

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 19, 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 Redemptive Life Fellowship, Inc. for the period June 19, 2007, through October 30, 2007, in an amount not-to-exceed \$9,100 for black history tours.

**Summary:** This funding is to help offset costs for student tours to Washington, D.C. and New York City for historical tours with an emphasis placed on African American history. The tours will serve thirteen youth. The Agreement allows for the reimbursement of eligible project costs incurred subsequent to April 1, 2007. Funding is from the Recreation Assistance Program (RAP) District 7 Funds. District 7 (AH)

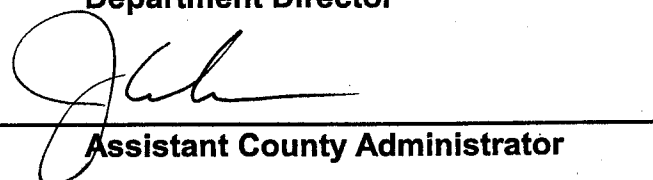
**Background and Justification:** Redemptive Life Fellowship, Inc. is a not-for-profit organization that includes the Redemptive Life Academy, which is dedicated to the task of educating leaders for the 21<sup>st</sup> Century. Redemptive Life Fellowship offered black history tours for students who had never traveled outside of Florida to educate and inspire participants through sight-seeing in the nation's capital and New York City.

The total cost of the tour was approximately \$16,200 for Amtrak transportation and hotel accommodations. The \$9,100 from RAP - District 7 will offset a portion of these costs. The Agreement has been executed on behalf of Redemptive Life Fellowship, Inc., and now needs to be approved by the Board of County Commissioners.

**Attachment:** Agreement

Recommended by:   
Department Director

5-18-07  
Date

Approved by:   
Assistant County Administrator

5/30/07  
Date



**AGREEMENT BETWEEN PALM BEACH COUNTY AND REDEMPTIVE LIFE  
FELLOWSHIP, INC. FOR BLACK HISTORY TOURS**

**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 Redemptive Life Fellowship, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Fellowship".

**WITNESSETH:**

**WHEREAS**, Fellowship is a not-for-profit organization that includes the Redemptive Life Academy, which is dedicated to the task of educating leaders for the 21<sup>st</sup> Century; and

**WHEREAS**, Fellowship is offering a black history tour (the "Tour") to Washington, D.C. and New York City in conjunction with Redemptive Life Academy for students who have never traveled outside of Florida; and

**WHEREAS**, the purpose of the Tour is to educate and inspire participants through sight-seeing in the nations capital and New York City with an emphasis placed on African American history; and

**WHEREAS**, thirteen (13) people will participate in the Tour; and

**WHEREAS**, the Tour is anticipated to cost approximately \$16,200 for Amtrak transportation and hotel accommodations; and

**WHEREAS**, Fellowship has requested that County provide \$9,100 to help offset costs for the Tour; and

**WHEREAS**, funding for the Tour in an amount not-to-exceed \$9,100 is available from the Recreation Assistance Program (RAP) – District 7; and

**WHEREAS**, cultural and recreational programs for youth serve a public benefit; 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 \$9,100 to Fellowship to help offset costs for the Tour for Amtrak transportation and hotel accommodations, as described in Exhibit "A", attached hereto and incorporated herein, and hereinafter referred to as the "Project".

2. County will use its best efforts to provide said funds to Fellowship 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 Fellowship. Said information shall list each invoice paid by Fellowship and shall include the vendor invoice number; invoice date; and the amount paid by Fellowship along with the number and date of the respective check or proof of payment for said payment. Fellowship shall attach a copy of each vendor invoice paid by Fellowship along with a copy of the respective check or proof of payment and shall make reference thereof to the applicable item listed on the Contractual Services Purchases Schedule. Further, Fellowship's Program Administrator and Project Financial Officer shall certify the total funds spent by Fellowship on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Fellowship and approved by Fellowship as indicated.

3. Fellowship incurred expenses for the Project beginning on April 1, 2007. Those costs incurred by Fellowship for the Project, approved and submitted accordingly by Fellowship subsequent to April 1, 2007, 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 Fellowship 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. Fellowship warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

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

8. The term of this Agreement shall be until October 30, 2007, commencing upon

the date of execution by the parties hereto.

9. The parties agree that, in the event Fellowship is in default of its obligations under this Agreement, the County shall provide Fellowship thirty (30) days written notice to cure the default. In the event Fellowship 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 Fellowship for the Project deemed to be in default and Fellowship shall return any County RAP funds already collected by Fellowship 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. Fellowship shall complete the Project by July 30, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of April 1, 2007, through July 30, 2007. Fellowship shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before October 30, 2007. Upon written notification to County at least ninety (90) days prior to that date Fellowship may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Fellowship's request for said extension.

12. In the event Fellowship 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 Fellowship. The determination that Fellowship has ceased or suspended the Project shall be made by County and Fellowship agrees to be bound by County's determination.

13. Fellowship 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 Fellowship. 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 Fellowship 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, Fellowship 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 Fellowship, 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 for the period prior to this Agreement for which Fellowship is eligible to receive reimbursement from the County.

16. Fellowship 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 and acceptance of insurance maintained by Fellowship are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Fellowship under this Agreement.

**Commercial General Liability.** Fellowship 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. Fellowship shall provide this coverage on a primary basis.

**Automobile.** Fellowship shall maintain, during the life of this Agreement, comprehensive automobile liability insurance in the minimum amount of \$500,000 combined single limit bodily injury and property damage for claims arising from damages for bodily injury including wrongful death, as well as from claims for property damage which may arise from the ownership, use, or maintenance of owned and non-owned automobiles,

including rented automobiles, whether such operations be by Fellowship or by anyone employed by or contracting with Fellowship. Should Fellowship use independent bus companies for transportation, it shall require such company or companies to provide automobile liability on such buses in the minimum amount of \$1,000,000 combined single limit bodily injury and property damage liability and shall include Fellowship and Palm Beach County as Additional Insured.

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

**Additional Insured.** Fellowship 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." Fellowship shall provide the Additional Insured endorsements coverage on a primary basis.

**Waiver of Subrogation.** Fellowship 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 Fellowship 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 Fellowship enter into such an agreement on a pre-loss basis.

**Certificate(s) of Insurance.** Prior to execution of this Agreement by the County, Fellowship 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, Fellowship shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

18. Fellowship 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 Fellowship, County shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours.

19. The County and Fellowship 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, Fellowship 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, 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 Fellowship:

President  
Redemptive Life Fellowship, Inc.  
2101 North Australian Avenue  
West Palm Beach, FL 33407

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:**  
\_\_\_\_\_  
\_\_\_\_\_

**REDEMPTIVE LIFE FELLOWSHIP, INC.**  
**FEI Number: 650286937**

By: \_\_\_\_\_  
Name (Type or Print)  
Pastor / Provoost  
Title  
Rev. Harold C. Ray  
Signature

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

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

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

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

Name of Agency: **Redemptive Life Fellowship, Inc.**  
Mailing Address: **2101 North Australian Avenue  
West Palm Beach, FL 33407**

Federal Employer Identification Number: **650286937**

Name of President: **Harold Calvin Ray**  
Name of Executive Director: **Harold Calvin Ray (Provost)**  
Project Liaison Information:  
Name: **Mrs. Alice McCullough**  
Telephone #: **561.805.7975 Ext. 1224**  
Fax #: **561.805.7972**  
e-mail: **amccullough@rlife.com**

Mission/Purpose of Agency: **Attached**

**PROJECT INFORMATION**

1. Name of Project: **Black History Tours for Redemptive Life Academy - Transportation Costs**
2. Project Description
  - General (Project Scope): **For the students who have never traveled outside of Florida to sight see the nations capital and to visit and see the rich history of some very famous Africa America**
  - Public Purpose: **Sight see historical sights at the nations capital, other schools were invited private & public students.**
  - Location: **Washington, DC & New York**
  - Anticipated Number of Participants/Users: **13 people** **Trip dates are from april 2007 to May 5, 2007.**
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.**  
**This cost also includes the transportation for Amtrak transportation & hotel accommodations.**
4. Estimated Lump Sum Total for Project: **\$ 16,200.00**
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). **April 16, 2007 to July 30, 2007**

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: **3**  
Certificate of Insurance

Amount of Recreation Assistance Program Funding awarded **\$ 8,100**  
**District 7**  
(used in by County)

Form available online by request. Contact Susan Yinger at [SYinger@bpcgov.com](mailto:SYinger@bpcgov.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



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

**PALM BEACH COUNTY  
 PARKS AND RECREATION DEPARTMENT  
 CONTRACTUAL SERVICES PURCHASE SCHEDULE**

**EXHIBIT B**

Grantee: \_\_\_\_\_

\_\_\_\_\_  
 Date

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

Submittal #: \_\_\_\_\_

Contract Reimbursement Period: \_\_\_\_\_

#	Payee (Vendor/Contractor)	Key	Check or Voucher		Invoice			Expense Description
			Number	Date	Number	Date	Amount	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
					TOTAL \$			

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

\_\_\_\_\_  
 Administrator

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date



# CERTIFICATE OF INSURANCE

Date of Issue: 04/17/2007

**PRODUCER**  
 BROWN & BROWN, INC.  
 PO BOX 2412

DAYTONA BEACH,, FL 32114  
 Contact:

**INSURED**  
 TRAVEL LYNX, INC. OF BREVARD COUNTY  
 355 WILLIAMS POINT BLVD.  
 COCOA, FL 32927-

This certificate provides information only, and confers no rights upon the certificate holder. It does not change, amend, extend, or alter the coverage afforded by the policies that are listed below.

**COMPANY**  
 A National Interstate Insurance Company

THIS CERTIFIES THAT THE POLICIES OF INSURANCE THAT ARE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED POLICY PERIOD. THE INSURANCE PROVIDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NO REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN SHALL EXTEND THE POLICY PERIOD OR CHANGE THE COVERAGE OR CONDITIONS PROVIDED BY THE LISTED POLICIES

CC LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS												
A	<b>COMMERCIAL GENERAL LIABILITY</b> Occurrence Form	GLR 0136104-04	11/01/2006	11/01/2007	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (any one fire)</td><td></td></tr> <tr><td>MED EXPENSE (any one person)</td><td></td></tr> </table>	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG		PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURRENCE	\$1,000,000	FIRE DAMAGE (any one fire)		MED EXPENSE (any one person)	
GENERAL AGGREGATE	\$2,000,000																
PRODUCTS - COMP/OP AGG																	
PERSONAL & ADV INJURY	\$1,000,000																
EACH OCCURRENCE	\$1,000,000																
FIRE DAMAGE (any one fire)																	
MED EXPENSE (any one person)																	
A	<b>AUTOMOBILE LIABILITY</b> <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	CAR 0136104-04	11/01/2006	11/01/2007	<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$5,000,000</td></tr> <tr><td>BODILY INJURY (per person)</td><td></td></tr> <tr><td>BODILY INJURY (per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td></td></tr> </table>	COMBINED SINGLE LIMIT	\$5,000,000	BODILY INJURY (per person)		BODILY INJURY (per accident)		PROPERTY DAMAGE					
COMBINED SINGLE LIMIT	\$5,000,000																
BODILY INJURY (per person)																	
BODILY INJURY (per accident)																	
PROPERTY DAMAGE																	
A	<b>AUTOMOBILE PHYSICAL DAMAGE</b> <input type="checkbox"/> Collision <input type="checkbox"/> Other Than Collision \$10,000 Deductible - Collision \$10,000 Deductible - Other Than Collision	CAR 0136104-04	11/01/2006	11/01/2007	<input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Stated Amount <input type="checkbox"/> Scheduled Vehicles Only												
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AGGREGATE:																	
SELF INSURED RETENTION:																	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> STATUTORY LIMITS <table border="1"> <tr><td>EACH ACCIDENT:</td><td></td></tr> <tr><td>DISEASE - POLICY LIMIT:</td><td></td></tr> <tr><td>DISEASE - EACH EMPLOYEE:</td><td></td></tr> </table>	EACH ACCIDENT:		DISEASE - POLICY LIMIT:		DISEASE - EACH EMPLOYEE:							
EACH ACCIDENT:																	
DISEASE - POLICY LIMIT:																	
DISEASE - EACH EMPLOYEE:																	
A	<b>OTHER GARAGE LIABILITY</b> GARAGEKEEPERS LEGAL LIAB.	GRR 0136104-04 GRR 0136104-04	11/01/2006	11/01/2007	\$1,000,000 \$300,000 W 500/\$2,500 DED.												

Description:

**CERTIFICATE HOLDER**  
 REDEMPITIVE LIFE ACADEMY  
 2101 N AUSTRALIAN AVE  
 WEST PALM BCH, FL 33407

**CANCELLATION**

Should any of the policies listed above be canceled before the expiration date, the company will endeavor to mail 30 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability upon the company, its agents or representatives.

**AUTHORIZED REPRESENTATIVE**

*M. A. Starzio*

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OF ID #1 RDEM-1	DATE (MM/DD/YYYY) 04/24/07
<b>PRODUCER</b>  The Flastridge Agency-PBGO 10337 N Military Trail Palm Beach Gardens FL 33410 Phone: 561-630-4955 Fax: 561-630-4966	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>INSURED</b>  Redemptive Life Fellowship 2101 Australian Ave. West Palm Beach FL 33407	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: <i>Peconicdale Insurance Company</i>		
	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	EDDTL	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sex/Phy Abuse 100 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CLS1285143	10/09/06	10/09/07	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPI/OP AGG \$ 2000000
		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) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYEE/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below Commercial Applica				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.C. EACH ACCIDENT \$ E.C. DISEASE - EA EMPLOYEE \$ E.C. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate holder shown is listed as additional insured as respects General Liability.

**CERTIFICATE HOLDER**

Palm Beach County S/o Parks & Recreation Dept Adm. Support Mgr 2700 6th Ave., South Lake Worth FL 33461	<p style="text-align: center;"><b>CANCELLATION</b></p> 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 <i>Charles E. Knudson</i> Charles E. Knudson
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**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
05/10/06

**PRODUCER**  
 Paychex Agency, Inc.  
 1175 John Street  
 West Henrietta, NY 14586  
 1-877-266-6850

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**  
 Paychex Business Solutions, Inc.  
 REDEMPTIVE LIFE FELLOWSHIP INC  
 911 Panorama Trail South  
 Rochester, NY 14625  
 877-266-6850

**INSURERS AFFORDING COVERAGE**  
 INSURER A: NEW HAMPSHIRE INSURANCE COMPANY.  
 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	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ 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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7656672	06/01/06	06/01/07	<table border="1"> <tr> <td>X</td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	X	WC STATUTORY LIMITS	OTHER			E.L. EACH ACCIDENT		\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000		E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
X	WC STATUTORY LIMITS	OTHER																			
	E.L. EACH ACCIDENT		\$ 1,000,000																		
	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																		
	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																		
	OTHER				\$ \$ \$																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 WORKERS COMPENSATION COVERAGE IS PROVIDED TO ONLY THOSE EMPLOYEES LEASED TO, BUT NOT SUBCONTRACTORS OF THE NAMED INSURER

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b> _____	<b>CANCELLATION</b>
REDEMPTIVE LIFE FELLOWSHIP INC  2101 AUSTRALIAN AVENUE  WEST PALM BEACH, FL 33407  USA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>90</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 <i>Robert P. McQuinn</i>

ACORD 25-S (7/97) cmgleaso 4317281

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