

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>
External Revenues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Program Income (County)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
In-Kind Match County	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
NET FISCAL IMPACT	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Budget Account No: Fund _____ Agency _____ Org _____ Object _____

Is Item Included in Current Budget? Yes _____ No _____

Reporting Category N/A

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

This Contract Renewal does not encumber any funds. Consultant Service Authorizations will be issued under this Contract on a task-by-task basis.

C. Department Fiscal Review: Debra Moxest

III. REVIEW COMMENTS

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

Jim Dink 7-20-07
OFMB
CN/7/19/07

Jim J. Jant 7/23/07
Contract Development and Control

B. Legal Sufficiency:

James C. Murphy 7/24/07
Assistant County Attorney

7/23/07 This item complies with the original Agreement.

C. Other Department Review:

Department Director

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



CH2MHILL
Constructors, Inc.

CH2M HILL
Hillsboro Executive Center North
800 Fairway Drive, Suite 350
Deerfield Beach, FL
33441-1831
Tel 954.426.4008
Fax 954.698.6010

July 16, 2007

Palm Beach County Water Utilities Dept.
8100 Forest Hill Blvd.
West Palm Beach, Florida 33413

Attention: Brian A. Shields, P.E., Director Engineering Division

RE: DISASTER RECOVERY SERVICES DESIGN/BUILD CONTRACT, PBC Project No. WUD 06-103,
ORIGINAL RESOLUTION NO. R-2006-1934, Originally dated September 12, 2006

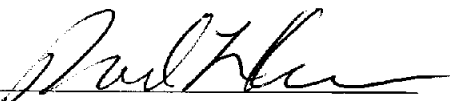
Dear Mr. Shields:

This letter serves as our official notification of interest in continuing our Contract with Palm Beach County for design/build services as specified in the above reference, for the time period of September 13, 2007 through September 12, 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 (which incorporates into the rates reflected the stipulated rate of increase as noted in the note section of the rate 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,

Consultant: 
Donald L. Klose, Vice President

July 16, 2007
Date

Attest: 

7/16/07
Date

CH2M HILL CONSTRUCTORS, INC. CORPORATE SEAL

PALM BEACH COUNTY BOARD CORPORATE SEAL

Accepted by:
Palm Beach County Board of Commissioners

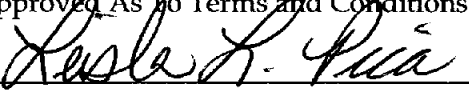
Attest:
Sharon R. Bock, Clerk & Comptroller

By: Addie L. Greene, Chairperson

Approved As To Form & Legal Sufficiency:

County Attorney

Approved As To Terms and Conditions


**Bevin A. Beaudet, Director
Water Utilities Department**



CH2M HILL
Hillsboro Executive Center North
800 Fairway Drive, Suite 350
Deerfield Beach, FL
33441-1831
Tel 954.426.4008
Fax 954.698.6010

**DISASTER RECOVERY SERVICES DESIGN/BUILD CONTRACT
PBC Project No. WUD 06-103**

TRUTH-IN NEGOTIATION CERTIFICATE

By entering into this Agreement, the CONSULTANT certifies that the wage rates and costs used to determine the lump sum fees contained herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the COUNTY determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its rights under this "Certificate" within one year following final payments.

PROHIBITION AGAINST CONTINGENT FEES

By entering into this Agreement the CONSULTANT warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the CONSULTANT, to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for CONSULTANT, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 281.132-133, by entering into this agreement or performing any work in furtherance hereof, the CONSULTANT 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 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

NON-DISCRIMINATION STATEMENT

The CONSULTANTS warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, or sexual orientation.

CH2M HILL Constructors, Inc.

A handwritten signature in black ink, appearing to read "Donald L. Klose", is written over a horizontal line.

Donald L. Klose, Vice President

Appendix A - 1
CH2M HILL Constructors, Inc. (CCI)
Rates and Cost of Work

Position	Non-Emergency 2007 Bill Rates		Emergency 2007 Bill Rates	
	Minimum Bill Rate	Maximum Bill Rate	Minimum Bill Rate	Maximum Bill Rate
PR14	129.79	214.16	162.25	267.70
PR13	110.08	181.42	141.73	226.78
PR12	97.64	156.23	122.04	195.29
PR11	76.00	140.80	95.00	176.00
PR10	68.80	127.49	86.03	159.36
PR09	62.23	111.70	77.80	139.63
PR08	54.77	95.12	68.45	118.90
PR07	47.93	83.23	59.90	104.04
PR06	40.46	70.27	50.57	87.83
PR05	32.99	57.29	41.23	71.62
PR04	28.01	48.65	35.01	60.80
PR03	23.65	41.08	29.57	51.35
NE08	36.67	63.67	45.82	79.60
NE07	31.08	53.97	38.84	67.47
NE06	26.34	45.73	32.92	57.17
NE05	125.51	39.09	28.13	48.86
NE04	19.24	33.41	24.05	41.77
NE03	17.18	29.84	21.48	37.30
NE02	15.33	26.64	19.16	33.29
NE01	13.69	23.78	17.11	29.73

2007 Rates reflect 2006 rates with 3% escalation

2006 Notes:

- * NE = Non-Exempt
- * PR = Professional
- * Burden = 34.0% for Fringe Benefits and 9.8% for G&A
- * Fee = 15%
- * Emergency Services Premium = 25%

Appendix A-2

CH2M HILL, Inc. Bill Rates for 2007

Position	Non-Emergency 2007 Bill Rates		Emergency 2007 Bill Rates	
	Minimum Bill Rate	Maximum Bill Rate	Minimum Bill Rate	Maximum Bill Rate
Engineer 9	*See Note	*See Note		
Engineer 8	\$198.19	\$341.69	\$253.69	\$437.37
Engineer 7	\$139.70	\$303.19	\$178.82	\$388.08
Engineer 6	\$116.65	\$237.71	\$149.31	\$304.27
Engineer 5	\$90.63	\$212.25	\$116.01	\$271.68
Engineer 4	\$82.10	\$170.20	\$105.09	\$217.86
Engineer 3	\$60.81	\$141.61	\$77.84	\$181.27
Engineer 2	\$57.94	\$113.87	\$74.16	\$145.75
Engineer 1	\$47.83	\$97.03	\$61.22	\$124.20
Engineer 0	\$44.59	\$71.32	\$57.07	\$91.29
Technician 5	\$77.81	\$135.28	\$99.59	\$173.16
Technician 4	\$61.52	\$117.30	\$78.74	\$150.14
Technician 3	\$55.00	\$101.63	\$70.40	\$130.09
Technician 2	\$49.44	\$79.04	\$63.28	\$101.18
Technician 1	\$41.72	\$69.06	\$53.40	\$88.39
Technical Aide	\$21.63	\$46.35	\$27.69	\$59.33
Office	\$35.75	\$111.43	\$45.76	\$142.62

Note: These 2007 rates are subject to annual calendar year adjustments of 3.0%. The Rate for Position/Classification E-9 (Project Manager) will be priced based upon the individual's actual wage, and burdened consistent with the other Positions/Classifications listed above. Such rates will be established for each Work Authorization or other authorizing Contract Document. Rates reflected include all allowances for salary and payroll costs (including salaries and wages, social security contributions, unemployment compensation, excise and payroll taxes, workers compensation, health and retirement benefits, bonuses, sick leave, vacation pay and holiday pay applicable thereto), fringe benefits, Overhead, G&A and Profit. These rates do not include the costs of direct expenses, subconsultant costs, subcontractor costs, or other outside services and expense costs. Any travel, per diem, mileage, meals, or lodging expenses will be in accordance with the rates and conditions set forth in Section II2.06I, Florida Statutes. Direct Expenses typically include, but may not be limited to: direct costs of transportation, meals and lodging; outside reproduction costs; mail; special Engineer approved or Contract Document directed special insurance; bonds; and equipment and supplies; the direct rate charges for direct use of DESIGN/BUILD ENTITY's vehicles, laboratory test and analysis, field equipment, and the health & safety requirements of OSHA. Direct Expenses are a direct pass through to the County. A service charge of 10% is applied to all subconsultant and outside service costs.

Appendix A - 3
Operations Management International, Inc. (OMI)
Rates and Cost of Work

Position	Non-Emergency 2007 Bill Rates		Emergency 2007 Bill Rates	
	Minimum Bill Rate	Maximum Bill Rate	Minimum Bill Rate	Maximum Bill Rate
Grd 18 / 11	\$ 111.17	\$ 220.23	\$ 138.96	\$ 275.30
Grd 17 / 10	\$ 96.84	\$ 191.87	\$ 121.06	\$ 239.84
Grd 16 / 09	\$ 84.23	\$ 151.69	\$ 105.29	\$ 189.60
Grd 15 / 08	\$ 73.72	\$ 132.78	\$ 92.14	\$ 165.97
Grd 14 / 07	\$ 65.88	\$ 110.73	\$ 82.35	\$ 138.41
Grd 13 / 06	\$ 59.42	\$ 99.88	\$ 74.27	\$ 124.85
Grd 12 / 05	\$ 52.47	\$ 88.21	\$ 65.58	\$ 110.26
Grd 11 / 04	\$ 49.68	\$ 80.54	\$ 62.10	\$ 100.66
Grd 10 / 03	\$ 46.23	\$ 74.90	\$ 57.78	\$ 93.63
NE7	\$ 50.94	\$ 86.11	\$ 63.68	\$ 107.64
NE6	\$ 46.34	\$ 78.27	\$ 57.93	\$ 97.84
NE5	\$ 42.12	\$ 71.15	\$ 52.64	\$ 88.94
NE4	\$ 38.27	\$ 64.69	\$ 47.85	\$ 80.87
NE3	\$ 34.83	\$ 58.86	\$ 43.54	\$ 73.58
NE2	\$ 31.71	\$ 53.57	\$ 39.63	\$ 66.96
NE1	\$ 28.84	\$ 48.74	\$ 36.05	\$ 60.92

2007 Rates reflect 2006 rates with 3% escalation

2006 Notes:

* PR = Professional

* Burden = 67% for Fringe Benefits and 66% for G&A

* Fee = 15%

* Emergency Services Premium = 25%

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-000976010-08

PRODUCER

MARSH USA, INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534

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

COMPANIES AFFORDING COVERAGE

15114 -00005-ALL3M- ATL 976010

COMPANY
A ZURICH AMERICAN INSURANCE COMPANY

INSURED

CH2M HILL CONSTRUCTORS, INC.
115 PERIMETER CENTER PLACE N.E., SUITE 700
ATLANTA, GA 30346-1278

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

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

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	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				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH ER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EACH EMPLOYEE \$
A	OTHER PROFESSIONAL LIABILITY*	EOC3829621-05	05/01/07	05/01/08	\$3,000,000 EACH CLAIM AND TOTAL FOR ALL CLAIMS

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PROJECT: DISASTER RECOVERY SERVICES DESIGN/BUILD CONTRACT. PBC PROJECT NO. WUD 06-103 PROJECT MANAGER: DON KLOSE, ROB HUNGATE
 *FOR PROFESSIONAL LIABILITY COVERAGE, THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR CLAIMS PRESENTED WITHIN THE POLICY PERIOD FOR ALL OPERATIONS OF THE INSURED. THE LIMIT WILL BE REDUCED BY PAYMENTS OF INDEMNITY AND EXPENSE.

CERTIFICATE HOLDER

PALM BEACH COUNTY
WATER UTILITIES DEPARTMENT
ATTN: ENGINEERING DIVISION
P.O. BOX 16097
WEST PALM BEACH, FL 33416-6097

CANCELLATION

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

MARSH USA INC.

By: Sharon A. Hammer

Sharon A. Hammer

MM1(3/02)

VALID AS OF: 07/12/07

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-000976006-09

PRODUCER

MARSH USA, INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534

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

COMPANIES AFFORDING COVERAGE

15114 -00124-ALL- ATL 976006

INSURED

CH2M HILL CONSTRUCTORS, INC.
115 PERIMETER CENTER PLACE N.E., SUITE 700
ATLANTA, GA 30346-1278

- COMPANY
A ZURICH AMERICAN INSURANCE COMPANY
- COMPANY
B AMERICAN ZURICH INSURANCE CO.
- COMPANY
C
- COMPANY
D

COVERAGES

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

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLO3784726-03	05/01/07	05/01/08	GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,500,000
	<input checked="" type="checkbox"/> \$500,000 SIR				FIRE DAMAGE (Any one fire) \$ 1,500,000
					MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY	BAP8378516-12	05/01/07	05/01/08	COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" 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 \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC8378566-13 (AOS)	05/01/07	05/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH ER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	WC8378565-12 (WI & MA)	05/01/07	05/01/08	EL EACH ACCIDENT \$ 1,000,000
	<input checked="" type="checkbox"/> INCL	WC3784761-02 (HI & ID)	05/01/07	05/01/08	EL DISEASE-POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/> EXCL				EL DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PROJECT: DISASTER RECOVERY SERVICES DESIGN/BUILD CONTRACT, PBC. PROJECT NO. WUD 06-103 PROJECT MANAGER: DON KLOSE, ROB HUNGATE
THE BOARD OF COUNTY COMMISSIONERS, PALM BEACH COUNTY, FLORIDA (A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA) ARE HEREBY NAMED AS ADDITIONAL INSURED UNDER THE TERMS OF THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES.

CERTIFICATE HOLDER

PALM BEACH COUNTY
WATER UTILITIES DEPARTMENT
ATTN: ENGINEERING DIVISION
P.O. BOX 16097
WEST PALM BEACH, FL 33416-6097

CANCELLATION

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

MARSH USA INC.

By: Sharon A. Hammer

Sharon A. Hammer

MM1(3/02)

VALID AS OF: 07/12/07

ADDITIONAL INFORMATION

DATE (MM/DD/YY)
SEA-000976008-09 07/12/07

PRODUCER MARSH USA, INC. 1225 17TH STREET, SUITE 2100 DENVER, CO 80202-5534	COMPANIES AFFORDING COVERAGE	
	COMPANY E	
15114 -00124-ALL- ATL 976006	COMPANY F	
INSURED CH2M HILL CONSTRUCTORS, INC. 115 PERIMETER CENTER PLACE N.E., SUITE 700 ATLANTA, GA 30346-1278	COMPANY G	
	COMPANY H	

TEXT

PALM BEACH COUNTY WATER UTILITIES DEPARTMENT, ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES, AND THE ENGINEER, ITS OFFICERS, AGENTS AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

PALM BEACH COUNTY WATER UTILITIES DEPARTMENT, ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES ARE HEREBY NAMED AS ADDITIONAL INSURED UNDER THE TERMS OF THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES.

THE ENGINEER, ITS OFFICERS, AGENTS AND EMPLOYEES ARE HEREBY NAMED AS ADDITIONAL INSURED UNDER THE TERMS OF THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES.

COVERAGE PROVIDED BY THE ABOVE GENERAL LIABILITY AND AUTO POLICIES SHALL BE PRIMARY AND IS LIMITED TO THE LIABILITY RESULTING FROM THE NAMED INSURED'S OWNERSHIP AND/OR OPERATIONS.

CERTIFICATE HOLDER PALM BEACH COUNTY WATER UTILITIES DEPARTMENT ATTN: ENGINEERING DIVISION P.O. BOX 16097 WEST PALM BEACH, FL 33416-6097	
	MARSH USA INC. BY Sharon A. Hammer <i>Sharon A. Hammer</i>

Allianz Global Corporate & Specialty

**Large Accounts Center
Technical
Los Angeles Office**

BINDER

Date: July 06, 2007

Binder Number: 115839

To: Melanie Davis
Phone No. 303-308-4608
Fax No: 303-308-4949
Email: Melanie.Y.Davis@marsh.com
Name: Marsh USA Inc
Address 1225 17th St #2100
Denver, CO 80202-5534

From: Frank Taylor
Tel: (818)260-7400
Email: ftaylor@aic-allianz.com

Re: CH2M Hill Companies, Limited
Project Name: Palm Beach County Water Utilities Department
Assigned Policy Number: ATO 0031266

Dear Melanie,

We are pleased to confirm binding coverage for the above-referenced client, effective July 06, 2007, in accordance with the undernoted terms, and in consideration of the payment of the premium as specified on the attached invoice. All coverage under this binder shall cease upon issuance of the policy by the Company, but in no event later than August 20, 2007.

Premium must be received by Allianz Global Risks US Insurance Company within 30 days of the Effective Date of this Policy.

Company: Allianz Global Risks US Insurance Company, licensed and admitted in all 50 states, A.M. Best Rating "A XV", Standard & Poor's Rating "AA-".

Coverages: All Risk Builders Risk including Land Movement and Water Damage

Project: Structural enhancements to the PBCWUD Southern Region Water Reclamation facilities meant to improve Survivability during a category 4 or 5 hurricane.

Location: 12751 Hagen Ranch Road
Boynton Beach, FL 33437

Total Project Value: \$198,979

Policy Limit: \$198,979

Los Angeles Office
2350 Empire Avenue
Burbank, California 91504-3350

Phone (818) 260-7500
Fax (818) 260-7406

Page 1 of 2

Certified Terrorism Limit: \$198,979
Non Certified Terrorism Limit: \$198,979

Sublimits: Per Master Policy
Named Windstorm \$198,979 (Annual Aggregate)
Water Damage \$198,979 (Annual Aggregate)

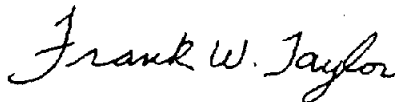
Policy Term: July 06, 2007 To August 24, 2007
Term Rate: \$0.3000/\$100 of the final Total Project Value.

Term Premium for Property Damage Coverage: \$2,500 Minimum Earned Premium
Certified Terrorism Premium: \$240
Non Certified Terrorism Premium: \$60
Terrorism Extension Premium:
Total Policy Premium:

Deductibles: Per Master Policy
Form: Allianz Master Builders Risk Form
Commission:
Conditions: US State Surcharges, Including Terrorism:
\$28 2006 Florida Hurricane Catastrophe Fund Assessment (FL HCATF-06)
\$28 Total

Thank you for the order. If you have any questions or need additional information, please do not hesitate to call.

With best regards,



Frank Taylor
Senior Underwriter



ZURICH

ENDORSEMENT - P

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
GLO3784726-03	05/01/07	05/01/08	05/01/07	29-253-000	\$	

Typed: 05/07/07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The Insured: CH2M Hill Companies, Ltd.

Mailing Address (including Zip Code): P.O. Box 22508
Denver, CO 80222

This endorsement modifies insurance provided by the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

BROAD FORM ADDITIONAL INSURED

ALL PERSONS, ORGANIZATIONS OR ENTITIES FOR WHOSE PROTECTION AND BENEFIT THE NAMED INSURED HAS AGREED TO NAME THEM AS AN ADDITIONAL INSURED BY CONTRACT DURING THE TERM OF THIS POLICY INDICATING SUCH COVERAGE. HOWEVER, INSURANCE WITH RESPECT TO EACH PERSON, ORGANIZATION OR ENTITY SHALL NOT EXCEED SUCH COVERAGE AND/OR LIMITS OF LIABILITY OF THE NAMED INSURED.

Countersigned

Authorized Representative



ZURICH

Endorsement - C

Named Insured: CH2M Hill Companies, Ltd.

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
BAP8378516-12	05/01/07	05/01/08	05/01/07	29-253-000	\$	\$
				Typed		05/07/07

BLANKET ADDITIONAL INSURED

ALL PERSONS, ORGANIZATIONS OR ENTITIES FOR WHOSE PROTECTION AND BENEFIT THE NAMED INSURED HAS AGREED TO NAME THEM AS AN ADDITIONAL INSURED BY CONTRACT DURING THE TERM OF THIS POLICY INDICATING SUCH COVERAGE. HOWEVER, INSURANCE WITH RESPECT TO EACH PERSON, ORGANIZATION OR ENTITY SHALL NOT EXCEED SUCH COVERAGE AND/OR LIMITS OF LIABILITY OF THE NAMED INSURED.



**Palm Beach County
Water Utilities
Department
Service Area (SA) and
Major Facilities**

ATTACHMENT 2

- Legend**
- P.B.C.W.U.D. SA
 - - - Mandatory Reclaimed SA
 - - - Palm Beach County Limits
 - ★ Administration
 - Water Reclamation Facility
 - ▲ Water Treatment Facility
 - △ Wetlands

