions as it determines, or as the contracting officer may determine, to be reasonably necessary to protect the life and health of employees on the job and the safety of the public and to protect property in connection with the performance of the work covered by the contract.
2. It is a condition of this contract, and shall be made a condition of each subcontract, which the contractor enters into pursuant to this contract, that the contractor and any subcontractor shall not permit any employee, in performance of the contract, to work in surroundings or under which are unsanitary, hazardous or dangerous to his/her health or safety, as determined under construction safety and health standards (29 CFR 1926) promulgated by the Secretary of Labor, in accordance with Section 107 of the Construction Work Hours and Safety Standards Act (40 U.S.C. 3704).
3. Pursuant to 29 CFR 1926.3, it is a condition of this contract that the Secretary of Labor or authorized representative thereof, shall have right of entry to any site of contract performance to inspect or investigate the matter of compliance with the construction safety and health standards and to carryout the duties of the Secretary under Section 107 of the Contract Work Hours and Safety Standard Act (40 U.S.C. 3704).

Frederick Keruff, MD, hereby certifies that it shall adhere to the Safety Accident Prevention regulations throughout the duration of this Contract as set forth above.

  
Contractor Signature  
Date: Oct 9, 2021



City of Coral Gables  
Finance Department/Procurement Division

**Employer E-Verify Affidavit**

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

TeamHealth Id - 1189194  
Federal Work Authorization User Identification Number  
4-13-2017  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/16/2021 in Coral Springs (city), FL (state).

Patricia O'Reilly  
Signature of Authorized Officer or Agent

Patricia O'Reilly HR Manager  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 16 DAY OF Oct, 2021

[Signature]  
NOTARY PUBLIC  
My Commission Expires:





October 14, 2021

City of Coral Gables  
Office of the Chief Procurement Officer  
2800 SW 72<sup>nd</sup> Avenue  
Miami, Florida 33155

**Re: Medical Director, RFP 2021-032**

Dear Madams or Sirs:

I am submitting my name for your consideration for the position of Medical Director of Fire Rescue for the City of Coral Gables.

The City of Coral Gables Fire Rescue has a reputation for high-quality work within the EMS community of South Florida. The Fire Rescue leadership has provided strong direction and oversight.

My approach to the scope of services will continue to be regular contact and involvement with the leadership and Fire Rescue members. Through educational sessions and quality reviews we will maintain the high quality of services that are currently provided and we will continue to adopt new strategies for the better care of our patients.

As the current Medical Director, I have provided and will continue to provide quality medical oversight and clear input to the leadership team of the Coral Gables Fire Department. As the current Medical Director for the Fire Rescue systems of Coral Gables, Hialeah, and Miami Beach, I am familiar with the needs of the Fire Rescue community. Additionally, as the District Medical Director for Emergency Services for the South Broward Hospital System (Memorial Healthcare System) and the Vice-Chair of the Broward County EMS Council, I am familiar with the need for a strong relationship and clear, open communications among EMS agencies and the area hospitals.

I have been practicing full-time emergency medicine in South Florida since 1978. I have been actively involved in teaching EMS personnel since that time.

I believe that with my experience and judgment I will continue to provide excellent medical direction for your Department.

Sincerely,



Frederick Keroff, MD, FACEP  
District Medical Director of Emergency Services, Memorial Healthcare System  
Medical Director, Hialeah Fire Department  
Medical Director, Miami Beach Fire Department  
Medical Director, Coral Gables Fire Department

# CURRICULUM VITAE



*Frederick Michael Keroff, M.D.,  
FACEP*

Updated 10/2021

**Contact Information:**

2883 East Lake Vista Circle  
Davie, Florida 33328-1127  
305-333-9433 ©

**Business Address:**

3501 Johnson Street  
Hollywood, Florida 33021  
Business: 954-265-6307  
Email: fkeroff@mhs.net

**Personal:**

Born: September 4, 1948, Chicago, Illinois  
Married: Dr. Esther Fernandez-Keroff  
Children: Daniel, David

**Education:**

*Bachelor of Science* - University of Illinois - Urbana,  
Illinois, September 1966 - June 1970

*Medical Doctor* - University of Health Sciences  
The Chicago Medical School - Chicago, Illinois  
September 1970 - June 1975

*Internship* - Jackson Memorial Hospital  
University of Miami Medical School - Miami, Florida  
July 1975 - June 1976

*Residency - Family Medicine* - Jackson Memorial  
Hospital University of Miami Medical School -  
Miami, Florida, July 1976 - June 1978

*Chief Resident - Family Medicine* - Jackson Memorial  
Hospital University of Miami Medical School - Miami,  
Florida, July 1977 - June 1978

**Certifications:**

**State of Florida - Department of Business & Professional  
Regulation** Florida Medical License: ME0026979 Expires  
01/31/2019

**DEA:** AK7087580 Expires 12/31/2018

**American Board of Emergency Medicine**

Certified 1984; Recertified 1993, 2003, 2012

Expires 12/31/2022

**American Board of Family Practice**

Certified 1978; Recertified 1985, 1991, 1997, 2004,

Expires 12/31/2023

**American Board of Quality Assurance & Utilization  
Review Physicians**

Certified 1988; Recertified 1991, 1994, 1997

**Advanced Cardiac Life Support (ACLS)**  
Provider 1977 - Present, Expires 1/2020  
Instructor 1983 - Present, Expired 5/2000  
Florida State Affiliate Faculty 1986-2001  
**Advanced Trauma Life Support (ATLS)**  
Instructor 1981 - 1998, 2018-  
Provider 1981, expires 2/10/2021  
**Basic Cardiac Life Support (BCLS)**  
Provider 1993, Expires 1/2020  
**Pediatric Advanced Life Support (PALS)**  
Provider 1988 - Present, Expires 1/2020  
Instructor 1989 - 1998

**Clinical/Administrative  
Experience:**

**Keys Community Hospital - Tavernier, Florida**  
*Emergency Department Physician*  
July 1978 - February 1980 - Full-time  
**Coral Gables Hospital - Coral Gables, Florida**  
*Emergency Department Physician*  
July 1978 - February 1980 - Full-time  
**Coral Reef General Hospital - Miami, Florida**  
*Emergency Department Physician*  
March 1980 - December 1981 - Full-time

**TEAM HEALTH/INPHYNET MEDICAL MANAGEMENT, INC. (EMSA)**

**PHYSICIAN - Emergency Department**  
*Parkway Regional Medical Center - Miami,*  
Florida, January 1982 - December 1983

**MEDICAL DIRECTOR**  
*Palmetto General Hospital - Hialeah, Florida*  
January 1984 - February 1992  
February 1996 - 2001

**ACTING MEDICAL DIRECTOR**  
*Deering Hospital (Jackson-South)- Miami,*  
Florida, January 1999 - 2001

**REGIONAL MEDICAL DIRECTOR**

- *Palmetto General Hospital - Hialeah, Florida*  
January 1989 - 2002
- *Kendall Regional Medical Center - Miami,*  
Florida, August 1992 - 2002
- *Plantation General Hospital - Plantation,*  
Florida, July 1992 - 2000
- *Northwest Medical Center - Margate, Florida*  
July 1992 - 2000

**Clinical/Administrative  
Experience (continued)**

- *Aventura Hospital & Medical Center* - Miami, Florida, December 1992 - 2000
- *Delray Community Hospital* - Delray Beach, Florida, December 1992 - 2000
- *Deering Hospital* - Miami, Florida March 1995 - 2001
- *Westside Regional Medical Center* - Plantation, Florida, September 1995 - 2001
- *Miami Heart Institute South* - Miami, Florida January 1997 - 2000
- *Martin Memorial Hospital North/South* - Stuart, Florida, September 1997 - 2000
- *Memorial Hospital Pembroke* - Pembroke Pines, Florida, December 1992 - July Present
- *West Boca Medical Center* - Boca Raton, Florida December 1992 - April 1998
- *Pompano Beach Medical Center* - Pompano Beach, Florida, December 1992 - July 1998
- *Pensacola Naval Hospital* - Pensacola, Florida February 1989 - December 1992
- *Homestead Air Force Base* - Homestead, Florida, June 1989 - December 1992
- *England Air Force Base* - Pineville, Louisiana February 1990 - December 1992
- *Victoria Hospital* - Miami, Florida March 1991 - December 1993
- *South Florida Reception Center* - Miami, Florida State of Florida - Department of Corrections March 1992 - December 1993
- *Parkway Regional Medical Center* - Miami Florida, December 1992 - August 1993
- *Cleveland Clinic Hospital* - Ft. Lauderdale, Florida, December 1992 - December 1994

**DISTRICT MEDICAL DIRECTOR OF  
EMERGENCY SERVICES**

- **Memorial Regional Hospital, Hollywood, Florida, September 2000 - Present**
- **Memorial Hospital West, Pembroke, Florida September 2000 - Present**
- **Memorial Hospital Pembroke, Pembroke, Florida, September 2000 - Present**
- **Joe DiMaggio Children's Hospital September 2000 - Present**
- **Memorial Hospital Miramar, Miramar, Florida March 2005 - Present**

- **Memorial Regional Hospital South March**  
2008 - Present

**Community Services:**

- **Medical Director, Hialeah Fire and Rescue** -  
Hialeah, Florida, March 1998 - Present
- **Medical Advisor, Metro-Dade Fire and Rescue**  
Dade County, Florida, 1997 - Present
- **Medical Director, Miami Beach Fire and**  
**Rescue, Miami Beach, Florida 2003 - Present**
- **Medical Director, Coral Gables Fire and**  
**Rescue, Coral Gables, Florida 2010 - Present**

**Hospital Committees:**

**Memorial Healthcare System, Hollywood, Florida**

- **Credentials Committee, September 2000-**  
**Present**
- **Medical Executive Committee, Memorial**  
**Regional Hospital September 2000 - 2007**

**Palmetto General Hospital, Hialeah, Florida**

- **Chief of Staff September 1997 - July**  
**1999**
- **Vice Chief of Staff, 1996 - 1997**
- **Secretary/Treasurer, 1995 - 1996**
- **Medical Executive Committee**  
**Member, 1984 - 2001**
- **Quality Assurance Committee**  
**Member, 1984 - 2001**  
**Chairman, 1987 - 1997**
- **Tissue and Surgical Committee**  
**Member, 1985 - 1990**  
**Chairman, 1986 - 1987**
- **Operating Room Committee**  
**Member, 1985 - 1987**
- **Disaster/Emergency Room Committee**  
**Member, 1984 - 2001**
- **Section of Emergency Medicine**  
**Chairman, 1984 - 1992**  
**Member, 1984 to 2001**
- **Utilization Management Committee**  
**Member, 1985 - 2001**
- **Credentials Committee**  
**Member, 1990 - 1992 and 1993 - 2001**
- **Physician/Hospital Organization**  
**Medical Director, 1992 - 1993**
- **Steering Committee - Physician Hospital**  
**Organization Member, 1992 - 1993**

**Board Memberships:**

**Medical Training & Stimulation Laboratory**  
University of Miami School of Medicine, Miami,  
Florida, Medical Advisory Board  
*Member* - July 1987 - June 1988

**Emergency Medical Group - Miami, Florida**  
Board of Directors  
*Member* - November 1986 - January 1989

**InPhyNet Medical Management, Inc. (EMSA)**  
- Ft. Lauderdale, Florida  
Continuing Medical Education Program  
*Chairman* - February 1990 - 2001

**Memorial/JDCH Foundation Board**  
*Member* - May 2009 to May 2015

**Memorial Health Network Board**  
*Member* - January 2013 to present

**University Affiliations:**

**University of Miami School of Medicine - Miami, Florida**  
*Clinical Instructor* - Department of Medicine  
July 1985 - June 1987

**University of Miami School of Medicine - Miami,  
Florida, Medical Training and Simulation Laboratory**  
*Coordinator* - Paramedic Advanced Life Support Program  
July 1986 - June 1987

**University of Miami School of Medicine - Miami,  
Florida, Clinical Assistant Professor** - Department of  
Medicine, January 1987 - 1990

**Nova Southeastern University of the Health  
Sciences, College of Osteopathic Medicine - North  
Miami Beach, Florida, Clinical Associate Professor** -  
Department of Emergency Medicine January 1993-  
2000  
*Clinical Assistant Professor* August 2020 - August  
2021.

**Community Involvement:**

**American Trauma Society - South Florida Unit**  
*President*, 1986  
**Medical Advisory Council on Trauma for Dade  
County, Dade County, Florida**  
*Member*, 1987 - 1989 and 1992 - 2000

**Dade County Trauma Advisory Committee**

Quality Management Sub-Committee

*Chairman, 1992 - 2000*

**Dade County Task Force on Trauma**

*Member, 1987 - 1989*

**State of Florida - Department of Health & Rehabilitative Services Trauma Center and Pediatric Trauma Referral Center Standards, Technical Advisory Panel, *Member, 1987***

**American Heart Association of Greater Miami - Miami, Florida**

- ECC/CPR Quality and Standards Subcommittee

*Chairman, 1984 - 1986*

- ECC/CPR Committee

*Member, 1984 - 2000*

- ECC/CPR Committee

*Co-Chairman, 1985*

- ECC/CPR Committee

*Chairman, 1987 - 1990*

- Community Site Action Committee

*Chairman, 1986 - 1988*

- Board of Directors

*Member, 1986 - 1992*

- Board of Directors

*Vice-President, 1988 - 1989*

- Board of Directors

*President-Elect, 1989 - 1990*

- Board of Directors

*President, 1990 - 1991*

**American Heart Association, Florida Affiliate**

State of Florida Affiliate Council

- ECC/CPR Committee

*Member, 1988 - 1992*

- ECC/CPR Committee - ACLS Subcommittee

*Member, 1992 - 1994*

- ACLS Subcommittee - Region 13

*Chairman, 1994 - 1999*

Board of Directors

*Member, 1988 and 1990*

**Emergency Department Council of Dade County**

- *Secretary/Treasurer, 1987 - 1988*

- *President, 1988 - 1989*

**American College of Emergency Physicians**

- Education Committee - Florida Chapter

*Member, 1990*



- Legislative Committee  
Member, 1990

**Broward County EMS Council**

- Member, 2004
- Vice Chairman, 2009 to present

**Memorial Healthcare System/Joe Dimaggio  
Childrens Hospital Foundation**

- Board Member 2009 to May 2015

**Professional Societies:**

**American College of Emergency Physicians**  
*Fellow, 1986 to Present*

**Awards:**

**William B. Peck Scientific Research Award**  
*Outstanding Family Medicine Resident*  
University of Miami, Miami, Florida  
Jackson Memorial Hospital

**Articles:**

***Trauma Management for Paramedics, Course Manual,***  
Gordon, M., et al, Medical Training and Simulation Laboratory  
University of Miami School of Medicine, 1986

***Trauma Task Force Report on Trauma, Perez, C., et al***  
Department of Transportation, 1988

***Improvements in Outcomes and Disparities of ST  
Segment Elevation Myocardial Infarction Care: The  
Miami-Dade County ST-Segment Elevation  
Myocardial Infarction Network Project.*** Abdulla A.  
Damluji, MD, MPH; Robert J. Myerburg, MD;  
Vasutakarn Chongthammakun, MD, PhD; Theodore  
Feldman, MD, Donald G. Rosenberg, MD; Kathleen S.  
Schrank, MD; **Frederick M. Keroff, MD;**  
Marc Grossman, MD; Mauricio G. Cohen, MD;  
Mauro Moscucci, MD, MBA. *Circ Cardiovasc Qual  
Outcomes.* 2017;10:e004038

AC# 9856373

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/08/2020	ME 26979	716410

9856373

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/08/2020	ME 26979	716410

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : JANUARY 31, 2023  
FREDERICK MICHAEL KEROFF

*Frederick Michael Keroff*

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: JANUARY 31, 2023  
FREDERICK MICHAEL KEROFF  
3501 JOHNSON STREET  
MEMORIAL REGIONAL HOSPITAL  
HOLLYWOOD, FL - 33021

*Ron DeSantis*

Ron DeSantis  
GOVERNOR

*Scott A. Rivkees*

Scott A. Rivkees, MD  
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: JANUARY 31, 2023

Your license number is ME 26979. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

**IMPORTANT ANNOUNCEMENTS**

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit [www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov/AYRR)

GROUNDINGS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at [www.leg.state.fl.us/Statutes](http://www.leg.state.fl.us/Statutes)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK2229020	12-31-2022	\$731.00
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	11-14-2019
KEROFF, FREDERICK M MD CITY OF CORAL GABLES/FIRE DEPARTMENT/EMS DIVISION 2815 SALZEDO STREET CORAL GABLES, FL 33134		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
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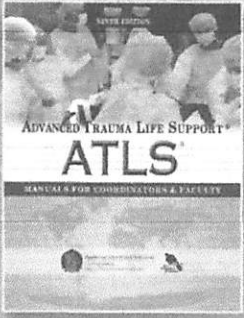
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Form DEA-223 (9/2016)

# Frederick Keroff

This Instructor is recognized as having completed the ATLS® Instructor Training requirements in an ATLS® Student Course according to the standards established by the ACS Committee on Trauma.



*Sharon M. Henry, MD, FACS*  
Sharon M. Henry, MD, FACS, Chair  
Chairperson,  
ATLS Subcommittee

Nicholas Namias, MD, FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

Date of Issue: 10/12/2018

Date of Expiration: 10/12/2022



AMERICAN COLLEGE  
OF SURGEONS

*Inspiring Quality:  
Highest Standards,  
Better Outcomes*



## Frederick Keroff

This Instructor is recognized as having completed the ATLS® Instructor Training requirements in an ATLS® Student Course according to the standards established by the ACS Committee on Trauma.

Issue Date: 10/12/2018

Expiration Date: 10/12/2022

*Frederick Keroff*  
Chairperson,  
ATLS Subcommittee  
ATLS ID: 82486

Nicholas Namias, MD, FACS  
ACS Chairperson, State/Provincial  
Committee on Trauma

# ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS  
Provider**



Frederick Keroff

**has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.**

**Issue Date**

1/31/2020

**Recommended Renewal Date**

01/2022

**Training Center Name**

Emergency Medical Consultants, Inc.

**Instructor Name**

Tony Chin

**Training Center ID**

FL05170

**Instructor ID**

01120071066

**Training Center Address**

597 SE Port St. Lucie Blvd  
Port Saint Lucie FL 34984 USA

**eCard Code**

206501342221

**Training Center Phone  
Number**

(772) 878-3085

**QR Code**



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

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# City of Hialeah Fire Department



“Committed To Serve and Protect Our Community”

Chief De La Rosa

October 12, 2021

2151 Salzedo Street

Coral Gables, FL. 33134

Dear Chief De La Rosa,

Please allow me to take a moment of your time to express the value of Dr. Fred Keroff as a Fire Rescue Department Medical Director. Dr. Keroff has held this position for the City of Hialeah Fire Department for over 15 years, and it has truly been a successful and productive partnership. I am sure that you are aware and familiar with the caliber of his work, as he was the Medical Director during your tenure as Fire Chief of our department. One of the great accomplishments of The Fire Officers Association of Miami Dade (EMS) sub-committee was the development of a common medical protocol for 5 of 6 departments in Miami-Dade County, which Dr. Keroff played an intricate role. As a Sub-Committee member and part of FOAMD, he attends all of our monthly meetings, where our topics range from Stroke Assessments to Hospital Capabilities. During these meetings, he is in constant communication with the other Department Medical Directors, and his leadership is apparent as many major decisions are deferred to him for guidance.

This past year has been unprecedented with the hardships of dealing with the Global Pandemic. I can personally attest to the leadership that Dr. Keroff provided to all of our first responders on the front line during this healthcare emergency. He was consistently available for conference calls in the late evenings, weekends, or whenever a new situation arose. A tremendous amount of medical information was disseminated from him to our staff on how to deal with this pandemic, and many of those “best practices” were put into place as standing orders and procedures. Dr. Keroff has taken the time out of his busy schedule to also meet with our new hires. This is immensely important because he sets the tone for the new recruits and lets them know what is expected from them as Hialeah Firefighter.

I have no reservation, and it is my pleasure to recommend Dr. Keroff as the Medical Director for your organization. The value and knowledge that he brings to the table can only benefit your department. Please feel free to contact me if you have any questions or need any additional information.

Regards,

*Emmanuel Louis, MSEM*

Medical Services Division Chief  
City of Hialeah Fire Department  
305-883-6981 Office  
[elouis@hialeahfl.gov](mailto:elouis@hialeahfl.gov)

83 East 5<sup>th</sup> Street • Hialeah, FL 33010  
For Emergencies Dial 911 • Phone 305-883-6900 • Fax 305-883-5991

October 11, 2021

To Whom It May Concern:

It is my pleasure to write in support of Dr. Frederick Keroff for his continued employment as Medical Director in the City of Coral Gables.

During my 33+ years tenure in the fire service I have held positions as Rescue Chief, EMS Manager/DICO, Educator and Registered Nurse. I have been fortunate to have considerable experience in EMS and in the emergency healthcare environments. I have worked closely with Dr. Keroff during the last 25 years while Rescue Chief in the Hialeah Fire Department and now in Miami Beach Fire Department as EMS Manager/DICO. In addition to being considerate and intelligent, Dr. Keroff exudes exemplary service in the EMS and Emergency Medicine. He is also a very warm, engaging individual who teaches others and takes the time to listen. He is articulate, well-read, and able to utilize his knowledge effectively with not only our command staff and our city officials, but with our crews. Dr. Keroff has been indispensable during this Pandemic and has assisted the entire City of Miami Beach with his guidance. He comes prepared for all types of learning situations and takes questions from all who inquire, 24/7. He has always considered the needs of others, not only professionally, but on a personal level. Dr. Keroff follows Chapter 401, Florida Statutes and Florida Administrative code 64J-1.004 as it pertains to Medical Director and not only meets but exceeds its standards.

In conclusion, I am honored to give Dr. Keroff my highest recommendation for his medical direction.

If you have additional questions or require additional information, please do not hesitate to contact me.

Sincerely,



Salvatore C. Frosceno  
EMS Manager/DICO  
Miami Beach Fire Department  
Rescue Division  
2300 Pine Tree Drive  
Miami Beach, FL 33140  
[SFrosceno@miamibeachfl.gov](mailto:SFrosceno@miamibeachfl.gov)  
786-445-6772



# MIAMI BEACH

City of Miami Beach, 2300 Pine Tree Drive, Miami Beach, Florida 33140, [www.miamibeachfl.gov](http://www.miamibeachfl.gov)

FIRE DEPARTMENT Office of the Division Chief of Support Services  
Tel: (305) 673-7000 Ext. 2880 – Fax (786) 394-4354

October 20, 2021

To whom it may concern:

It is my pleasure to provide a recommendation for Frederick M. Keroff M.D., as a candidate for the position of Medical Director for the City of Coral Gables Fire Department. I have known Dr. Keroff since 2000 and worked with him as EMS Chief, Assistant Fire Chief, and Fire Chief for the City of Hialeah from 2004 to 2017. I have continued to work with Dr. Keroff here in the City of Miami Beach 2017 to the present. Dr. Keroff has performed an exceptional job as Medical Director. He has excelled as one of the leaders in Emergency Medical Services in South Florida.

As a Medical Director, Dr. Keroff is always available, has a high level of commitment, and recognizes that excellence is a journey, not a destination. As a patient advocate his leadership style has allowed the Department and the Region to implement a myriad of procedures, thus placing the departments on the vanguard of EMS. Under his guidance, the Fire Officers of Miami Dade (FOAM-D) EMS Chiefs Committee developed Multijurisdictional Medical Protocols. This allows for consistency in patient care, training, as well as increasing our buying power.

It is extremely important when choosing a Medical Director of an organization, that they possess a combination of professional experience, cognitive ability, and the other intangibles that lay the foundation for success. Therefore, it is without reservation that I highly recommend Dr. Frederick M. Keroff for the position of Medical Director for the City of Coral Gables Fire Department. He will be a valuable asset to your organization.

If you have any questions, do not hesitate to contact me.

Sincerely,

Miguel Anchía  
Division Chief  
Miami Beach Fire Department





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2021

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).

<b>PRODUCER</b> Alliant Insurance Services, LLC 5444 Westheimer Suite 900 Houston TX 77056	<b>CONTACT NAME:</b> Credentialing Department	
	<b>PHONE (A/C, No, Ext):</b> 800-342-2898	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> claimhistoryrequest@teamhealth.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
<b>INSURER A:</b> The Doctors Company		34495
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

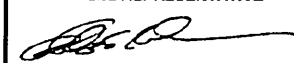
**INSURED**  
 Inphynet Contracting Services, LLC  
 265 Brookview Centre Way, Suite 400  
 Knoxville, TN 37919

**COVERAGES** **CERTIFICATE NUMBER: 862429371** **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL 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 \$	
	<b>AUTOMOBILE LIABILITY</b> <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) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Medical Professional Liability (Claims Made Coverage)			2120188	6/1/2021	6/1/2022	Incident Aggregate \$1,000,000 \$3,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The policy (ies) provides coverage for all medical professionals employed or contracted by the above insured only for medical professional services provided for or on behalf of the insured.  
 KEROFF, FREDERICK M, MD - START DATE: 06/01/2021

<b>CERTIFICATE HOLDER</b>  CITY OF CORAL GABLES FIRE RESCUE 2815 SALEDO STREET CORAL GABLES FL 33134	<b>CANCELLATION 30</b>  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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**BID PRICING SHEET**  
**RFP 2021-032 MEDICAL DIRECTOR SERVICES**  
**SOLICITATION CLOSING DATE: November 2, 2021**

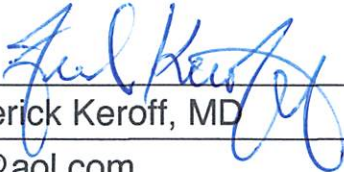
This solicitation will be awarded to the highest ranked responsive and responsible proposer, based on the criteria outlined in this solicitation. Proposers must bid on all line items. Failure to do so will deem you as non-responsive. The City in its sole discretion will determine if the pricing received is reasonable and if it is in the best interest of the City to move forward with the award.

VENDOR:

FEIN:

Item No.	Services	Monthly Fee	Months	Cost Annually
1	Medical Director Services	\$ 5500	12	\$66000

NOTE: Unit Price shall include, but not be limited to, full compensation for labor, supervision, personnel, materials, any and all tools and equipment used, travel and related expenses and any and all other costs to the Bidder. The City will not pay and/or reimburse any additional costs including, but not limited to, travel, mileage, lodging, meals, and other travel and subsistence expenses. Unit Prices shall remain fixed and firm for the term of the contract, including renewal options.

Authorized Signature:   
 Print/Type Name: Frederick Keroff, MD  
 E-mail: fredkeroff@aol.com  
 Address: 2883 East Lake Vista Circle

Title: Medical Director  
 Phone: 305-333-9433  
 Fax: \_\_\_\_\_  
 City: Davie State: FL

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE BIDDER TO BE BOUND BY THE TERMS OF ITS BID. FAILURE TO SIGN THIS BID PRICE FORM WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE BIDDER NON-RESPONSIVE.

42