

Agenda Item #: 3 - C - 9

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: January 9, 2007

☒ [X] Consent ☐ [] Regular
☐ [] Workshop ☐ [] Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

Project: Surveying and Mapping Services on a Task Order Basis

Motion and Title: Staff recommends motion to approve: The renewal of the Surveying and Mapping Annual Agreements with the following firms:

Firm Name	Original Agreement Date	Resolution No.
Brown & Phillips, Inc.	February 1, 2005	R2005-0195
Dennis J. Leavy & Associates	February 1, 2005	R2005-0196

Summary: These Agreements are 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 firms were selected to perform professional services relative to County needs, and are presently under Agreement with Palm Beach County on an annual contractual basis. This is the second and final renewal of these firms' Agreements. It is the consensus of the user departments that these consulting firms have, within the provisions of their Agreements, 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 Agreements, the County agrees to renew their Agreements for one (1) year.

These Agreements have been reviewed with the above listed consulting firms, and this office now recommends the second and final renewal of the attached consultant Annual Agreements. 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

11/21/06

Approved By: _____

County Engineer

Date

12/6/06

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
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 11/27/06

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

John Dink 12-12-06
OFMB
12-12-06
12/11/06
John S. Jacobs 12/18/06
Contract Administration
12/14/06

B. Legal Sufficiency:

This item complies with current
County policies.

Paul F. 12/18/06
Assistant County Attorney

C. Other Department Review:

Department Director

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

RECEIVED NOV 15 2006

B
BROWN & PHILLIPS, Inc.
PROFESSIONAL SURVEYING SERVICES

November 1, 2006

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

**RE: SURVEYING AND MAPPING ANNUAL AGREEMENT
(R2005-0195) DATED FEBRUARY 1, 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 February 1, 2007 through January 31, 2008.

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,

Brown & Phillips, Inc.

Anthony St. C. Brown
Anthony St. C. Brown, Principal

Attest: John E. Phillips III
JOHN E. Phillips III

11/7/06
DATE

11/7/06
DATE

 **CORPORATE SEAL**
Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

BY: Addie L. Greene, Chairperson

BY: Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney

Orlando A. Fernandez

F:\ROADWAY\CCNA\Annuals\Survey\Brown Phillips\2005\Renewal_Intent.doc

EXHIBIT 'B'

HOURLY FEE SCHEDULE SURVEYING & MAPPING ON AN ANNUAL CONTRACTUAL BASIS FOR PALM BEACH COUNTY

OCTOBER 1, 2006 TO SEPTEMBER 30, 2007

		<u>\$/HOUR</u>	
		<u>RAW</u>	<u>BURDENED</u>
Principal/Surveyor (PLS)		\$38.00	\$104.00
Survey Tech		\$23.46	\$64.00
CADD Tech		\$24.08	\$66.00
Overhead/Fringe	145%		
Profit	12%		
3 Man Survey Crew	\$117.00/Hour (\$936.00/Day)		
2 Man Survey Crew	\$90.00/Hour (\$720.00/Day)		
Preparation of Legal Descriptions & Sketches		\$450.00/Each	
Airboat & Swamp buggy rental with operator		\$72.00/Hour	
Small All Terrain Vehicle Rental		\$52.00/Day	
Small Boat for soundings		\$30.00/Day	

**AVERAGE PAYROLL RATES SCHEDULE
OCTOBER 1, 2006 THROUGH OCTOBER 1, 2007**

CLASSIFICATION SALARY	AVERAGE RAW
CADD Technician	\$24.08/Hour
Survey Technician	\$23.46/Hour
Professional/Principal	\$38.00/Hour
Party Chief	\$19.00/Hour
Instrument Person	\$ 13.00/Hour
Rod Person	\$ 10.00/Hour

A 2.744 Multiplier will be applied to the above Average Raw Salary rates.

HOURLY RATE SCHEDULE TO BE EFFECTIVE
FOR FISCAL YEAR OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2007

The OWNER shall have the following options regarding payments to the SURVEYOR:

- 1) Negotiated lump sum for various projects.

OR

- 2) Hourly rate based on the following rates:
(A 2.744 multiplier is applied)

A) <u>FIELD PERSONNEL</u>	
3 Man Survey Crew	\$117.00
2 Man Survey Crew	\$ 90.00
B) <u>OFFICE PERSONNEL</u>	
Professional	\$ 104.00
Survey Technician	\$ 64.00
CADD Technician (includes computer time)	\$ 66.00
C) <u>REIMBURSABLE EXPENSES</u>	
Equipment for clearing, when required	
Plats and maps from Courthouse *	
Aerial Photogrammetry	
Soils testing	
Abstracts of Title Searches of public records *	
Airboat and Buggy Rentals with operator	\$ 72.00
Small All Terrain Vehicle Rental with operator	\$ 52.00

* Supplied by County

All rates are on a portal to portal basis. Invoicing is based on work-in-progress or section complete basis.

We are recognized by the State of Florida Board of Land Surveys and have registered under the provisions of Chapter 472. All services will be in accord with the standards set forth by the Florida Board of Land Surveyors.

Our firm carries Professional Liability, Errors and Omissions Insurance and Workers' Compensation. Certificates of Insurance are available upon request.

AC# 1888422

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ# L05030200930

DATE	BATCH NUMBER	LICENSE NBR
03/02/2005	040723286	LB6473

The SURVEYING & MAPPING BUSINESS
Named below IS CERTIFIED
Under the provisions of Chapter 472, FS.
Expiration date: FEB 28, 2007

BROWN & PHILLIPS INC
901 NORTHPOINT PARKWAY
SUITE 305
WEST PALM BEACH FL 33407

JEB BUSH
GOVERNORDIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 1888386

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ# L05030200894

DATE	BATCH NUMBER	LICENSE NBR
03/02/2005	040719019	LS4826

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472, FS.
Expiration date: FEB 28, 2007

PHILLIPS, JOHN E III
6699 WILSON ROAD
WEST PALM BEACH FL 33413

JEB BUSH
GOVERNORDIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 1888333

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ# L05030200841

DATE	BATCH NUMBER	LICENSE NBR
03/02/2005	040719243	LS4977

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472, FS.
Expiration date: FEB 28, 2007

BROWN, ANTHONY ST
4026 WAVERLY DRIVE
WEST PALM BEACH FL 33407

JEB BUSH
GOVERNORDIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

CITY OF WEST PALM BEACH
DEPARTMENT OF CONSTRUCTION SERVICES



Dear Business Owner,

This is your Occupational License / Certificate of Use for the 2006-2007 business year. I appreciate your participation in the continued growth of the City of West Palm Beach. If we can be of assistance please do not hesitate to contact us by telephone or fax at the numbers shown below. Please read the instructions carefully regarding the posting of this Occupational License / Certificate of Use. Furthermore, please be advised that, pursuant to Section 22-39 of the City's Code of Ordinances, a Certificate of Use may be suspended or revoked upon certain violations of city, county or state law.

Sincerely,
Neil K. Melick, CBO
BUILDING OFFICIAL

FOR INFORMATION CALL (561) 805-6700 OR FAX (561) 805-6676 / HOURS 8:00 AM - 5:00 PM — MONDAY - FRIDAY

INSTRUCTIONS: PLEASE DETACH BELOW ▼ AND POST IN A CONSPICUOUS PLACE AT YOUR PLACE OF BUSINESS.



CITY OF WEST PALM BEACH
2006-07 LICENSE / CERTIFICATE OF USE

NOT TRANSFERABLE
CITY OF WEST PALM BEACH
P.O. BOX 3147, WEST PALM BEACH, FL 33402

0000013564- 1
BROWN & PHILLIPS INC
901 NORTHPOINT PKWY # 305

LAND SURVEYING

LICENSE NO.	CATEGORY	DESCRIPTION	FEE
35663	8714	SURVEYING SERVICES OFFICE ONLY	82.68
CHANGES		PENALTIES	TOTAL➡
		0.00	82.68
THIS DOCUMENT NOT VALID UNTIL FUNDS ARE COLLECTED		** PAID	82.68 ** BAL ** 0.00

EXPIRES
SEPTEMBER 30,
2007

2005-04530

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE
EXPIRES: SEPTEMBER - 30 - 2007

OS-032
CLASSIFICATION

BROWN & PHILLIPS INC
PHILLIPS III JOHN E &
BROWN ANTHONY ST CLAIR

✕✕ LOCATED AT

901 NORTHPOINT PARKWAY #305
WEST PALM BEACH FL 33407

CNTY \$33.00

TOTAL \$33.00

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

LAND SURVEYOR & MAPPER
LB0006473
LS0004826/LS0004977

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$33.00 OCC 049 041806 09-11-2006

Peter H. Carney
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID TB BROWN-8	DATE (MM/DD/YYYY) 11/09/06
PRODUCER Massey, Clark, Fischer, Inc. 400 Executive Ctr Dr, Ste 205 West Palm Beach FL 33401 Phone: 561-478-1660 Fax: 561-478-6876		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Brown & Phillips, Inc. Anthony Brown 901 Northpoint Parkway #305 West Palm Beach FL 33407		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Zurich Insurance Services Inc.	
		INSURER B: First Commercial Insurance Co	
		INSURER C:	
		INSURER D:	
		INSURER E:	


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.							
PORT ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAS00539769	12/04/05	12/04/06	EACH OCCURRENCE	\$ 2000000	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2000000	
					MED EXP (Any one person)	\$ 10000	
					PERSONAL & ADV INJURY	\$ 2000000	
					GENERAL AGGREGATE	\$ 4000000	
					PRODUCTS - COMP/OP AGG	\$ 4000000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PAS00539769	12/04/05	12/04/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 2000000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY: EA ACC	\$	
					AGG	\$	
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	PAS00539769	12/04/05	12/04/06	EACH OCCURRENCE	\$ 3000000	
					AGGREGATE	\$ 3000000	
						\$	
						\$	
						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	213911	07/29/06	07/29/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER		
					E.L. EACH ACCIDENT	\$ 100000	
					E.L. DISEASE - EA EMPLOYEE	\$ 100000	
					E.L. DISEASE - POLICY LIMIT	\$ 500000	
A	OTHER Property Section	PAS00539769	12/04/05	12/04/06	contents	110,000	
					A & A	50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
office building
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured as to General Liability. (Project Name: FOR ALL PROJECTS WITH PALM BEACH COUNTY).

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Commissioner C/O Engineering & Public Works Department 2300 North Jog Rd. West Palm Beach FL 33411	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 Thomas C. Mangum, Jr.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/20/2006
PRODUCER ST LUCIE INSURANCE 512 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953 (772) 871-1135		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED BROWN & PHILLIPS 901 MORTHPOINT PARKWAY SUITE 305 WEST PALM BEACH, FL 33407		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: PROGRESSIVE		
INSURER B: HOUSTON CASUALTY		
INSURER C:		
INSURER D:		
INSURER E:		

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.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	CA04182490-9	03/06/06	03/06/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
						AUTO ONLY - EA ACCIDENT \$
		GARAGE LIABILITY				OTHER THAN EA ACC \$
		<input type="checkbox"/> ANY AUTO				AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		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 \$
B		PROFESSIONAL LIABILITY	H70-10526	01/26/06	01/26/07	\$1,000,000 LIMIT CLAIMS MADE: RETRO 01/25/1994
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AND AGENTS, SHALL BE NAMED ADDITIONAL INSURED AS TO GENERAL LIABILITY. (PROJECT NAME: "FOR ALL PROJECTS WITH PALM BEACH COUNTY").						

CERTIFICATE HOLDER PALM BEACH COUNTY COMMISSIONERS C/O: ENGINEERING & PUBLIC WORKS DEPT 2300 N JOG ROAD WEST 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 <u>10</u> 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 
--	--

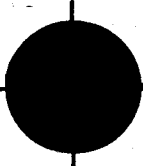
IMPORTANT

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.



DENNIS J. LEAVY & ASSOC.

LAND SURVEYORS • MAPPERS

November 1, 2006

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

RE: **SURVEYING AND MAPPING ANNUAL AGREEMENT
(R2005-0196) DATED FEBRUARY 1, 2005**

Dear Mr. Young:

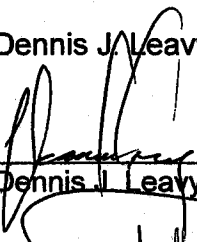
This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 1, 2007 through January 31, 2008.

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.

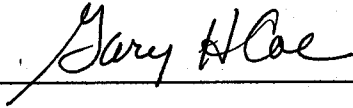
Please indicate your acceptance of this proposal by proper signature below and returning same as fully executed to this office.

Sincerely,

Dennis J. Leavy & Associates, Inc.


Dennis J. Leavy, P.S.M., President

Attest:



11/2/06

DATE

11/02/06

DATE

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

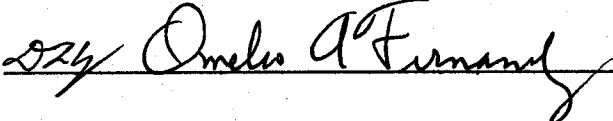
BY: _____
Addie L. Greene, Chairperson

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney



Dennis J. Leavy & Associates, Inc.

"FEE SCHEDULE FOR COUNTY ANNUAL"
(Effective February 01, 2007 through January 31, 2008)

PROFESSIONAL SURVEYING SERVICES:

1. Hourly Rates (Administration, general overhead, fringe benefits) = 150%
(Operating margin) = 12%
Multiplier = 2.80

A) Field tasks:

- 1) 3 man field crew * \$120.00 per hour
2) 2 man field crew * \$ 95.00 per hour
* Fully equipped except for reimbursable equipment.

B) Office tasks:

- 1) Principle \$110.00 per hour
2) Staff P.S.M. \$ 95.00 per hour
3) Survey Technician \$ 65.00 per hour
4) CADD Technician * \$ 65.00 per hour
5) Draft Person \$ 45.00 per hour
~~6) Clerical \$ 35.00 per hour~~ 22%
* Includes computer.

2. Reimbursable Services:

- A) Airboat or Swamp Buggy * \$ 80.00 per day
B) All Terrain Vehicle * \$ 60.00 per day
* Includes operator, does not include survey crew.

It is understood that Palm Beach County will provide all necessary plats, maps, abstracts or other documents required as a basis for survey services. All services provided will be in accordance with Chapters 177 and 472 Florida Statutes and Chapter 61G17 Florida Administrative Code, as applicable. Further, all services provided will be in accordance with the standards and/or requirements by individual government agencies having jurisdiction or control over the project for which services are provided.

AC#1784099

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ#L04120901733

DATE	BATCH NUMBER	LICENSE NBR
12/09/2004	040503517	LB6599

The SURVEYING & MAPPING BUSINESS
Named below IS CERTIFIED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2007



DENNIS J LEAVY & ASSOCIATES INC
460 BUSINESS PARK WAY - STE D
ROYAL PALM BEACH FL 33411

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1784043

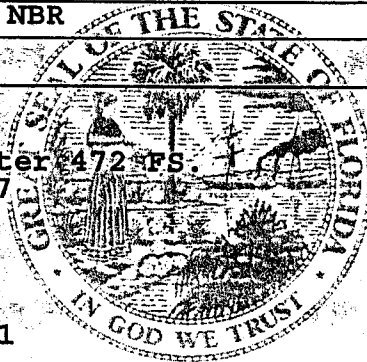
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ#L04120901677

DATE	BATCH NUMBER	LICENSE NBR
12/09/2004	040503519	LS5055

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2007



LEAVY, DENNIS J
13704 ORANGE GROVE BLVD
WEST PALM BCH FL 33411

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1784013

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ#L04120901647

DATE	BATCH NUMBER	LICENSE NBR
12/09/2004	040503518	LS5888

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2007



BOWER, DAVID ALBERT
6532 S W 7TH PL
N LAUDERDALE

FL 33068

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1808338

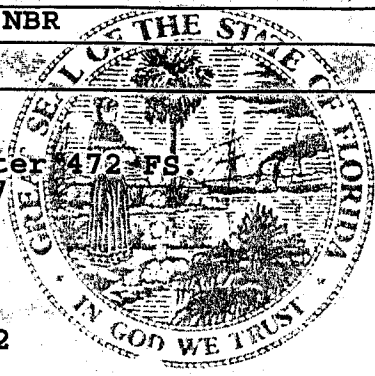
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ#L04123001349

DATE	BATCH NUMBER	LICENSE NBR
12/30/2004	040545205	LS6358

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2007



CHANDLER, JEFFREY CHARLES
14689 TANGELO BOULEVARD
ACREAGE FL 33412

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1817753

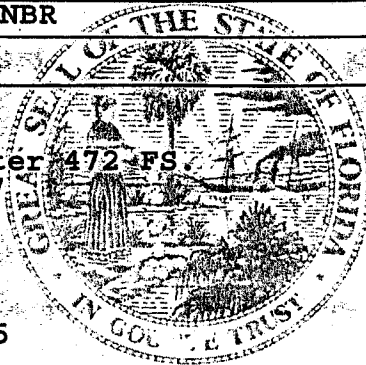
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROF SURVEYORS & MAPPERS

SEQ#L05010701075

DATE	BATCH NUMBER	LICENSE NBR
01/07/2005	040560686	LS6268

The SURVEYOR AND MAPPER
Named below IS LICENSED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2007



COE, GARY HALSTEAD
1622 63RD AVENUE, SOUTH
WEST PALM BEACH FL 33415

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/02/2006	
PRODUCER (305)822-7800 FAX Collinsworth, Alter, Fowler, Dowling & French P. O. Box 9315 Miami Lakes, FL 33014-9315 Anna Ramirez aramirez@cafd.com 305-503-9120		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Dennis J. Leavy & Associates 460 Business Parkway Suite D Royal Palm Beach, FL 33411		INSURERS AFFORDING COVERAGE	
		INSURER A: Hartford Ins Co of the SE A+ XV 38261	
		INSURER B: Hartford Underwriters Ins Co A+ XV 30104	
		INSURER C: Illinois Union Ins Co A+ XV 03510	
		INSURER D:	
		INSURER E:	

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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	21SBAKL4497	05/26/2006	05/26/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					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"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				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				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	21SBAKL4497	05/26/2006	05/26/2007	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	21WECEV4002	01/18/2006	01/18/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100,000				
	E.L. DISEASE - EA EMPLOYEE \$ 100,000				
	E.L. DISEASE - POLICY LIMIT \$ 500,000				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					
C	OTHER Professional Liability Claims-Made Form Retro:1-1-94	EONN01880731002	05/09/2006	05/09/2007	\$1,000,000 General Aggregate
	\$1,000,000 Each Claim				
					\$10,000 Deductible Each Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: Project Name: For All Projects With Palm Beach County.
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are named Additional Insured on General Liability.
Retro Date for Professional Liability is 1/1/94.

CERTIFICATEHOLDER

Palm Beach County Engineering & Public Works Department Attn: Mr. David Young, P.E. 2300 North Jog Road West Palm Beach, FL 33411-2745	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Meade Collinsworth/ZO

CANCELLATION

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: ☒ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
☐ STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
has coverage in force for the following Named Insured as shown below :

Named Insured Dennis J. Leavy & Associates Inc.

Address of Named Insured 460 Business Parkway Ste. D
Royal Palm Beach, FL 33411

POLICY NUMBER	884 9391-E26-59	C05 3582-E26-59	C74 3848-E26-59	C074 5594-E26-59
EFFECTIVE DATE OF POLICY	05/26/06-5/26/07	05/26/06-05/27/07	05/26/06-05/26/07	05/26/06-05/26/07
DESCRIPTION OF VEHICLE	2005-GMC K2500 PICKUP	2000 CHEVROLET K2500 PICKUP	2001 CHEVROLET K2500 PICKUP	1998 CHEV K2500
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$0.00	\$0.00	\$0.00	\$0.00
a. Bodily Injury Each Accident	\$0.00	\$0.00	\$0.00	\$0.00
b. Property Damage	\$0.00	\$0.00	\$0.00	\$0.00
c. Bodily Injury & Property Damage Single Limit Each Accident	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
a. Comprehensive				
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Phil Rossi

Signature of Authorized Representative

AGENT

Title

6608

Agent's Code Number

11/02/2006

Date

Name and Address of Certificate Holder

PALM BEACH BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, IT'S OFFICERS, EMPLOYEES AND AGENTS, SHALL BE NAMED ADDITIONAL INSURED AS TO GENERAL LIABILITY

Name and Address of Agent

PHIL ROSSI INSURANCE AGENCY, INC.
11924 W FOREST HILL BLVD STE 1
WELLINGTON, FL 33414

Check if a permanent Certificate of Insurance for liability coverage is needed: ☐

Check if the Certificate Holder should be added as an Additional Insured: ☒

Remarks:

PROJECT NAME: "FOR ALL PROJECTS WITH PALM BEACH COUNTY".

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: ☒ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
☐ STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
has coverage in force for the following Named Insured as shown below :

Named Insured Dennis J. Leavy & Associates Inc.
Address of Named Insured 460 Business Parkway Ste. D
Royal Palm Beach, FL 33411

POLICY NUMBER	001-6894-59	F03-59164-1046-		
EFFECTIVE DATE OF POLICY	04/13/06-04/13/2007	05/10/06-05/10/07		
DESCRIPTION OF VEHICLE	ENOL	1999 CHEV K2500		
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$0.00	\$0.00	\$0.00	\$0.00
a. Bodily Injury Each Accident	\$0.00	\$0.00	\$0.00	\$0.00
b. Property Damage	\$0.00	\$0.00	\$0.00	\$0.00
c. Bodily Injury & Property Damage Single Limit Each Accident	\$1,000,000.00	\$1,000,000.00		
PHYSICAL DAMAGE COVERAGES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$0.00 Deductible	\$500.00 Deductible	_____ Deductible	_____ Deductible
b. Collision	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$0.00 Deductible	\$500.00 Deductible	_____ Deductible	_____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Philip Rossi AGENT 6608 11/02/2006
Signature of Authorized Representative Title Agent's Code Number Date

Name and Address of Certificate Holder Name and Address of Agent
PALM BEACH BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, IT'S OFFICERS, EMPLOYEES AND AGENTS, SHALL BE NAMED ADDITIONAL INSURED AS TO GENERAL LIABILITY
PHIL ROSSI INSURANCE AGENCY, INC.
11924 W FOREST HILL BLVD STE 1
WELLINGTON, FL 33414

Check if a permanent Certificate of Insurance for liability coverage is needed: ☐

Check if the Certificate Holder should be added as an Additional Insured: ☒

Remarks: PROJECT NAME: "FOR ALL PROJECTS WITH PALM BEACH COUNTY".