

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 27, 2007

Consent Regular
 Ordinance Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a First Amendment to the agreement (R2004-0458) with Jupiter Medical Center, Inc. ("Hospital"), allowing for interoperable communications through the countywide and EMS common groups of the County's 800 MHz Radio System to extend the term of the agreement until March 16, 2010.

Summary: The Agreement with the Hospital, which provides the terms and conditions under which the Hospital can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications, will expire on March 16, 2007. The agreement provides for three (3) - three (3) year renewals but renewals require approval by both parties. The Hospital has approved a renewal to extend the term of the agreement until March 16, 2010. The renewal now requires Board approval. The terms of the agreement are standard and have been offered to other hospitals and EMS providers. There are no charges associated with this agreement. The Hospital is required to pay all costs associated with subscriber units and to comply with the established operating procedures for the System. The Agreement may be terminated by either party, with or without cause. (FDO/ESS) Countywide (JM)

Background and Justification: The Agreement with the Hospital, which provides the terms and conditions under which can program into its radios and utilize the countywide and EMS common talk groups for certain types of inter-agency communications, will expire on March 16, 2007. The agreement provides for three (3) - three (3) year renewals but renewals require approval by both parties. The Hospital has approved a renewal to extend the term of the agreement until March 16, 2010. The renewal now requires Board approval.

Attachments:

First Amendment

Recommended by: _____

Annmy Wolf
Department Director

2/1/07
Date

Approved by: _____

[Signature]
County Administrator

2/21/07
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

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

Is Item Included in Current Budget? Yes No

Budget Account No: Fund _____ Department _____ Unit _____ Object _____
Reporting Category _____

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

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS:

A. OFMB Fiscal and/or Contract Development & Control Comments:

[Signature] 2-14-07
OFMB
[Signature] 2/13/11

[Signature] 2/20/07
Contract Dev. and Control
[Signature] 2/15/07

B. Legal Sufficiency:
[Signature] 2/20/07
Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

FIRST AMENDMENT TO INTERLOCAL AGREEMENT

THIS FIRST AMENDMENT to Agreement R2004-0458, dated March 16, 2004, is made as of _____, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the County, and Jupiter Medical Center, Inc., a corporation licensed to do business in the State of Florida ("Hospital"), with a federal tax id number of 59-1460239.

In consideration of the mutual promises contained herein, the County and Hospital agree as follows:

- 1. The term of Agreement R2004-0458, set to expire on March 16, 2007, shall be extended to March 16, 2010.
2. All other terms of Agreement R2004-0458 remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the County and Hospital has hereunto set its hand the day and year above written.

SHARON R. BOCK,
CLERK & COMPTROLLER

PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
Asst. County Attorney

By: _____
Director Facilities Dev & Operations ASD

ATTEST:

HOSPITAL:

By: _____
Witness Signature

By: _____
Signature

Susanna J. Kenerson
Witness Name (Type or Print)

Tony Hall
Administrator, Support Services
Name and Title (Type or Print)

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
ATL-000885632-07

PRODUCER

MARSH USA INC.
615 CRESCENT EXECUTIVE COURT
SUITE 300
LAKE MARY, FL 32746
Attn: Orlando.Certrequest@marsh.com Fax: 212-948-0517

S64955-MAIN-ALL-06/07

INSURED

JUPITER MEDICAL CENTER, INC.
Attn: Terri Freeman
1210 South Old Dixie Highway
Jupiter, FL 33458

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A Charter Oak Fire Insurance Company
- COMPANY
B SAFETY NATIONAL CASUALTY CORPORATION
- COMPANY
C STEADFAST INSURANCE COMPANY
- COMPANY
D

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 7

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$																
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP. DED. \$500 <input checked="" type="checkbox"/> COLL. DED. \$500	810-6115A043-COF-06	03/31/06	03/31/07	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$																
C	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	HPC 9137151-00	03/31/06	03/31/07	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 SIR \$ 3,000,000																
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	SP 1G97FL SIR per Occurrence: \$500,000	01/01/07	01/01/08	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td><input checked="" type="checkbox"/></td> <td>OTHER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE-EACH EMPLOYEE</td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	EL EACH ACCIDENT			\$ 1,000,000	EL DISEASE-POLICY LIMIT			\$ 1,000,000	EL DISEASE-EACH EMPLOYEE			\$ 1,000,000
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EL DISEASE-POLICY LIMIT			\$ 1,000,000																		
EL DISEASE-EACH EMPLOYEE			\$ 1,000,000																		
	OTHER																				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Re: 800 MHz Radio System for EMS and Emergency communications

CERTIFICATE HOLDER

Palm Beach County
Communications Division
3323 Belvedere Rd., Bldg. 506
West Palm Beach, FL 33406

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
BY: Tina S. Blackburn
MM1(3/02)

Tina S. Blackburn

VALID AS OF: 01/25/07

ADDITIONAL INFORMATION

ATL-000885632-07 DATE (MM/DD/YY) 01/25/07

PRODUCER

MARSH USA INC.
615 CRESCENT EXECUTIVE COURT
SUITE 300
LAKE MARY, FL 32746
Attn: Orlando.Certrequest@marsh.com Fax: 212-948-0517

COMPANIES AFFORDING COVERAGE

COMPANY
E

COMPANY
F

COMPANY
G

COMPANY
H

S64955-MAIN-ALL-06/07

INSURED

JUPITER MEDICAL CENTER, INC.
Attn: Terri Freeman
1210 South Old Dixie Highway
Jupiter, FL 33458

TEXT

Excess Liability Policy Limit is Excess the following Self Insured Retention Structure:

General Liability: \$3,000,000 SIR per Occurrence
Hospital Professional Liability: \$3,000,000 Each Claim
GL/HPL Shared SIR \$2,000,000/\$2,000,000 Excess of \$3,000,000 SIR

CERTIFICATE HOLDER

Palm Beach County
Communications Division
3323 Belvedere Rd., Bldg. 506
West Palm Beach, FL 33406

MARSH USA INC. BY
Tina S. Blackburn



Page