

**Agenda Item #: 3-C-4**

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

**Meeting Date:** November 21, 2006

☒ Consent    ☐ Regular  
☐ Workshop    ☐ Public Hearing

**Department:**

**Submitted By:** Engineering & Public Works

**Submitted For:** Roadway Production Division

**I. EXECUTIVE BRIEF**

**Project:** Testing Lab Services on a Task Order Basis

**Motion and Title:** Staff recommends motion to approve: The renewal of the Testing Lab Services Annual Agreement with the following firm:

| <u>Firm Name</u>           | <u>Original Agreement Date</u> | <u>Resolution No.</u> |
|----------------------------|--------------------------------|-----------------------|
| Nodarse & Associates, Inc. | October 18, 2005               | R2005-1959            |

**Summary:** This Agreement is being considered for renewal for required professional services, on a task order basis.

**Districts:** Countywide (PK)

**Background and Justification:** In accordance with Board-adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act (CCNA), the above listed consulting firm was selected to perform professional services relative to County needs, and is presently under Agreement with Palm Beach County on an annual contractual basis. This is the first renewal of this firm's Agreement. It is the consensus of the user departments that this consulting firm has, within the provisions of their Agreement, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their Agreement, the County agrees to renew their Agreement for one (1) year.

This Agreement has been reviewed with the above listed consulting firm, and this office now recommends the first renewal of the attached consultant Annual Agreement. This transaction will maintain the continuous process of professional services required by Palm Beach County.

**Attachments:**

1. Agreement with Exhibits and Certificate of Insurance (2)

Recommended By: \_\_\_\_\_

Director

Date

Approved By: \_\_\_\_\_

County Engineer

Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

| Fiscal Years            | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> |
|-------------------------|-------------|-------------|-------------|-------------|-------------|
| Capital Expenditures    | -0-         | -0-         | -0-         | -0-         | -0-         |
| Operating Costs         | -0-         | -0-         | -0-         | -0-         | -0-         |
| External Revenues       | -0-         | -0-         | -0-         | -0-         | -0-         |
| Program Income (County) | -0-         | -0-         | -0-         | -0-         | -0-         |
| In-Kind Match (County)  | -0-         | -0-         | -0-         | -0-         | -0-         |
| NET FISCAL IMPACT       | -0-         | -0-         | -0-         | -0-         | -0-         |
| # ADDITIONAL FTE        | -0-         | -0-         | -0-         | -0-         | -0-         |
| POSITIONS (CUMULATIVE)  | -0-         | -0-         | -0-         | -0-         | -0-         |

Is Item Included in Current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Budget Account No.:

Fund      Agency      Organization      Object      Amount

### B. Recommended Sources of Funds/Summary of Fiscal Impact:

This item has no fiscal impact.

C. Departmental Fiscal Review: R. D. Ward 9/26/06

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

John Smith 10-24-06  
OFMB  
10-24-06  
10-24-06  
10-24-06  
10-24-06

John J. Jacobs 10/25/06  
Contract Administration  
10/25/06

### B. Legal Sufficiency:

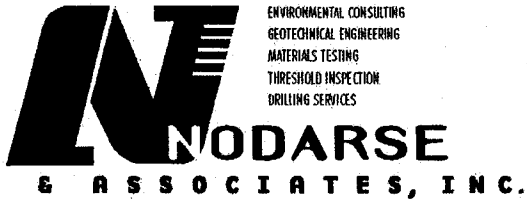
Paul F. [Signature] 10/26/06  
Assistant County Attorney

This item complies with current  
County policies.

### C. Other Department Review:

\_\_\_\_\_  
Department Director

This summary is not to be used as a basis for payment.



August 7, 2006

**VIA HAND DELIVERY**

Palm Beach County Roadway Production  
2300 N. Jog Road, 3<sup>rd</sup> Floor – West Wing  
West Palm Beach, Florida 33411  
Attn: David Young, P.E., Special Projects Manager

**RE: TESTING LAB SERVICES ON AN ANNUAL BASIS  
ANNUAL AGREEMENT R2005-1959 dated October 18, 2005**

Dear Mr. Young:

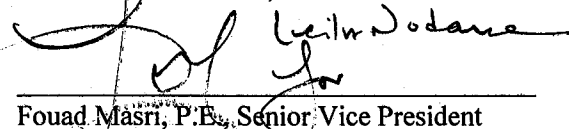
This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of October 18, 2006 through October 17, 2007.

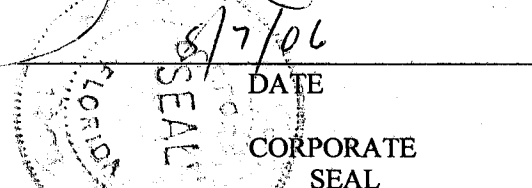
We are in agreement that all provisions in the original Agreement remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this proposal by proper signature below and returning same as fully executed to this office.

Sincerely,

Nodarse & Associates, Inc.

  
Fouad Masri, P.E., Senior Vice President

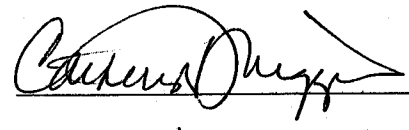
  
DATE  
CORPORATE  
SEAL

Accepted by:  
Palm Beach County Board of Commissioners

BY: Tony Masilotti, Chairman  
Chair

Approved As To Form & Legal Sufficiency:

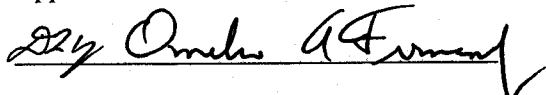
\_\_\_\_\_  
County Attorney

Attest:   
8/7/06  
DATE

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: \_\_\_\_\_  
Deputy Clerk

Approved As To Terms and Conditions



**NODARSE & ASSOCIATES, INC.**  
**EXHIBIT "B"**

**SCHEDULE OF FEES AND SERVICES**  
**FY 2006/2007**

**NOTE:** It is the intent of the contract to include all labor, materials, transportation, set-up, fuel, equipment, and other items necessary to complete the items of work listed below. All work incidental to or necessary for the completion of the item shall be included in the price.

**I.        SOIL TESTING**

|   |               |
|---|---------------|
| 1. Field Density Test (five (5) minimum).....                 | \$ 21.00/Test |
| 2. --Proctors.....  | \$ 80.00/Test |
| 3. Florida Bearing Value .....                                | \$ 27.50/Test |
| 4. Limerock Bearing Ratio Test.....                           | \$215.00/Test |
| 5. Atterberg Limit.....                                       | \$ 75.00/Test |
| 6. Carbonate Content Test.....                                | \$ 65.00/Test |
| 7. Organic Content Test.....                                  | \$ 40.00/Test |
| 8. D.O.T. Corrosivity.....                                    | \$160.00/Test |
| 9. Soil Observation (On Site).....                            | \$ 47.50/Hr.  |
| 10. Natural Sample Moisture Content.....                      | \$ 12.00/Test |
| 11. Unit Weight and Moisture Content (Undisturbed Sample).... | \$ 32.00/Test |

**II.      CONCRETE & MASONRY MATERIALS**

|  |                                |
|--|--------------------------------|
| 1. Concrete Compression test (Min four (4) cylinders per trip)<br>Prepare cylinders & slump test on site, and deliver to lab.... | \$ 70.00/Set                   |
| 2. Additional concrete cylinders.....  | \$ 15.00/Cyl.                  |
| 3. Concrete Compression test only (delivered to lab).....  | \$ 13.00/Cyl.                  |
| 4. Slump Test.....   | \$ 10.50/Test                  |
| 5. Air Content Test.....   | \$ 16.00/Test                  |
| 6. Stand-by.....   | \$ 32.50/Hr.                   |
| 7. Grout Prism (Six (6) per set)<br>- Includes preparation of prism on site.....   | \$ 75.00/Set                   |
| 8. 2" x 2" Mortar cubes (Six (6) per set)<br>- Includes preparation of cubes on site.....  | \$ 75.00/Set                   |
| 9. Additional Mortar Cubes.....  | \$ 11.00/Each                  |
| 10. Masonry Units<br>A. Compressive Strength.....<br>B. Absorption.....  | \$ 52.50/Unit<br>\$ 26.50/Unit |
| 11. Concrete Cores (Min. 3)<br>- Secure, trim & test.....<br>- Testing of core (delivered to lab (Incl. Trim).....               | \$ 85.00/Core<br>\$ 37.00/Core |
| 12. Swiss Hammer Testing.....  | \$ 37.00/Hr.                   |

**NODARSE & ASSOCIATES, INC.**  
**EXHIBIT "B"**

**SCHEDULE OF FEES AND SERVICES**  
**FY 2006/2007**

|   |               |
|---|---------------|
| 13. Windsor Probe Test (3 shots).....   | \$160.00/Test |
| 14. Additional Windsor Probe Tests..... | \$105.00/Test |

**III. AGGREGATE TESTING**

|   |               |
|---|---------------|
| 1. Grain size determination:                                    |               |
| A. Full grain size (8 sieves).....                              | \$ 65.00/Test |
| B. Wash through (#200).....                                     | \$ 32.00/Test |
| 2. Sieve Analysis – Coarse Aggregate.....                       | \$ 90.00/Test |
| 3. Specific Gravity & Absorption of Fine or Coarse Aggregate... | \$ 52.50/Test |

**IV. ASPHALT TESTING**

|   |               |
|---|---------------|
| 1. Asphalt Cores (obtaining core samples).....  | \$ 52.50/Each |
| 2. Asphalt Extraction & Gradation.....  | \$105.00/Test |
| 3. Asphalt Density and Thickness.....   | \$ 21.00/Test |
| 4. Marshall Stability (Incl. density, flow and stability<br>of 3 specimens) (50 blows)..... | \$105.00/Test |

**V. INSPECTION SERVICES**

|  |              |
|--|--------------|
| 1. Concrete Inspection (on job-site or plant)..... | \$ 40.00/Hr. |
| 2. Pile Driving Inspection.....                    | \$ 55.00/Hr. |
| 3. Pre-Stress Yard Inspection.....                 | \$ 60.00/Hr. |
| 4. Steel Inspection.....                           | \$ 55.00/Hr. |
| 5. Threshold Inspection.....                       | \$ 55.00/Hr. |

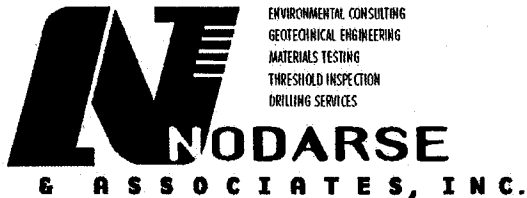
**VI. FIELD EXPLORATIONS**

|   |               |
|---|---------------|
| 1. Auger Borings.....   | \$ 8.00/LF    |
| 2. Hand Augers.....   | \$ 8.50/LF    |
| 3. Standard Penetration Tests – Truck Rig (0-50').....          | \$ 10.50/LF   |
| (51'-100').....   | \$ 12.00/LF   |
| 4. Grout bore holes - 0 – 50'.....                              | \$ 3.50/LF    |
| 51' – 100'.....   | \$ 4.50/LF    |
| 5. Static Cone Penetration Test (0'-100').....                  | \$ 9.00/LF    |
| 6. Muck Probing (4 hr. min.).....                               | \$ 85.00/Hr.  |
| 7. Mobilization of drilling equipment to project (Min. Charge): |               |
| A. 50 mile travel.....  | \$250.00/Trip |

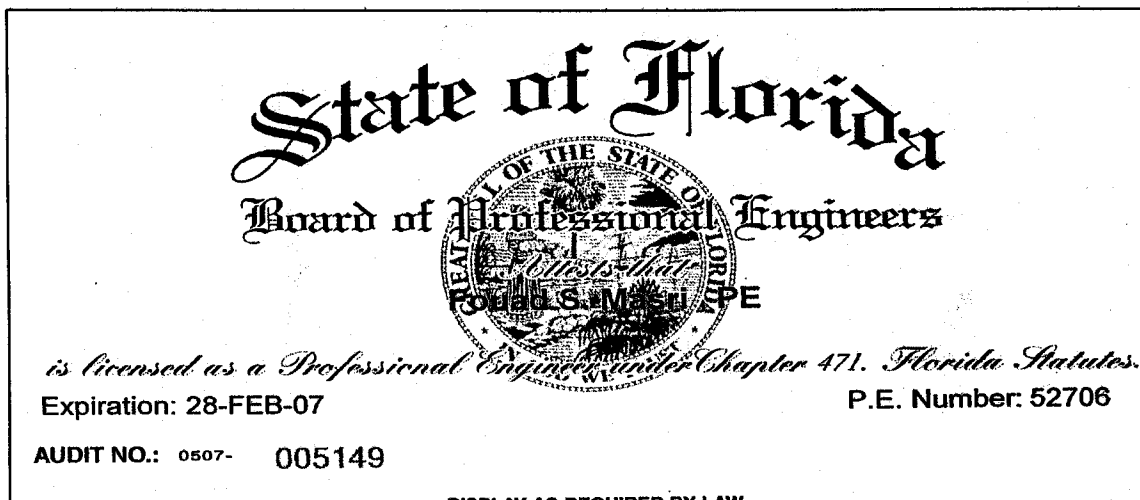
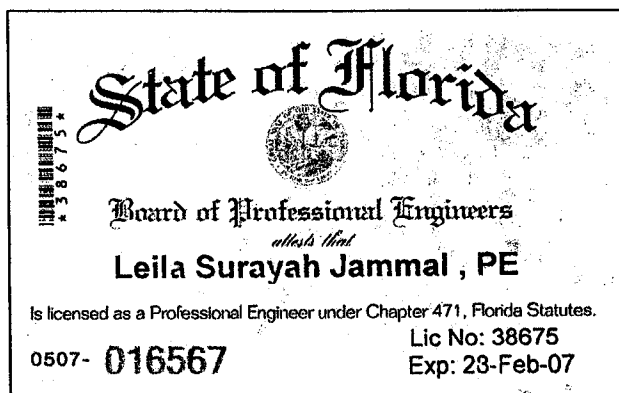
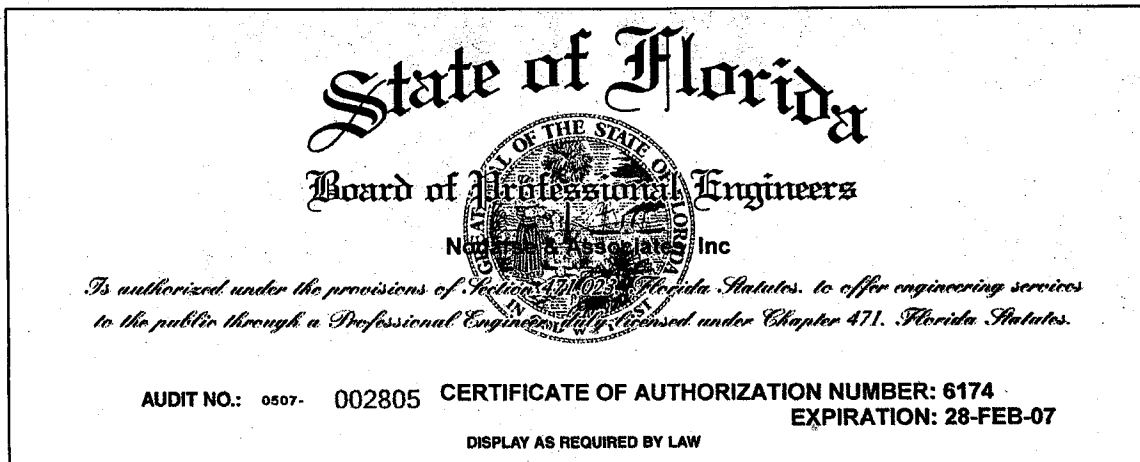
**NODARSE & ASSOCIATES, INC.**  
**EXHIBIT "B"**

**SCHEDULE OF FEES AND SERVICES**  
**FY 2006/2007**

|              |  |                       |
|--------------|--|-----------------------|
|              | B. 100 mile travel.....  | \$400.00/Trip         |
|              | 8. Foundation Analysis and Recommendation.....   | Staff Hours           |
|              | 9. Percolation Test.....   | \$225.00/Test         |
| <b>VII.</b>  | <b><u>PREMIUM FOR TRAVEL COST TO BELLE GLADE AREA</u></b>  |                       |
|              | For testing (All Tests).....   | \$100.00/Trip         |
| <b>VIII.</b> | <b>OVERTIME.....</b>   | 150% of<br>basic rate |
| <b>IX.</b>   | <b><u>ANY ADDITIONAL TESTING OR SERVICES AS AUTHORIZED<br/>AND APPROVED BY THE OWNER, PALM BEACH COUNTY.</u></b> |                       |
| <b>X.</b>    | <b><u>ENGINEERING AND PROFESSIONAL SERVICES</u></b>  |                       |
|              | Senior Geotechnical Engineer, P.E.....   | \$115.00/Hour         |
|              | Project Engineer, P.E.....   | \$ 90.00/Hour         |
|              | Staff Engineer.....  | \$ 75.00/Hour         |
|              | Senior Engineering Technician.....   | \$ 55.00/Hour         |
|              | Engineering Technician.....  | \$ 40.00/Hour         |
|              | CADD Technician.....   | \$ 50.00/Hour         |



Professional Registration Certificates for Company and Staff:





# State of Florida

## Board of Professional Engineers

Severin E. Jaramala, PE

*is licensed as a Professional Engineer under Chapter 471, Florida Statutes.*

Expiration: 28-Feb-07

P.E. Number: 16121

AUDIT NO.: 0507- 013389

DISPLAY AS REQUIRED BY LAW

# State of Florida

## Board of Professional Engineers

Daniel John Dugham, PE

*is licensed as a Professional Engineer under Chapter 471, Florida Statutes.*

Expiration: 28-FEB-07

P.E. Number: 36782

AUDIT NO.: 0507- 023588

S. I. Number: 928

DISPLAY AS REQUIRED BY LAW

# State of Florida

## Board of Professional Engineers

Michael E. O'Brien, PE

*is licensed as a Professional Engineer under Chapter 471, Florida Statutes.*

Expiration: 28-Feb-07

P.E. Number: 59274

AUDIT NO.: 0507- 021630

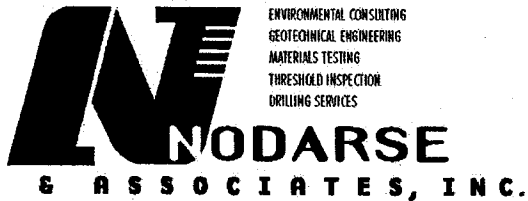
DISPLAY AS REQUIRED BY LAW

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P: 561-616-0870 | 800-339-0870 | F: 561-616-0871  
WWW.NODARSE.COM





ENVIRONMENTAL CONSULTING  
GEOTECHNICAL ENGINEERING  
MATERIALS TESTING  
THRESHOLD INSPECTION  
DRILLING SERVICES

State of Florida  
Board of Professional Engineers

Joseph B. Kimberly IV, PE

*is licensed as a Professional Engineer under Chapter 471, Florida Statutes.*

Expiration: 28-FEB-07

P.E. Number: 49866

AUDIT NO.: 0507- 004779

DISPLAY AS REQUIRED BY LAW

|   |  |  |                               |
|---|--|--|-------------------------------|
| <b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>   |  | OP ID NO<br>NODA001  | DATE (MM/DD/YYYY)<br>09/19/06 |
| <b>PRODUCER</b><br>Huckleberry, Sibley & Harvey<br>Insurance & Bonds, Inc.<br>1020 N Orlando Ave, Suite 200<br>Maitland FL 32751<br>Phone: 407-647-1616 |  | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |                               |
| <b>INSURED</b><br><br>Nodarse & Associates, Inc.<br>Darlene Bradley<br>1675 Lea Road<br>Winter Park FL 32789  |  | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: Steadfast Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:   | <b>NAIC #</b><br>26387        |

#### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| RISK CODE | TYPE OF INSURANCE  | POLICY NUMBER                    | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                       |
|-----------|--|----------------------------------|------------------------------------|-------------------------------------|--|
| A         | <b>GENERAL LIABILITY</b>   | PEC9045522-00<br><br>DED \$50000 | 02/01/06                           | 02/01/07                            | EACH OCCURRENCE \$ 2000000                   |
|           | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                                  |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|           | <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR                 |                                  |                                    |                                     | MED EXP (Any one person) \$                  |
|           | <input checked="" type="checkbox"/> Prof'l./Pollution  |                                  |                                    |                                     | PERSONAL & ADV INJURY \$                     |
|           | GEN'L AGGREGATE LIMIT APPLIES PER:   |                                  |                                    |                                     | GENERAL AGGREGATE \$ 2000000                 |
|           | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                  |                                    |                                     | PRODUCTS - COMPROP AGG \$                    |
|           | <b>AUTOMOBILE LIABILITY</b>  |                                  |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$       |
|           | <input type="checkbox"/> ANY AUTO  |                                  |                                    |                                     | BODILY INJURY (Per person) \$                |
|           | <input type="checkbox"/> ALL OWNED AUTOS   |                                  |                                    |                                     | BODILY INJURY (Per accident) \$              |
|           | <input type="checkbox"/> SCHEDULED AUTOS   |                                  |                                    |                                     | PROPERTY DAMAGE (Per accident) \$            |
|           | <input type="checkbox"/> HIRED AUTOS   |                                  |                                    |                                     |  |
|           | <input type="checkbox"/> NON-OWNED AUTOS   |                                  |                                    |                                     |  |
|           | <b>GARAGE LIABILITY</b>  |                                  |                                    |                                     | AUTO ONLY - EA ACCIDENT \$                   |
|           | <input type="checkbox"/> ANY AUTO  |                                  |                                    |                                     | OTHER THAN EA ACC \$                         |
|           |  |                                  |                                    |                                     | AUTO ONLY: AGG \$                            |
|           | <b>EXCESS/UMBRELLA LIABILITY</b>   |                                  |                                    |                                     | EACH OCCURRENCE \$                           |
|           | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |                                  |                                    |                                     | AGGREGATE \$                                 |
|           |  |                                  |                                    |                                     | \$   |
|           | <input type="checkbox"/> DEDUCTIBLE  |                                  |                                    |                                     | \$   |
|           | RETENTION \$   |                                  |                                    |                                     | \$   |
|           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |                                  |                                    |                                     | WC STATUTORY LIMITS OTHER                    |
|           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                                      |                                  |                                    |                                     | E.L. EACH ACCIDENT \$                        |
|           | If yes, describe under SPECIAL PROVISIONS below  |                                  |                                    |                                     | E.L. DISEASE - EA EMPLOYEE \$                |
|           | OTHER  |                                  |                                    |                                     | E.L. DISEASE - POLICY LIMIT \$               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Palm Beach County Annual Contract/Geotechnical, Construction & Environmental/Palm Beach County Dept. of Engineering & Public Works.  
Prior acts date: 02/10/92  
Ex: 561-684-4154 / 561-616-0871

#### CERTIFICATE HOLDER

SCHDIST

Palm Beach County Dept of  
Engineering & Public Works  
David Young  
2300 N Jog Rd.  
W Palm Beach FL 33411

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>   |  | OP ID PA<br>NODA001  | DATE (MM/DD/YYYY)<br>02/01/06 |
| <b>PRODUCER</b><br>Huckleberry, Sibley & Harvey<br>Insurance & Bonds, Inc.<br>1020 N Orlando Ave, Suite 200<br>Orlando FL 32751<br>Phone: 407-647-1616 |  | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |                               |
| <b>INSURED</b><br><br>Nodarse & Associates, Inc.<br>Darlene Bradley<br>1675 Lee Road<br>Winter Park FL 32789   |  | <b>INSURERS AFFORDING COVERAGE</b>   | <b>NAIC #</b>                 |
|  |  | INSURER A: Amerisure Mutual Insurance Co   | 23396                         |
|  |  | INSURER B:   |                               |
|  |  | INSURER C:   |                               |
|  |  | INSURER D:   |                               |
|  |  | INSURER E:   |                               |

|   |   |               |                                     |                                      |  |              |  |
|---|---|---------------|-------------------------------------|--------------------------------------|--|--------------|--|
| <b>COVERAGES</b>  |   |               |                                     |                                      |  |              |  |
| 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |               |                                     |                                      |  |              |  |
| INSR ADD'L<br>LTR INSRD   | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS   |              |  |
| A   | GENERAL LIABILITY   | GL2034958     | 02/01/06                            | 02/01/07                             | EACH OCCURRENCE  | \$ 1,000,000 |  |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                     |                                      | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 100,000   |  |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |               |                                     |                                      | MED EXP (Any one person)   | \$ 5,000     |  |
|   | <input checked="" type="checkbox"/> Blanket Addl Insd   |               |                                     |                                      | PERSONAL & ADV INJURY  | \$ 1,000,000 |  |
|   | <input checked="" type="checkbox"/> Blanket Waiver  |               |                                     |                                      | GENERAL AGGREGATE  | \$ 2,000,000 |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                                     |                                      | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |  |
|   | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                     |                                      | Emp Ben.   | 1,000,000    |  |
| A   | AUTOMOBILE LIABILITY  | CA2034956     | 02/01/06                            | 02/01/07                             | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |  |
|   | <input checked="" type="checkbox"/> ANY AUTO  |               |                                     |                                      | BODILY INJURY (Per person)   | \$           |  |
|   | <input type="checkbox"/> ALL OWNED AUTOS  |               |                                     |                                      | BODILY INJURY (Per accident)   | \$           |  |
|   | <input type="checkbox"/> SCHEDULED AUTOS  |               |                                     |                                      | PROPERTY DAMAGE (Per accident)   | \$           |  |
|   | <input checked="" type="checkbox"/> HIRED AUTOS   |               |                                     |                                      | AUTO ONLY - EA ACCIDENT  | \$           |  |
|   | <input checked="" type="checkbox"/> NON-OWNED AUTOS   |               |                                     |                                      | OTHER THAN EA ACC  | \$           |  |
|   | <input checked="" type="checkbox"/> Blanket Addl Insd   |               |                                     |                                      | AUTO ONLY: AGG   | \$           |  |
| <input checked="" type="checkbox"/> Blkt Loss Payee   |   |               |                                     |                                      |  |              |  |
| A   | GARAGE LIABILITY  |               |                                     |                                      | EA ACC   | \$           |  |
|   | <input type="checkbox"/> ANY AUTO   |               |                                     |                                      | AGG  | \$           |  |
|   | EXCESS/UMBRELLA LIABILITY   |               |                                     |                                      | EACH OCCURRENCE  | \$ 5,000,000 |  |
|   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |               |                                     |                                      | AGGREGATE  | \$ 5,000,000 |  |
|   | <input type="checkbox"/> DEDUCTIBLE   |               |                                     |                                      |  | \$           |  |
| A   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | WC2033979     | 01/01/06                            | 01/01/07                             | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |              |  |
|   | E.L. EACH ACCIDENT  |               |                                     |                                      | \$ 1,000,000   |              |  |
|   | E.L. DISEASE - EA EMPLOYEE  |               |                                     |                                      | \$ 1,000,000   |              |  |
|   | E.L. DISEASE - POLICY LIMIT   |               |                                     |                                      | \$ 1,000,000   |              |  |
| OTHER   |   |               |                                     |                                      |  |              |  |
| A   | Leased/Rented Cov   | CPP2034957    | 02/01/06                            | 02/01/07                             | Coverage   | \$100,000    |  |
| A   | Valuable Paper Cov  | CPP2034957    | 02/01/06                            | 02/01/07                             | Coverage   | \$200,000    |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS   |   |               |                                     |                                      |  |              |  |
| RE: Professional Testing Services on a Task Order Basis   |   |               |                                     |                                      |  |              |  |

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b>   | <b>CANCELLATION</b>   |
| <b>PALMBEA</b><br><br>Palm Beach County Dep. of Eng. and Pub. Wrks- Rdway Productio<br>Attn: David Young- Spec. Proj.<br>160 Australian Ave, Suite 503<br>West Palm Beach FL 33410-1229 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br><br>AUTHORIZED REPRESENTATIVE<br>B. C. [Signature] |