

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 16, 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 Wellington Soccer Club, Inc. for the period October 16, 2007, through November 4, 2007, in an amount not-to-exceed \$1,000 for funding of tournament expenses.

Summary: This funding is to help offset expenses for the U-15 Boys Premier Team's trip to a national soccer tournament in Oklahoma. Eighteen youth participated in the tournament. The Agreement allows for the reimbursement of eligible project costs incurred subsequent to June 1, 2007. Funding is from the Recreation Assistance Program (RAP) District 6 Funds. District 6 (AH)

Background and Justification: Wellington Soccer Club, Inc. is a not-for-profit organization formed to support youth athletic teams. Wellington Soccer Club's U-15 Boys Premier Team represented the Village of Wellington and the State of Florida at a national soccer tournament in Oklahoma from June 28 to July 4, 2007.

The total cost of the trip was approximately \$20,000, and Wellington Soccer Club requested \$1,000 to help offset this cost. The \$1,000 from RAP – District 6 will help offset the cost of meal and hotel expenses for the trip. The Agreement has been executed on behalf of Wellington Soccer Club, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: _____


Department Director

9/20/07
Date

Approved by: _____


Assistant County Administrator

9/27/07
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>1,000</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>1,000</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 Units R906
 Object 8201 Program N/A

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

Recreation Assistance Program

District 6 3600-583-R906-160-8201 \$1,000

C. Departmental Fiscal Review: ckopilakis

III. REVIEW COMMENTS

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

Jim Oak 9-26-07
 OFMB
 9/26/07
 ON 9/25/07

Jim J. Jacoby 9/26/07
 Contract Development and Control
 Expires 9/26/07

B. Legal Sufficiency:

Anne Delgant 9/27/07
 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 WELLINGTON SOCCER CLUB, INC. FOR FUNDING OF TOURNAMENT EXPENSES

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 Wellington Soccer, Inc., a not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Wellington Soccer".

W I T N E S S E T H:

WHEREAS, Wellington Soccer is a not-for-profit organization formed to support youth athletic teams; and

WHEREAS, Wellington Soccer teams include the U-15 Boys Premier Team, which has eighteen (18) players; and

WHEREAS, Wellington Soccer has requested that County provide \$1,000 to assist with meals and hotel expenses for the U-15 Boys Premier Team, which competed in a national soccer tournament in Oklahoma; and

WHEREAS, funding for the requested expenses for Wellington Soccer in an amount not-to-exceed \$1,000 is available from the Recreation Assistance Program (RAP) – District 6; and

WHEREAS, educational, recreational, and cultural programs benefiting citizens of Palm Beach County are deemed 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 \$1,000 to Wellington Soccer for the U-15 Boys Team to assist with Oklahoma tournament expenses to include meals and hotel expenses for eighteen (18) youth players, as set forth in Exhibit "A", attached hereto and incorporated herein, hereinafter referred to as the "Project".

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

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

6. Wellington Soccer agrees, warrants, and represents that all of the employees and participants in the Project were 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. Wellington Soccer shall be responsible for operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until November 4, 2007, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Wellington Soccer is in default of its obligations under this Agreement, the County shall provide Wellington Soccer thirty (30) days written notice to cure the default. In the event Wellington Soccer 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 Wellington Soccer for the Project deemed to be in default and Wellington Soccer shall return any County RAP funds already collected by Wellington Soccer 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. Wellington Soccer shall complete the Project by September 4, 2007, and invoices and checks submitted for reimbursement must be dated within the project time frame of June 1, 2007, through September 4, 2007. Wellington Soccer 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 4, 2007. Upon written notification to County at least ninety (90) days prior to that date Wellington Soccer may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Wellington Soccer's request for said extension.

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

13. Wellington Soccer 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 Wellington Soccer. 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 Wellington Soccer 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, Wellington Soccer 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 Wellington Soccer, 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 the Agreement for which Wellington Soccer is eligible to receive reimbursement from the County.

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

Commercial General Liability. Wellington Soccer 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.

Wellington Soccer shall provide this coverage on a primary basis.

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

Additional Insured. Wellington Soccer 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." Wellington Soccer shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Wellington Soccer 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 Wellington Soccer 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 Wellington Soccer enter into such an agreement on a pre-loss basis.

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

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

19. The County and Wellington Soccer 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, Wellington Soccer certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty six (36) months immediately preceding the date hereof. This notice is required by Section 287.133 (3) (a), Florida Statutes.

22. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, either written or oral,

relating to this Agreement. The 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 Wellington Soccer:

President
Wellington Soccer, Inc.
P.O. Box 211855
Wellington, FL 33411

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

By: _____
Deputy Clerk

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

By: _____
Commissioner Addie L. Greene,
Chairperson

WITNESSES:

Susan N. Young
Nancy Beale

WELLINGTON SOCCER CLUB, INC.
FEI Number: 650503804

By: Samuel Falzone
Name
President
Title
S. Falzone
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____
County Attorney

APPROVED AS TO TERMS AND CONDITIONS

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

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

BACKGROUND INFORMATION

Name and address of Agency:

Agency Name: **Wellington Soccer Club, Inc.**
Mailing Address: **PO Box 211855 Wellington FL 33411**
Federal Employer Identification Number: **65-0503804**

Name of President: **Sam Falzone**
Name of Executive Director: **Patrick Zoete**

Project/Project Liaison Information:

Name: **Wellington Travel Soccer U-15 Boy Premier Team**
Telephone #: **361.252.1467**
Fax #: _____
e-mail: **zoetep@bellsouth.net**
Oklahoma Tourm. Expenses

Purpose/Mission of Agency:

To support youth athletic teams.

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program: **U-15 Boys Premier Team - Oklahoma Tournament Expenses**
2. Project/ Program Description
 - General (Project Scope): *The above mentioned will be representing the State of Florida & Village of Wellington*
 - Public Purpose: *Regional Tournament/Travel Soccer*
 - Location: *Oklahoma City*
 - Anticipated Number of Participants/Users: **18**
3. Project/Program Elements: List anticipated broad categories of Expenditure Items such as capital outlay, contractual services, personnel costs, operational expenses, equipment, and "Other Miscellaneous Project/Program expenses". Do not include expenditure line item budget/ amounts. *Travel Expenses, meals, hotel for 18 youth players Florida → Oklahoma → Florida*
4. Estimated Lump Sum Total for Project/Program **\$ 20,000.00**
5. Project/Program Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project/program will be completed and all invoices paid).
June 28, 2007 to July 4, 2007
month/day/year month/day/year

(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 until after the Agreement is approved. Please note that all invoices and checks must be dated within the project/program time frame as noted above AND Categories for Project/Program Elements must be listed in Section 3 in order to be eligible for RAP reimbursement.

6. Required Attachments - Certificate of Insurance: _____

7. Additional Comments if desired:

Amount of Recreation Assistance Program Funding awarded

\$ 1,000
District 6
(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**

EXHIBIT B

Grantee: _____

Date: _____

Project Name: _____

Submittal #: _____

Contract Reimbursement Period: _____

#	Payee (Vendor/Contractor)	Check or Voucher		Invoice			Expense Description
		Key	Number	Date	Number	Date	
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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/22/2007
PRODUCER 800-526-1379 FAX 973-921-2876 Bollinger, Inc PO Box 390 Short Hills, NJ 07078	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 Florida Youth Soccer Assn Inc. 7201 Lake Ellenor Drive Suite 200 Orlando, FL 32809	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Market Insurance Co	38970
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS							
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	3602AH2430488	06/01/2007	06/01/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	3602AH2430488	06/01/2007	06/01/2008	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 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 \$ \$ \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER											
E.L. EACH ACCIDENT	\$											
E.L. DISEASE - EA EMPLOYEE	\$											
E.L. DISEASE - POLICY LIMIT	\$											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
All operations of the Florida Youth Soccer Assn, its teams, leagues & clubs.
Coverage applies only to official, sanctioned and supervised activities of FYSA.
Certificate holder is named as Additional Insured.
This certificate is issued on behalf of: WELLINGTON SOCCER CLUB
Fax: 561-630-1075

CERTIFICATE HOLDER Palm Beach County c/o Parks & Recreation Dept. Administrative Support Manager 2700 6th Avenue South 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 <u>30</u> 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 John Spiotta, CIC/PJT
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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.



Wellington Soccer Club, Inc.

A Not-for-Profit Corporation
P. O. Box 211855, Royal Palm Beach, FL 33421-1855
Phone: (561) 333-7129

August 23, 2007

Dennis L. Eshleman, Director
Palm Beach County Parks and Recreation Department
2700 Sixth Avenue South
Lake Worth, Florida 33461

RE: Palm Beach County Recreation Assistance Program Funding Agreement – Florida Statute Chapter 440, Worker's Compensation & Employers Liability requirements

Dear Mr. Eshleman,

Wellington Soccer Club, Inc. is a not-for-profit corporation with no employees and is therefore not required to maintain worker's compensation insurance in accordance with Florida Statute Chapter 440. Our organization is maintained using volunteers and non-construction independent contractors.

If you have any questions, please contact Christina Browner, Wellington Soccer Club Treasurer, at 561-792-0353.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Falzone".

Samuel Falzone, President
Wellington Soccer Club, Inc.