

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: April 10, 2007

Consent  
 Ordinance

Regular  
 Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Agreement with Compass, Inc. for the period April 10, 2007, through April 30, 2007, in an amount not-to-exceed \$5,000 for the 2006 Pridefest Festival.

**Summary:** This funding is to help offset costs for the 2006 Pridefest Festival held in the City of Lake Worth by Compass, Inc. on March 23 and 24, 2006. Approximately 10,000 participants attended this event. The Agreement allows for the reimbursement of eligible project costs incurred by Compass subsequent to February 1, 2006. Funding is from the Recreation Assistance Program (RAP). District 2 (AH)

**Background and Justification:** Compass is a not-for-profit organization whose purpose is to promote pride, diversity, and awareness, to stimulate the local economy, and to build stronger communities. Compass sponsored the annual Pridefest Festival and parade on March 23 and 24, 2006, which involved the lesbian, gay, bisexual, and transgender community of Palm Beach County to promote social services of Compass, to highlight local vendors, and to provide community entertainment.

The total cost of the event was approximately \$40,000 for advertising, tent and table lease, sound equipment rental, portable toilets, fencing, insurance, mobile home rental, printing, entertainment, security, municipal event fees, and other miscellaneous expenses associated with the 2006 Pridefest Festival. The \$5,000 from the Recreation Assistance Program - District 2 will help offset a portion of those costs. The Agreement has been executed on behalf of Compass, Inc., and now needs to be approved by the Board of County Commissioners.

**Attachment:** Agreement

Recommended by:   
Department Director

3-19-07  
Date

Approved by:   
Assistant County Administrator

3/21/07  
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>5,000</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>
<b>NET FISCAL IMPACT</b>	<u><b>5,000</b></u>	<u><b>-0-</b></u>	<u><b>-0-</b></u>	<u><b>-0-</b></u>	<u><b>-0-</b></u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 3600 Department 583 Unit R902  
 Object 8201 Program N/A

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

Recreation Assistance Program

District 2                      3600-583-R902-076-8201                      \$5,000

C. Departmental Fiscal Review: ckopelakis

**III. REVIEW COMMENTS**

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

Elizabeth Blaser 3/23/07  
 OFMB 3/22/07  
 mg vo 3/21/07

Jim J. Jacobson 3/23/07  
 Contract Development and Control  
 3/23/07

**B. Legal Sufficiency:**

This Contract complies with our contract review requirements.

Anne Deland 3/26/07  
 Assistant County Attorney

**C. Other Department Review:**

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

REVISED 10/95  
 ADM FORM 01

**AGREEMENT BETWEEN PALM BEACH COUNTY AND COMPASS, INC. FOR THE  
2006 PRIDEFEST FESTIVAL**

**THIS AGREEMENT** is made and entered into on \_\_\_\_\_, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "County", and Compass, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Compass".

**WITNESSETH:**

**WHEREAS**, Compass is a not-for-profit organization whose purpose is to promote pride, diversity, and awareness, to stimulate the local economy, and to build stronger communities; and

**WHEREAS**, Compass sponsors the annual two day Pridefest Festival and parade involving the lesbian, gay, bisexual, and transgender community of Palm Beach County to promote social services of Compass, Inc. and local vendors, and to provide community entertainment; and

**WHEREAS**, the 2006 Pridefest Festival was held at Bryant Park in Lake Worth on March 23 and 24, 2006, and attracted approximately 10,000 participants; and

**WHEREAS**, the total cost of the 2006 Pridefest Festival was approximately \$40,000 for advertising, tent and table lease, sound equipment rental, portable toilets, fencing, insurance mobile home rental, printing, entertainment, security, municipal event fees, and other miscellaneous expenses associated with the 2006 Pridefest Festival; and

**WHEREAS**, Compass has requested \$5,000 from County to help offset 2006 Pridefest Festival costs; and

**WHEREAS**, County desires to provide funding to assist Compass with costs for the 2006 Pridefest Festival; and

**WHEREAS**, funding to assist Compass with the 2006 Pridefest Festival in an amount not- to-exceed \$5,000 is available from the Recreation Assistance Program (RAP) - District 2; and

**WHEREAS**, cultural and recreational community building and diversity programs serve a public purpose; and

**WHEREAS**, both parties desire to enter into this Agreement.

**NOW THEREFORE**, in consideration of the covenants and promises contained herein, the parties hereby agree to the following terms and conditions:

1. County agrees to fund an amount not to exceed \$5,000 to Compass for the 2006 Pridefest Festival for advertising, tent and table lease, sound equipment rental, portable toilets, fencing, insurance mobile home rental, printing, entertainment, security, municipal event fees, and other miscellaneous expenses associated with the 2006 Pridefest Festival, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".

2. County will use its best efforts to provide said funds to Compass on a reimbursement basis within forty-five (45) days of receipt of the following information:

a. A written statement that the Project, as specified herein, was carried out in accordance with this Agreement; and

b. A Contract Payment Request Form and a Contractual Services Purchases Schedule Form attached hereto and made a part hereof as Exhibit "B", which are required for each and every reimbursement requested by Compass. Said information shall list each invoice paid by Compass and shall include the vendor invoice number; invoice date; and the amount paid by Compass along with the number and date of the respective check and/or proof of payment for said payment. Compass shall attach a copy of each vendor invoice paid by Compass along with a copy of the respective check and/or proof of payment, and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Compass' Program Administrator and Project Financial Officer shall certify the total funds spent by Compass on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Compass and approved by Compass as indicated.

3. Compass incurred expenses for the Project beginning on February 1, 2006. Those costs incurred by Compass for the Project approved and submitted accordingly by Compass subsequent to February 1, 2006, are eligible for reimbursement by County pursuant to the terms and conditions hereof.

4. RAP funds may be used as a match for other local, state, or federal grant programs, but Compass may not submit reimbursement requests for the same expenses to the County as other fund sources to receive duplicate reimbursement for the same expenses.

5. Compass warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. Compass agrees, warrants, and represents that all of the employees and participants in the Project will be treated equally during employment, and for the provision of services without

regard to residency, race, color, religion, disability, sex, age, national origin, ancestry, marital status, or sexual orientation.

7. Compass shall be responsible for all costs of operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until April 30, 2007, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Compass is in default of its obligations under this Agreement, the County shall provide Compass thirty (30) days written notice to cure the default.

In the event Compass fails to cure the default within the thirty (30) day cure period, the County shall have no further obligation to honor reimbursement requests submitted by Compass for the Project deemed to be in default and Compass shall return any County RAP funds already collected by Compass for that Project.

10. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated by the County, without cause, upon thirty (30) days prior written notice to the other party. This Agreement may be terminated by the County with cause, upon expiration of the thirty (30) day cure period provided for in Section 9 above.

11. Compass shall complete the Project by January 15, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of February 1, 2006, through January 15, 2007. Compass shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before April 30, 2007. Upon written notification to County at least ninety (90) days prior to that date Compass may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Compass's request for said extension.

12. In the event Compass ceases to exist, or ceases or suspends the Project for any reason, any remaining unpaid portion of this Agreement shall be retained by County, and County shall have no further obligation to honor reimbursement requests submitted by Compass. The determination that Compass has ceased or suspended the Project shall be made by County and Compass agrees to be bound by County's determination.

13. Compass agrees to abide by, and be governed by, all applicable federal, state, county, and municipal laws, including but not limited to, Palm Beach County's ordinances, as said laws and ordinances exist and are amended from time to time. In entering into this

Agreement, Palm Beach County does not waive the requirements of any County or local ordinance or the requirements of obtaining any permits or licenses normally required to conduct business or activity conducted by Compass. Failure to comply may result in County's refusal to honor reimbursement requests for the Project.

14. County reserves the right to withhold reimbursement if the Project is not completed as specified in Exhibit "A".

15. It is understood and agreed that Compass is merely a recipient of County funding and is an independent contractor and is not an agent, servant or employee of County or its Board of County Commissioners. It is further acknowledged that the County only contributes funding under this Agreement and operates no control over the Project. In the event a claim or lawsuit is brought against County or any of its officers, agents or employees, Compass shall indemnify, save and hold harmless and defend the County, its officers, agents, and/or employees from and against any and all claims, liabilities, losses, judgments, and/or causes of action of any type arising out of or relating to any act or omission of Compass, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

In consideration for reimbursement of costs incurred prior to the term of this Agreement, the foregoing indemnification shall apply not only during the term of this Agreement but also apply for the period prior to the Agreement for which Compass is eligible to receive reimbursement from the County.

16. Compass shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Agreement, insurance coverages and limits (including endorsements), as described herein. The requirements contained herein, as well as County's review of acceptance of insurance maintained by Compass are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Compass under the Agreement.

**Commercial General Liability.** Compass shall maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department. Compass shall provide this coverage on a primary basis.

**Worker's Compensation Insurance & Employer's Liability.** Compass shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. Compass shall provide this coverage on a primary basis.

**Additional Insured.** Compass shall endorse the County as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." Compass shall provide the Additional Insured endorsements coverage on a primary basis.

**Waiver of Subrogation.** Compass hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then Compass shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, when a condition to the policy specifically prohibits such an endorsement, or voids coverage should Compass enter into such an agreement on a pre-loss basis.

**Certificate(s) of Insurance.** Prior to execution of this Agreement by the County, Compass shall deliver to the County a Certificate(s) of coverage evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage. Certificate holder's address shall read Palm Beach County, c/o Parks and Recreation Department, 2700 Sixth Avenue South, Lake Worth, FL 33461, Attention: Administrative Support Manager.

**Right to Review.** County, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Agreement. County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

17. Upon request by County, Compass shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

18. Compass shall maintain books, records, documents and other evidence that sufficiently and properly reflect all costs of any nature expended in the performance of this Agreement for a period of not less than five (5) years. Upon advance notice to Compass, County shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours.

19. The County and Compass may pursue any and all actions available under law to enforce this Agreement including, but not limited to, actions arising from the breach of any provision set forth herein.

20. This Agreement shall be governed by the laws of the State of Florida and any and all legal action necessary to enforce this Agreement shall be held in Palm Beach County.

21. As provided in Section 287.132-133, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, Compass certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty six (36) months immediately preceding the date hereof. This notice is required by Section 287.133 (3) (a), Florida Statutes.

22. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, either written or oral, relating to this Agreement. This Agreement may be modified and amended only by written instrument executed by the parties hereto.

23. Any notice given pursuant to the terms of this Agreement shall be in writing and hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

As to the County:

Director of Parks and Recreation  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, Florida 33461

As to Compass:

President  
Compass, Inc.  
500 South Australian Avenue, Suite 645  
West Palm Beach, FL 33401

24. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third-party beneficiary or otherwise.



IN WITNESS WHEREOF, the undersigned parties have signed this

Agreement on the date first above written.

**ATTEST:**  
**SHARON R. BOCK, Clerk &**  
**Comptroller**

**PALM BEACH COUNTY, FLORIDA, BY ITS**  
**BOARD OF COUNTY COMMISSIONERS**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Commissioner Addie L. Greene, Chairperson

**WITNESSES:**

**COMPASS, INC.**  
**FEI # 65-0052657**

*Susan W. Yager*  
\_\_\_\_\_  
*Jeronica Kennett*  
\_\_\_\_\_

By: *Scott Fox*  
\_\_\_\_\_  
Name  
*Vice President of Development*  
Title  
*Scott Fox*  
\_\_\_\_\_  
Signature

**APPROVED AS TO FORM AND**  
**LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

By: \_\_\_\_\_  
County Attorney

By: *Dennis L. Eshleman*  
\_\_\_\_\_  
Dennis L. Eshleman, Director  
Parks and Recreation Department

Recreation Assistance Program (RAP)  
Exhibit "A" to Agreement

Name of Agency: **Compass, Inc.**  
Mailing Address: **7600 South Dixie Highway, West Palm Beach, FL 33405**

Federal Employer Identification Number: **65-0052657**

Name of President:  
Name of Executive Director: **NICOLE LEIDESDORF**  
Project Liaison Information:

Name: **MIKE ZEWE**  
Telephone #: **561 667 3563**  
Fax #: **561 - 533-9699**  
e-mail: **MIKE@COMPASSGLCC.COM**

PROJECT INFORMATION

1. Name of Project: **Pridefest 2006**
2. Project Description

- General (Project Scope): **2 DAY FESTIVAL WITH PARADE INVOLVING LESBIAN, GAY, BISEXUAL TRANSGENDER COMMUNITY OF PALM BEACH COUNTY. PROMOTE SOCIAL SERVICES OF COMPASS, INC LOCAL VENDORS, ENTERTAINMENT.**

- Public Purpose: **TO PROMOTE, PRIDE DIVERSITY & AWARENESS. TO STIMULATE LOCAL ECONOMY. TO BUILD STRONGER COMMUNITIES.**
- Location: **BRYANT PARK, LAKE WORTH**
- Anticipated Number of Participants/Users: **10,000**

3. Project Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project expenses". Do not include expenditure line item budget/ amounts.

- |                           |                       |  |
|---------------------------|-----------------------|--|
| 1. ADVERTISING            | 6. EVENT INSURANCE    | 11. MUNICIPAL EVENT FEES   |
| 2. TENT & TABLE LEASE     | 7. MOBILE HOME RENTAL | 12. PRODUCE  |
| 3. SOUND EQUIPMENT RENTAL | 8. PRINTING           | 13. Other miscellaneous expenses associated with the Pridefest Festival 2006 |
| 4. PORTABLE TOILETS       | 9. ENTERTAINMENT      |  |
| 5. FENCE                  | 10 & SECURITY         |  |

4. Estimated Lump Sum Total for Project: \$ 40,000

5. Project Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project will be completed and all invoices paid). 2-1-06 to ~~2-15-07~~ 1-15-07 / 1/1/07

Note: Invoices and copies of proof of payment documents will be required for Project/Program reimbursement after the RAP Agreement is approved by the Board of County Commissioners. Do not submit reimbursement documentation at this time. After the Agreement is approved, and the reimbursement request is submitted, all invoices and checks must be dated within the stated project time frame AND Categories for Project Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachments:  
Certificate of Insurance X

Amount of Recreation Assistance Program Funding awarded \$ 5,000  
District 2  
(filled in by County)

Form available online by request. Contact Susan Yinger at [syinger@pbcgov.com](mailto:syinger@pbcgov.com)



PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date \_\_\_\_\_

Grantee \_\_\_\_\_ Project Name: \_\_\_\_\_

Submission #: \_\_\_\_\_ Reimbursement Period: \_\_\_\_\_

Item	Key	Project Costs This Submission	Cumulative Project Costs
Contractual Services	(C)	_____	_____
Salary & Wages (% of salaries)	(S)	_____	_____
Materials, Supplies, Direct Purchases	(M)	_____	_____
Equipment	(E)	_____	_____
Travel	(T)	_____	_____
Indirect Costs	(I)	_____	_____
<b>TOTAL PROJECT COSTS</b>		=====	=====

Key Legend

- C = Contractual Services
- S = Salary & Wages
- M = Materials, Supplies, Direct Purchases
- E = Equipment
- T = Travel
- I = Indirect Costs

Certification: I hereby certify that the above expenses were incurred for the work identified as being accomplished in the attached progress reports.

Certification: I hereby certify that the documentation has been maintained as required to support the project expenses reported above and is available for audit upon request.

\_\_\_\_\_  
Administrator Date

\_\_\_\_\_  
Financial Officer Date

**PBC USE ONLY**

County Funding Participation	\$ _____
Total Project Costs To Date:	\$ _____
County Obligation To Date	\$ _____
County Retainage ( _____ %)	\$ _____
County Funds Previously Disbursed	\$ _____
County Funds Due this Billing	\$ _____

Reviewed and Approved By: \_\_\_\_\_  
PBC Project Administrator Date

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





# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR PR  
COMPA-1

DATE (MM/DD/YYYY)  
09/11/06

<b>PRODUCER</b>  Casswood Insurance Agency, Ltd. Five Halfmoon Executive Park Clifton Park NY 12065-5694 Phone: 518-373-8700 Fax: 518-373-8799	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>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Compass Inc 7600 So Dixie Highway West Palm Beach FL 33405	INSURER A: Philadelphia Insurance Co	
	INSURER B:	
	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
A	X	GENERAL LIABILITY	PHPK124946	07/01/06	07/01/07	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"/> Professional Liab \$2,000,000				PERSONAL & ADV INJURY \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	PHPK124946	07/01/06	07/01/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<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 checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC AGG \$
		GARAGE LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> ANY AUTO				AGGREGATE \$
		EXCESS/UMBRELLA LIABILITY				\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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 \$
A		Property Section	PHPK124946	07/01/06	07/01/07	Real Prop 492,045 Spec Form 500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Additional Insureds: Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents**

<b>CERTIFICATE HOLDER</b>  PALMBEA  Palm Beach County c/o Parks & Recreation Dept. Attn: Support Manager 2700 Sixth Ave South Lake Worth FL 33461	<b>CANCELLATION</b>  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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <i>Jeffrey W. Wadewick, C.R., Chairman</i>
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INSURER: SEE ATTACHED ENDORSEMENT

NCCI Company Number: 10456  
Company Code: 9



POLICY NUMBER: 76 WEG EZ5461  
Previous Policy Number: 76 WEG EZ5461  
HOUSING CODE: 76

Suffix	
LARS	RENEWAL
	06

1. Named Insured and Mailing Address: COMPASS, INC.  
(No., Street, Town, State, Zip Code)

FEIN Number: 650052657  
7600 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

State Identification Number(s):

The Named Insured is: CORPORATION  
Business of Named Insured: SOCIAL SERVICES  
Other workplaces not shown above: 7600 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

2. Policy Period: From 04/15/06 To 04/15/07  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: PAYCHEX AGENCY, INC

308 FARMINGTON AVE  
FARMINGTON, CT 06032

Producer's Code: 210703

Issuing Office: THE HARTFORD  
308 FARMINGTON AVE  
FARMINGTON CT 06032  
(877) 287-1312

Total Estimated Annual Premium: \$7,275  
Deposit Premium:  
Policy Minimum Premium: \$319 FL

Audit Period: ANNUAL Installment Term:

The policy is not binding unless countersigned by our authorized representative.

*Margie K. Ape*  
Authorized Representative

01941

\*1500176EZ54610101



3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: FL

B. **Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WV, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 06 WC 00 03 08 WC 00 04 20 1G224002D WC 00 01 12  
 WC 00 04 14 WC 00 04 19 WC 09 06 06

4. **The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

Classifications Code Number and Description	Premium Basis		Estimated Annual Premium
	Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	
8861 CHARITABLE OR WELFARE ORGANIZATION - PROFESSIONAL EMPLOYEES & CLERICAL	473,600	1.59	7,530
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			7,530
FL - INTRA EXPERIENCE MODIFICATION 091374668			.930
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			7,003
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			7,003
PREMIUM DISCOUNT 1.0 PERCENT			-70
EXPENSE CONSTANT (0900)			200
TERRORISM RISK INS ACT OF 2002 (9740)	473,600	.030	142
TOTAL ESTIMATED ANNUAL PREMIUM			7,275

Total Estimated Annual Premium: \$7,275

Deposit Premium:

Policy Minimum Premium: \$319 FL

Interstate/Intrastate Identification Number: / 091374668

Labor Contractors Policy Number:

NAICS: 813319  
 SIC: 8399

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