

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 2, 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 South Florida Science Museum, Inc. for the period October 2, 2007, through November 21, 2007, in an amount not-to-exceed \$10,000 for funding of the 2007 Summer Camp Program.

Summary: This funding is to help offset costs for the Science Museum's 2007 Summer Camp Program, which took place from June 4 to August 21, 2007. The summer camps served 1,152 campers. The Agreement allows for reimbursement of eligible project costs incurred subsequent to June 4, 2007. Funding is from Recreation Assistance Program (RAP) District 2 Funds. District 2 (AH)


Background and Justification: The South Florida Science Museum, Inc. is a not-for-profit organization that owns and operates the South Florida Science Museum on property located in Dreher Park leased from West Palm Beach. The Science Museum provides numerous activities to support education, culture, and tourism in Palm Beach County, including the annual summer camp program. The 2007 Summer Camp Program allowed campers to experience all of the exhibits throughout the Museum and to participate in a variety of science related activities designed to educate while engaging children's learning experiences through entertaining activities and outdoor exercise.

The total cost of the 2007 Summer Camp Program was \$60,000 for staff salaries and benefits, equipment, materials, supplies, advertising, printing and postage, portable rental and insurance, liability insurance, and other miscellaneous project expenses. The \$10,000 from RAP – District 2 will offset a portion of those costs. The Agreement has been executed on behalf of the South Florida Science Museum, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: 
Department Director

9/13/07
Date

Approved by: 
Assistant County Administrator

9-21-07
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>10,000</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NET FISCAL IMPACT	<u>10,000</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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

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

Recreation Assistance Program
 District 2 3600-583-R902-091-8201 \$10,000

C. Departmental Fiscal Review: _____ ckopelakis _____

III. REVIEW COMMENTS

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

Jim O'Neil 9-18-07
 OFMB
 9/17/07 CN 9/17/07

Dr. J. J. [Signature] 9/20/07
 Contract Development and Control
 9/19/07

B. Legal Sufficiency:

Anne DeLeonard 9/20/07
 Assistant County Attorney

This Contract complies with our contract review requirements.

C. Other Department Review:

 Department Director

REVISED 10/95
 ADM FORM 01

AGREEMENT BETWEEN PALM BEACH COUNTY AND SOUTH FLORIDA SCIENCE MUSEUM, INC. FOR THE 2007 SUMMER CAMP PROGRAM

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 South Florida Science Museum, Inc., a Florida not-for-profit corporation, hereinafter referred to as "Science Museum".

WITNESSETH:

WHEREAS, Science Museum owns and operates the South Florida Science Museum on property located in Dreher Park leased from West Palm Beach; and

WHEREAS, Science Museum provides numerous activities to support education, culture, and tourism in Palm Beach County; and

WHEREAS, Science Museum offered a Summer Camp Program from June 4 to August 21, 2007, which was attended by 1,152 participants; and

WHEREAS, the 2007 Summer Camp Program allowed campers to experience all of the exhibits throughout the Museum and to participate in a variety of science related activities designed to educate while engaging children's learning experiences through entertaining activities and outdoor exercise; and

WHEREAS, Science Museum spent \$60,000 for the 2007 Summer Camp Program for staff salaries and benefits; equipment, materials, and supplies; advertising; printing and postage; portable rental and insurance; liability insurance, and other miscellaneous project expenses; and

WHEREAS, Science Museum has requested that County provide \$10,000 to help offset costs for the 2007 Summer Camp Program; and

WHEREAS, County desires to provide funding to help offset Science Museum's costs for its 2007 Summer Camp Program; and

WHEREAS, funding to assist Science Museum in an amount not-to-exceed \$10,000 is available from the Recreation Assistance Program (RAP) - District 2; and

WHEREAS, Science Museum's educational and recreational programs serve a public purpose; and

WHEREAS, both parties desire to enter into this Agreement.

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

1. County agrees to fund an amount not-to-exceed \$10,000 to Science Museum to help offset costs for the 2007 Summer Camp Program for staff salaries and benefits; equipment, materials, and supplies; advertising; printing and postage; portable rental and insurance; liability insurance, and other miscellaneous project expenses 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 Science Museum 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 Science Museum. Said information shall list each invoice paid by Science Museum and shall include the vendor invoice number; invoice date; and the amount paid by Science Museum along with the number and date of the respective check or proof of payment for said payment. Science Museum shall attach a copy of each vendor invoice paid by Science Museum 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, Science Museum's Program Administrator and Project Financial Officer shall certify the total funds spent by Science Museum on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Science Museum and approved by Science Museum as indicated.

3. Science Museum incurred expenses for the Project beginning on June 4, 2007. Those costs incurred by Science Museum for the Project, approved and submitted accordingly by Science Museum subsequent to June 4, 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 Science Museum 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. Science Museum warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

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

8. The term of this Agreement shall be until November 21, 2007, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Science Museum is in default of its obligations under this Agreement, the County shall provide Science Museum thirty (30) days written notice to cure the default. In the event Science Museum 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 Science Museum for the Project deemed to be in default and Science Museum shall return any County RAP funds already collected by Science Museum 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. Science Museum shall complete the Project by August 21, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of June 4, 2007, through August 21, 2007. Science Museum shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before November 21, 2007. Upon written notification to County at least ninety (90) days prior to that date Science Museum may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Science Museum's request for said extension.

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

13. Science Museum 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 Science Museum. 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 Science Museum 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, Science Museum 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 Science Museum, 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 Science Museum is eligible to receive reimbursement from the County.

16. Science Museum 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. Science Museum shall agree to provide the County with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as County's review and acceptance of insurance maintained by Science Museum are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Science Museum under this Agreement.

Commercial General Liability: Science Museum 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' Risk Management Department. Science Museum shall provide this coverage on a primary basis.

Automobile. Science Museum 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 Science Museum or by anyone employed by or contracting with Science Museum. Should Science Museum 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 Science Museum and Palm Beach County as Additional Insured.

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

Additional Insured. Science Museum 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." Science Museum shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Science Museum 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 Science Museum 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 Science Museum enter into such an agreement on a pre-loss basis.

Certificate(s) of Insurance. Prior to execution of this Agreement by the County, Science Museum 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 ten (10) 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, Science Museum shall demonstrate financial accountability through the submission of acceptable financial audits performed by an independent auditor.

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

19. The County and Science Museum 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, Science Museum 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 Science Museum:

President
South Florida Science Museum, Inc.
4801 Dreher Trail North
West Palm Beach, FL 33405

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:

SOUTH FLORIDA SCIENCE MUSEUM, INC.
FEI Number: 590915177

Susan W. Yager

Tereuca Finnett

By: CHARLES M. HAMILTON
Name (Type or Print)
PRESIDENT + C.E.O.
Title
Charles M. Hamilton
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

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

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

Name of Agency: **South Florida Science Museum, Inc.**
Mailing Address: 4801 Dreher Trail North
West Palm Beach, Florida 33405

Federal Employer Identification Number: 59-0915177

Name of President: Charles M. Hamilton

Name of Executive Director: N/A

Project Liaison Information:

Name: Gabrielle Grundy

Telephone #: 561-832-1988 x: 237

Fax #: 561-833-0551

e-mail: ggrundy@sfsm.org

PROJECT INFORMATION

1. Name of Project: **2007 Summer Camp Program**

2. Project Description

- General (Project Scope):

South Florida Science Museum offers twelve exciting sessions of hands-on science specific programs through Summer Camp programming. Campers have the opportunity to experience all of the exhibits throughout the Museum and to participate in a variety of science related activities. Each session is developed to educate, while engaging children to learn through entertaining activities and outdoor exercise.

- Public Purpose: The purpose of the South Florida Science Museum summer camp program is to facilitate science specific educational programs to children throughout the summer season.
- Location: 4801 Dreher Trail North, West Palm Beach, Florida 33405
- Anticipated Number of Participants/Users: 1,152

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.

Below please find estimated broad category expenditures:

Staff salary and benefits:
Equipment, materials, and supplies:
Advertising:
Printing and postage:
Portable rental & insurance:
Liability insurance:
Other miscellaneous expenses

4. **Estimated** Lump Sum Total for Project: \$ 60,000.00

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). June 4, 2007 to August 21, 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:

Certificate of Insurance – Please see attached Certificate of Insurance issued by Wells Fargo Insurance Services Southeast, Inc.

Amount of Recreation Assistance Program Funding awarded

\$ 10,000

District 2

(filled in by County)

Form available online by request. Contact Susan Yinger at syinger@pbcgov.com



PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

Date _____

Grantee _____ Project Name: _____

Submission #: _____ Reimbursement Period: _____

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

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**

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.

Administrator Date

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.

Financial Officer Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2007

PRODUCER (561) 655-5500
Wells Fargo Insurance Services Southeast, Inc.
501 South Flagler Drive, Suite 600
West Palm Beach, FL 33401-5914

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 South Florida Science and Museum, Inc.
4801 Dreher Trail North
West Palm Beach, FL 33405

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Fireman's Fund Ins Company	
INSURER B: National Union Fire Insurance Company	
INSURER C: Commerce & Industry	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MZX80874345	6/1/2007	6/1/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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	MZX80874345	6/1/2007	6/1/2008	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 \$
B	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BE8685260	6/1/2007	6/1/2008	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC1762147	1/1/2007	1/1/2008	<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
A	OTHER Property	MZX80874345	6/1/2007	6/1/2008	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees and agents are named as additional insured.

CERTIFICATE HOLDER
 Palm Beach County
 c/o Parks & Recreation Department
 2700 Sixth Avenue
 Lake Worth, FL 33461-

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
Lenora Vainadine

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.