

Agenda Item #: 3 - C - 2

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: May 1, 2007

Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

Project: Civil Engineering Services on a Task Order Basis

Motion and Title: Staff recommends motion to approve: The renewal of the Civil Engineering Services Annual Agreements with the following firms:

<u>Firm Name</u>	<u>Original Agreement Date</u>	<u>Resolution No.</u>
Miller-Legg & Associates, Inc.	May 17, 2005	R2005-0954
Alan Gerwig & Associates, Inc.	June 7, 2005	R2005-1057
Civil Design, Inc.	June 7, 2005	R2005-1058

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 staff 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. Agreements with Exhibits and Certificate of Insurance (2)

Recommended By: *[Signature]* Director 3/15/07 Date *[Signature]*

Approved By: *[Signature]* County Engineer 4/9/07 Date

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. J. Ward 3/19/08

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jan Dink 4/3/07
 OFMB
 4/3/07
 4/2/07
 4/4/07
Jim J. Jacobus 4/4/07
 Contract Administration
 This item complies with current County policies.

B. Legal Sufficiency:

Paul F. [Signature] 4/5/07
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

MILLER LEGG

February 23, 2007

Palm Beach County Board of Commissioners
Engineering & Public Works Department
Roadway Production Division/CCNA Section
2300 North Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

**RE: CIVIL ENGINEERING SERVICES ON AN ANNUAL BASIS
ANNUAL AGREEMENT (R2005-0954) dated May 17, 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 May 17, 2007 through May 16, 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/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,

Miller Legg & Associates, Inc.



Dennis J. Thomas, P.E.
Assistant Vice President, Engineering

2/23/07

Date

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

BY: _____
Addie L. Greene, Chairperson

Approved As To Form & Legal Sufficiency:

County Attorney

Attest:



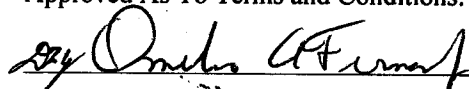
2/23/07

Date

Attest:
Sharon R. Bock, Clerk and Comptroller

Deputy Clerk

Approved As To Terms and Conditions:



V:\Proposals\Palm Beach County\Annual Civil\2006\RENEWAL2007LOI.wpd.doc

IMPROVING COMMUNITIES. CREATING ENVIRONMENTS.

Palm Beach Office: 2005 Vista Parkway • Suite 100 • West Palm Beach, Florida • 33411-2719

(561) 689-1138 • Fax: (561) 689-8108

www.millerlegg.com

PALM BEACH COUNTY
ANNUAL CIVIL ENGINEERING SERVICES CONTRACT

MILLER LEGG
HOURLY RATE SCHEDULE
May 17, 2007 through May 16, 2008

<u>Classification</u>	<u>Raw Rate</u>	<u>Billing Rate</u>
1. Project Manager	\$ 41.30/ hr	\$ 123.90/ hr
2. Senior Professional Engineer	\$ 51.20/ hr	\$ 153.60/ hr
3. Design Engineer	\$ 27.30/ hr	\$ 81.90/ hr
4. Engineer Tech / Sr CADD Tech	\$ 22.65/ hr	\$ 67.95/ hr
5. CADD Technician	\$ 17.40/ hr	\$ 52.20/ hr
6. Environmental Scientist	\$ 26.10/ hr	\$ 78.30/ hr
7. Field Inspector	\$ 27.25/ hr	\$ 81.75/ hr
8. Professional Land Surveyor	\$ 33.05/ hr	\$ 99.15/ hr
9. Survey Technician	\$ 21.70/ hr	\$ 65.10/ hr
10. Survey Party (3 person), per 8 hr day	N/A	\$1,024.00/ day
11. Legal Descriptions & Sketches	N/A	\$ 420.00 each
12. Landscape Architect	\$ 33.00/ hr	\$ 99.00/ hr

Burdened (billing) labor rates are based on the following:
Overhead, fringe benefits and payroll burden: 168%
Profit: 12%
Resulting Multiplier: **3.00**

Rates subject to annual adjustment at renewal of Annual Civil Engineering Agreement.



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

10:51:11 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

Term Glossary

Online Help

Licensee Details

Licensee Information

Name: Miller, Legg & Associates, Inc. (Primary Narr
(DBA Name)

Main Address: 1800 N Douglas Rd - Ste 200
PEMBROKE PINES Florida 330243200

License Mailing: 1800 N DOUGLAS ROAD
SUITE 200
PEMBROKE PINES FL 33024

County: BROWARD

LicenseLocation:

License Information

License Type: Certificate of Authorization

Rank: Cert of Auth

License Number: 7318

Status: Current,Active

Licensure Date: 10/11/1995

Expires: 02/28/2009

Special Qualifications **Qualification Effective**

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |

AC# 3035455

STATE OF FLORIDA

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

SEQ# L07011801228

DATE	BATCH NUMBER	LICENSE NBR
01/18/2007	060478802	LB6680

The SURVEYING & MAPPING BUSINESS
Named below IS CERTIFIED
Under the provisions of Chapter 472 FS.
Expiration date: FEB 28, 2009

MILLER LEGG & ASSOCIATES INC
1800 NORTH DOUGLAS ROAD SUITE 200
PEMBROKE PINES FL 33024

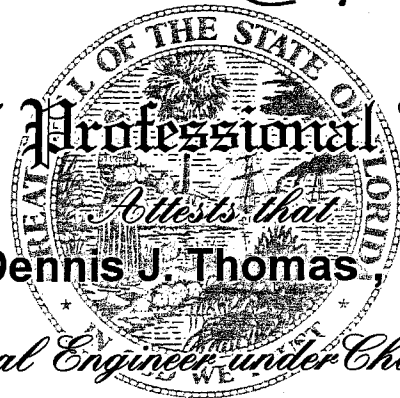
CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

HOLLY BENSON
SECRETARY

State of Florida

Board of Professional Engineers



Dennis J. Thomas, PE

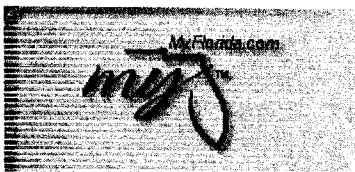
is licensed as a Professional Engineer under Chapter 471, Florida Statutes.

Expiration: 28-FEB-09

P.E. Number: 23934

AUDIT NO.: 0709- 017259

DISPLAY AS REQUIRED BY LAW



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

10:54:56 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

Term Glossary

Online Help

Licensee Details

Licensee Information

Name: **SCHWARTZ, MICHAEL FREDERICK (Primary (DBA Name))**

Main Address: **7033 PENINSULA LAKE CT
LAKE WORTH Florida 33467**

County: **PALM BEACH**

License Mailing:

LicenseLocation:

License Information

License Type: **Professional Engineer**

Rank: **Prof Engineer**

License Number: **56200**

Status: **Current,Active**

Licensure Date: **07/25/2000**

Expires: **02/28/2009**

Special Qualifications **Qualification Effective**

Building Code Core

Course Credit

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |

State of Florida

Board of Professional Engineers

Sandra Meyer Smith, PE



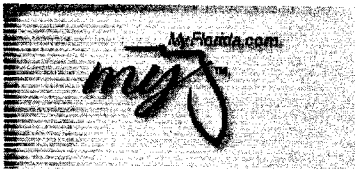
is licensed as a Professional Engineer under Chapter 471, Florida Statutes.

Expiration: 28-FEB-09

P.E. Number: 53193

AUDIT NO.: 0709- 004377

DISPLAY AS REQUIRED BY LAW



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

10:55:46 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

Licensee Details

Licensee Information

Name: **O'CONNOR, WILLIAM DANIEL (Primary Name)**
 (DBA Name)

Main Address: **2005 VISTA PARKWAY, SUITE 100**
WEST PALM BEACH Florida 33411

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

License Mailing:

LicenseLocation:

License Information

License Type: **Surveyor and Mappers**

Rank: **LS**

License Number: **LS4563**

Status: **Current,Active**

Licensure Date: **07/15/1988**

Expires: **02/28/2009**

Special Qualifications **Qualification Effective**

[View Related License Information](#)

[View License Complaint](#)

[Term Glossary](#)

[Online Help](#)

| [Terms of Use](#) | | [Privacy Statement](#) |

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KL
MILLE-6

DATE (MM/DD/YYYY)
02/22/07

PRODUCER
ACEC/MARSH
701 Market St., Ste. 1100
St. Louis MO 63101
Phone: 800-338-1391 Fax: 888-621-3173

INSURED
Miller, Legg & Associates, Inc.
DBA: Miller Legg
1800 N. DOUGLAS, STE. 200
PEMBROKE PINES FL 33024-3200

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Hartford Insurance Company	22357
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 LTR	ADPL NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL <input checked="" type="checkbox"/> XCU GENL. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	84SBWBU0728	11/01/06	11/01/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		COMPUTER/MEDIA	84MSGXT8373	11/01/06	11/01/07	ALL RISK 730,000 LIMIT 125,000
A		VALUABLE PAPERS	84SBWBU0728	11/01/06	11/01/07	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 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 INCLUDED AS ADDITIONAL INSURED AS RESPECTS WORK PERFORMED BY THE NAMED INSURED.

CERTIFICATE HOLDER

CANCELLATION

PALMB02

 PALM BEACH BOARD OF COUNTY COMMISSIONERS
 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Alfred A. Peterman

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED

DATE: (MM/DD/YYYY) 02/20/2007	INSURERS:
PRODUCER or BROKER: Marsh USA Inc. 600 Corporate Park Drive St. Louis, MO 63105 Phone: (314) 512-2415	A: Discover Property & Casualty Ins. Co.
INSURED: Miller, Legg & Associates, Inc. & Enterprise Rent-A-Car Company et al. 600 Corporate Park Drive St. Louis, MO 63105	B: _____
	C: _____
	D: _____
	E: _____

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

COVERAGES:	INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCURENCE						
A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> **See Below			D187A00010 H19965	11/26/2006	11/26/2007	Combined Single Limit: \$1,000,000 Bodily Injury per Person: Bodily Injury per Acc. Property Damage:
GARAGE LIABILITY ANY AUTO						
EXCESS LIABILITY UMBRELLA OTHER Than UMBRELLA Form WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
DESCRIPTION:						

Policy provides protection for any & all operations/jobs performed by the named insured. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, Agents, are additional insured as their interest appears. **Any vehicle leased from Enterprise Fleet Services where the contract includes auto insurance coverage. Waiver of Subrogation included where required by written contract. Insurance is primary and non-contributory. Project Name: For all Projects with Palm Beach County.

HOLDER: _____ GPBR: 41

CANCELLATION: _____

Palm Beach Board of County Commissioners
2300 N. Jog Road
West Palm Beach, FL 33411-2745

SHOULD ANY OF THE ABOVE 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.

Client#: 5769

MILLEG3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/12/07
PRODUCER Suncoast Insurance Associates P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200	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 Miller Legg & Associates, Inc. 1800 N. Douglas Road, #200 Pembroke Pines, FL 33024	INSURERS AFFORDING COVERAGE	
	INSURER A: St. Paul Fire & Marine Insurance Co	24767
	INSURER B: XL Specialty Insurance Company	37885
	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. INSR#	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	BW02178332	05/01/06	05/01/07	<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
B	OTHER Professional Liability	DPR9603665	02/21/07	02/21/08	\$2,000,000 per claim \$4,000,000 annl aggr.


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

Professional Liability is written on a claims made and reported basis.

RE: For all Projects with Palm Beach County

Professional Liability Retroactive Date 01/01/1965.

(See Attached Descriptions)

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 2300 N. Jog Road West Palm Beach, FL 33411-2745	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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.

DESCRIPTIONS (Continued from Page 1)

12798 W. Forest Hill Boulevard
Suite 204
Wellington, FL 33414
Phone: (561) 792-9000
Fax: (561) 792-9901

Alan Gerwig & Associates, Inc.
Consulting Engineers



February 8, 2007

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: CIVIL ANNUAL AGREEMENT (R2005-1057) DATED JUNE 7, 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 June 7, 2007 through June 6, 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 and all appropriate affidavits. An Insurance Certificate for General, Automobile, and Professional Liability will be sent to directly from our insurance agent.


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

Sincerely,

Alan Gerwig & Associates, Inc.


Alan Gerwig, P.E., President

Attest:



2/8/07
DATE

2/8/07
DATE

Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

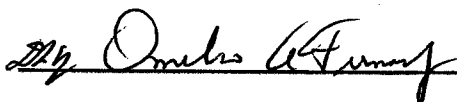
BY: _____
Addie L. Greene, Chairperson

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney



**Civil Engineering Services
Task Order Basis - Fee Schedule**

Alan Gerwig & Associates, Inc.

12798 W. Forest Hill Blvd., Suite 204
Wellington, FL 33414
Contact: Alan Gerwig, P.E., President

Phone: 561-792-9000
Fax: 561-792-9901
e-mail: agerwig@aga-engineering.com

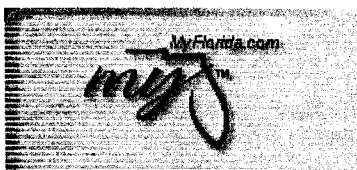
Fee Schedule - Fiscal Year 2007			
		Raw Rate	* Burdened Rate
Sr. Project Manager	Alan Gerwig, P.E.	\$46.50	\$127.00
Project Manager	Robert Priolo, P.E.	\$45.00	\$123.00
Project Engineer (P.E.)	Patrick Lear, P.E.	\$35.92	\$98.00
Project Engineer (P.E.)	Jill Skaggs, P.E.	\$36.06	\$99.00
Project Engineer (E.I.)	Simon Coleman, E.I.	\$32.69	\$90.00
Jr. Engineer	Curt Campbell, E.I.	\$27.46	\$75.00
	Sarah Noorjahan, E.I.	\$24.49	\$67.00
	Tom Stangle, E.I.	\$26.44	\$72.00
Engineer Tech/CADD	Joe Rommel	\$22.50	\$62.00
	Michael Gambarrotti	\$20.00	\$55.00
	Kim Christoff	\$21.25	\$58.00

* Rounded

Multiplier:

Salary 1.00
Overhead & Fringe 1.45
Subtotal 2.45
12% Profit 0.29
Total 2.74

Alan Gerwig & Associates, Inc. will provide "Additional Services, as Authorized and Approved by the Owner, Palm Beach County".



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

11:05:21 AA

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

Term Glossary

Online Help

Licensee Details

Licensee Information

Name: **Alan Gerwig & Associates, Inc. (Primary Nar (DBA Name)**

Main Address: **12798 Forest Hill Boulevard Suite 204 WELLINGTON Florida 334140000**

License Mailing:

LicenseLocation:

License Information

License Type: **Certificate of Authorization**

Rank: **Cert of Auth**

License Number: **7969**

Status: **Current,Active**

Licensure Date: **07/07/1998**

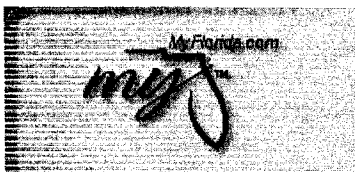
Expires: **02/28/2009**

Special Qualifications **Qualification Effective**

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

11:06:39 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

Term Glossary

Online Help

Licensee Details

Licensee Information

Name: **GERWIG, ALAN L (Primary Name)**
 (DBA Name)

Main Address: **% Alan Gerwig & Associates, In
 12798 Forest Hill Blvd, Suite 204
 WELLINGTON Florida 334140000**

County: **PALM BEACH**

License Mailing:

LicenseLocation:

License Information

License Type: **Professional Engineer**

Rank: **Prof Engineer**

License Number: **39481**

Status: **Current,Active**

Licensure Date: **03/18/1988**

Expires: **02/28/2009**

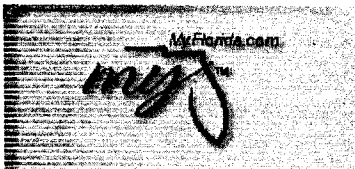
Special Qualifications **Qualification Effective**

Building Code Core Course Credit

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

11:07:23 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

[Term Glossary](#)

[Online Help](#)

Licensee Details

Licensee Information

Name: **PRIOLO, ROBERT JOSEPH (Primary Name)**
 (DBA Name)
 Main Address: **82 Tall Oaks Circle**
TEQUESTA Florida 33469-0000
 County: **PALM BEACH**

License Mailing:

LicenseLocation:

License Information

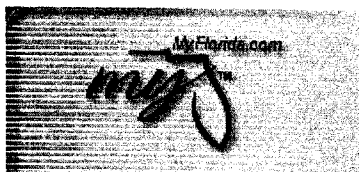
License Type: **Professional Engineer**
 Rank: **Prof Engineer**
 License Number: **52527**
 Status: **Current,Active**
 Licensure Date: **02/13/1998**
 Expires: **02/28/2009**

Special Qualifications **Qualification Effective**
Building Code Core Course Credit
Special Inspector 04/10/2000

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |



Log On

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

11:07:59 AM

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

[Term Glossary](#)

[Online Help](#)

Licensee Details

Licensee Information

Name: **LEAR, PATRICK SHAWN (Primary Name)**
 (DBA Name)
 Main Address: **124 COUNTRY CLUB WAY**
ROYAL PALM BEACH Florida 334110000
 County: **PALM BEACH**

License Mailing:

LicenseLocation:

License Information

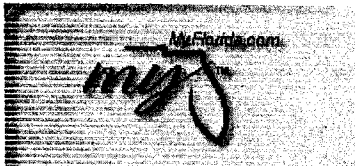
License Type: **Professional Engineer**
 Rank: **Prof Engineer**
 License Number: **50033**
 Status: **Current,Active**
 Licensure Date: **02/15/1996**
 Expires: **02/28/2009**

Special Qualifications **Qualification Effective**
Building Code Core
Course Credit

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |



[Log On](#)

[DBPR Home](#) | [Online Services Home](#) | [Help](#) | [Site Map](#)

11:08:31 AM

Public Services

- [Search for a Licensee](#)
- [Apply for a License](#)
- [View Application Status](#)
- [Apply to Retake Exam](#)
- [Find Exam Information](#)
- [File a Complaint](#)
- [AB&T Delinquent Invoice & Activity List Search](#)

User Services

- [Renew a License](#)
- [Change License Status](#)
- [Maintain Account](#)
- [Change My Address](#)
- [View Messages](#)
- [Change My PIN](#)
- [View Continuing Ed](#)

[Term Glossary](#)

[Online Help](#)

Licensee Details

Licensee Information

Name: **SKAGGS, JILL CANTER (Primary Name)**
(DBA Name)

Main Address: **7405 Brunswick Circle**
BOYNTON BEACH Florida 33437

County: **OUT OF STATE**

License Mailing:

LicenseLocation:

License Information

License Type: **Professional Engineer**

Rank: **Prof Engineer**

License Number: **55319**

Status: **Current,Active**

Licensure Date: **02/11/2000**

Expires: **02/28/2009**

Special Qualifications **Qualification Effective**

Building Code Core

Course Credit

[View Related License Information](#)

[View License Complaint](#)

| [Terms of Use](#) | | [Privacy Statement](#) |

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/08/2007

PRODUCER (305)822-7800 FAX 305-362-2443
Collinsworth, Alter, Fowler, Dowling & French
P. O. Box 9315
Miami Lakes, FL 33014-9315
Anna Ramirez aramirez@canfd.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 Alan Gerwig & Assoc. Inc.
12798 W. Forest Hill Blvd.
Ste. 204
Wellington, FL 33414-4750

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Casualty Ins Co A+ XV
INSURER B: Hartford Underwriters Ins CO A+ XV
INSURER C: Illinois Union Insurance Co A+ XV
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	21SBARM9558	12/09/2006	12/09/2007	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000				
B	AUTOMOBILE LIABILITY <input checked="" 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	21UECAG3030	12/09/2006	12/09/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	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 EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	21SBARM9558	12/09/2006	12/09/2007	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	21WECDX3589	12/09/2006	12/09/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	OTHER Professional Liability Claims-Made Form Retro: 8/25/98	N01882053	08/25/2006	08/25/2007	\$1,000,000 General Aggregate \$1,000,000 Each Claim \$20,000 Deductible Each Claim

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

RE: Civil Engineering Services-Annual Agreement / Resolution No.: R2005-1057;

Agreement Date: June 7, 2005; Project Name: : "FOR ALL PROJECTS WITH PALM BEACH COUNTY".

Please see attached.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County, Florida
Department of Engineering & Public Works
Attn: David Young, P.E., Project Manger
P.O. Box 21229
West Palm Beach, FL 33416-1229

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/ANGIE

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.



CIVIL DESIGN, INC.
ENGINEERING CONSULTANTS

February 2, 2007

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

RE: CIVIL ANNUAL AGREEMENT (R2005-1058) DATED JUNE 7, 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 June 7, 2007 through June 6, 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,

Civil Design, Inc.

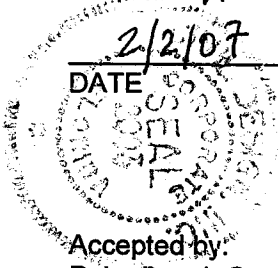
T. Jeff Trompeter, P.E., President

Attest:

Denise A. Bas, Secretary

2/2/07
DATE

2.2.07
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



CIVIL DESIGN, INC.
ENGINEERING CONSULTANTS

TASK ORDER BASIS - FEE SCHEDULE

**AGREEMENT FOR CIVIL ANNUAL SERVICES ON A TASK ORDER BASIS
PALM BEACH COUNTY**

EFFECTIVE JUNE 7, 2007 THROUGH JUNE 6, 2008

HOURLY RATES:

<u>Personnel Classification:</u>	<u>Hourly Rate</u>
1. Project Manager/Senior Professional Engineer (Sr. PE)	125.00
2. Project Engineer (PE).....	100.00
3. Designer	90.00
4. Engineering AutoCAD Technician.....	75.00
5. Engineering Field Representative.....	75.00

SUB-CONSULTANTS:

**Nodarse & Associates, Inc. (Geotechnical)
Lawson Noble & Webb, Inc. (Survey)**

MULTIPLIER CALCULATIONS:

Salary	1.00
Fringe Benefits/General Operations	<u>1.60</u>
Subtotal	2.60
Profit @ 12%	<u>0.31</u>
TOTAL	2.91

ADDITIONAL SERVICES:

Any additional services required will be as authorized and approved by the Owner, Palm Beach County.

REIMBURSABLE EXPENSES:

Reimbursement for Direct Project Expenses will be determined for each Project, as required.



CIVIL DESIGN, INC.

ENGINEERING CONSULTANTS

State of Florida
Board of Professional Engineers



Is authorized under the provisions of Section 471.023, Florida Statutes, to offer engineering services to the public through a Professional Engineer duly licensed under Chapter 471, Florida Statutes.

AUDIT NO.: 0507-

13

CERTIFICATE OF AUTHORIZATION NUMBER: 9664

EXPIRATION: 28-FEB-07

DISPLAY AS REQUIRED BY LAW

State of Florida
Board of Professional Engineers



Thomas Jeffrey Hampeter, PE

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

Expiration: 28-FEB-09

P.E. Number: 51045

AUDIT NO.: 0709- 002873

DISPLAY AS REQUIRED BY LAW

State of Florida
Board of Professional Engineers



Melissa Ann Hayes, PE

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

Expiration: 28-FEB-09

P.E. Number: 61006

AUDIT NO.: 0708- 006748

DISPLAY AS REQUIRED BY LAW

Client#: 9256

CIVIDES31

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02/05/07
PRODUCER Suncoast Insurance Associates P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200	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 Civil Design, Inc. 120 South Olive Ave., Suite #403 West Palm Beach, FL 33401	INSURERS AFFORDING COVERAGE INSURER A: United States Fidelity & Guaranty INSURER B: Travelers Casualty and Surety Compan INSURER C: XL Specialty Insurance Company INSURER D: INSURER E:	NAIC # 25887 19038 37885

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		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	BK01961125	10/01/06	10/01/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
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	BK01961125	10/01/06	10/01/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB5408Y71	01/07/07	10/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C		OTHER Professional Liability	DPR9602454	10/01/06	10/01/07	\$1,000,000 per claim \$2,000,000 annl aggr.

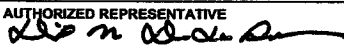
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Professional Liability is written on a claims-made basis.
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are listed as additional insureds with respects to the General Liability and Auto
(See Attached Descriptions)

CERTIFICATE HOLDER

Palm Beach County
c/o Department of Engineering & Public Works
2300 N. Jog Rd.
3rd Floor
West Palm Beach, FL 33411-2745

CANCELLATION

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


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.

DESCRIPTIONS (Continued from Page 1)

**Liability policy with respects to Provide Enginseering Services requires
for Municipal Service Taxing Unit (MTSU) Districts A through E.
Professional Liability Retroactive date: 10/01/2003.
Project Name: "FOR ALL PROJECTS WITH PALM BEACH COUNTY".**