

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 Toward a More Perfect Union, Inc. for the period October 16, 2007, through December 30, 2007, in an amount not-to-exceed \$1,500 for the Excellence Awards event.

Summary: This funding is to help offset costs paid for Toward a More Perfect Union, Inc.'s Excellence Awards event held on May 9, 2007, in West Palm Beach at the WPTV Channel 5 Studio. The event was attended by approximately 150 people. 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 2 Funds. District 2 (AH)

Background and Justification: Toward a More Perfect Union, Inc. (TMPU) is a not-for-profit organization formed to address issues of race relations and diversity in Palm Beach County. TMPU's Excellence Awards event is an annual event to honor individuals who have demonstrated a commitment to improving racial and ethnic relations and have moved beyond assuring the presence of diversity to embracing diversity and promoting cultural competence within their spheres of influence. The event featured the presentation of awards in the areas of justice in action, social services, civil rights, and youth empowerment and was designed to increase public awareness and educate the community about issues, strategies, and avenues through which they may become involved in the multi-cultural population and environment of West Palm Beach.

TMPU has requested that Palm Beach County help offset event costs for contractual services, personnel costs, operational expenses, equipment/materials/supplies, and other miscellaneous expenses related to the Event, and the \$1,500 from RAP – District 2 will help offset these costs. The Agreement has been executed on behalf of Toward a More Perfect Union, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

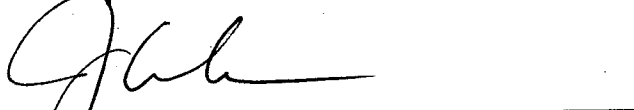
Recommended by:


Department Director

Date

9/20/07

Approved by:


Assistant County Administrator

Date

9/27/07

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>1,500</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>1,500</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |

ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included in Current Budget? Yes No _____

Budget Account No.: Fund 3600 Department 583 Units R902
Object 8201 Program N/A

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

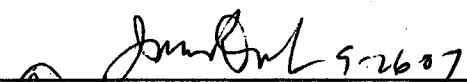
Recreation Assistance Program

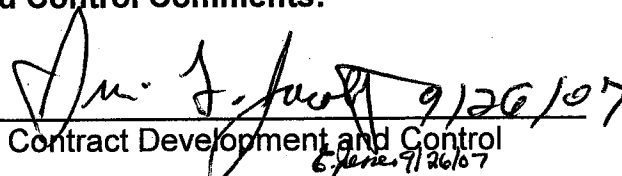
District 2 3600-583-R902-092-8201 \$1,500

C. Departmental Fiscal Review: Ckopelakis

III. REVIEW COMMENTS

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


John Ost 9-26-07
OFMB
C/O 9/26/07


John J. Just 9/26/07
Contract Development and Control
6 June 9/26/07

B. Legal Sufficiency:

Anne Delgent 9/27/07
Assistant County Attorney

This Contract complies with our contract review requirements.

C. Other Department Review:

Department Director

AGREEMENT BETWEEN PALM BEACH COUNTY AND TOWARD A MORE PERFECT UNION, INC. FOR THE EXCELLENCE AWARD EVENT

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 Toward a More Perfect Union, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "TMPU".

WITNESSETH:

WHEREAS, TMPU is a not-for-profit organization formed to address issues of race relations and diversity in Palm Beach County; and

WHEREAS, TMPU held the Excellence Awards Event on May 9, 2007, which was attended by approximately 150 people; and

WHEREAS, The Excellence Awards Event (the Event) is an annual event to honor individuals who have demonstrated a commitment to improving racial and ethnic relations and have moved beyond assuring the presence of diversity to embracing diversity and promoting cultural competence within their spheres of influence; and

WHEREAS, the Event featured the presentation of awards in the areas of justice in action, social services, civil rights, and youth empowerment and was designed to increase public awareness and educate the community about issues, strategies, and avenues through which they may become involved in the multi-cultural population and environment of Palm Beach County; and

WHEREAS, TMPU has requested \$1,500 from County to help offset Event costs for contractual services, personnel costs, operational expenses, equipment/materials/supplies, and other miscellaneous expenses related to the Event; and

WHEREAS, County desires to provide funding to assist TMPU with costs for the Event; and

WHEREAS, funding to assist TMPU with the Event in an amount not to exceed \$1,500 is available from the Recreation Assistance Program (RAP) - District 2; and

WHEREAS, cultural and recreational community building and diversity 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 \$1,500 to TMPU for the Event for contractual services, personnel costs, operational expenses, equipment/materials/supplies, and other miscellaneous expenses for the Event, 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 TMPU 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 TMPU. Said information shall list each invoice paid by TMPU and shall include the vendor invoice number; invoice date; and the amount paid by TMPU along with the number and date of the respective check and/or proof of payment for said payment. TMPU shall attach a copy of each vendor invoice paid by TMPU 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, TMPU's Program Administrator and Project Financial Officer shall certify the total funds spent by TMPU on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by TMPU and approved by TMPU as indicated.

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

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

8. The term of this Agreement shall be until December 30, 2007, commencing upon the date of execution by the parties hereto.

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

12. In the event TMPU 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

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

13. TMPU 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 TMPU. 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 TMPU 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, TMPU 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 TMPU, 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 TMPU is eligible to receive reimbursement from the County.

16. TMPU 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. TMPU 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 TMPU is not intended to and shall not in any

manner limit or qualify the liabilities and obligations assumed by TMPU under this Agreement.

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

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

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

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

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

19. The County and TMPU 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, TMPU 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. 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 TMPU

President
Toward a More Perfect Union, Inc.
500 South Australian Avenue, Suite 645
West Palm Beach, FL 33401

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:

Dusan W. Jeger

Nancy Beale

TOWARD A MORE PERFECT UNION, INC.
FEI # 03-0379338

By: *William Rothchild*

Name
EXECUTIVE DIRECTOR

Title
Wm Rothchild

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**

BACKGROUND INFORMATION

Name and address of Agency:

Agency Name: **Toward a More Perfect Union, Inc.**
Mailing Address: 500 South Australian Avenue, Suite 600
West Palm Beach, FL 33401

Federal Employer Identification Number: 03-0379338

Name of President: Paula Behul

Name of Executive Director: William H. Rothchild, ACSW

Project/Project Liaison Information:

Name: Lauren Kanter, Financial Resources Director
Telephone #: 561-832-3336, Ext. 3
Fax #: 561-659-4924
e-mail: LaurenTMPU@aol.com

Purpose/Mission of Agency:

To unite our community through civic participation and open dialogue that leads to constructive action on race and ethnic relations, promoting human dignity and creating opportunity for all.

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program: **Excellence Awards Event - May 9, 2007**

2. Project/ Program Description

- General (Project Scope):

TMPU's Excellence Awards are presented in an annual event to honor individuals who have (1) demonstrated a commitment to improving racial and ethnic relations and (2) moved beyond assuring the mere presence of diversity to embracing diversity and promoting cultural competency within their spheres of influence in Palm Beach County. Awards were presented in the areas of justice in action, social services, civil rights, and youth empowerment.

- Public Purpose and Recreational/Cultural Elements:

In addition to recognizing the awardees, the event increases public awareness and educates the community about issues, strategies, and avenues through which they may become involved relevant to the multi-cultural population and environment of Palm Beach County.

- Location:
Studio of WPTV Channel 5
- Anticipated Number of Participants/Users:
Approximately 150 people attended the event

Project/Program Elements:

Contractual Services
 Personnel Costs
 Operational Expenses
 Equipment, Materials, & Supplies
Other miscellaneous Expenses

3. Estimated Lump Sum Total for Project/Program \$ 1,500

4. Project/Program Initiation date (date of first invoice for which reimbursement will be requested) and End date (date which project/program will be completed and all invoices paid). This will become the project time frame. April 2007 to September 2007
 month/day/year to month/day/year

(Note: Invoices and copies of proof of payment documents are required for Project/Program reimbursement. All invoices and checks must be dated within the stated project/program time frame AND Categories for Project/Program Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachments: Certificate of Insurance _____

Amount of Recreation Assistance Program Funding awarded \$ 1,500

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



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

EXHIBIT B

Key Legend

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

Grantee: _____

Submittal #: _____

Date _____

Project Name: _____

Contract Reimbursement Period: _____

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



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
(cont'd.)**

| # | Payee (Vendor/Contractor) | Key | Check or Voucher | | Invoice | | Amount | Expense Description |
|---|---------------------------|-----|------------------|------|-----------------|------|--------|---------------------|
| | | | Number | Date | Number | Date | | |
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| | | | | | 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 | | CSR JC TOWAAMO | DATE (MM/DD/YYYY) 08/10/07 |
| PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood FL 33021- Phone: 954-963-9626 | | 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 Toward A More Perfect Union 500 S. AUSTRALIAN AVE, #645 WFB FL 33401 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Hartford Insurance Company | |
| | | INSURER B: Florida Retail Federation | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

| 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. | | | | | | |
|---|--|---------------|----------------------------------|-----------------------------------|---|--------------|
| LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners <input checked="" type="checkbox"/> Hired Non O A GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 21SBARM7685 | 02/01/07 | 02/01/08 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | DAMAGE TO RENTED PREMISES (EA occurrence) | \$ 300,000 |
| | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| A | | 21SBARM7685 | 02/01/07 | 02/01/08 | 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 | 21SBARM7685 | 02/01/07 | 02/01/08 | 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 | \$ |
| | | | | | OTHER THAN AUTO ONLY: AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | 4185000 | 07/17/07 | 07/17/08 | <input checked="" type="checkbox"/> WC STATL-TORSY 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 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is named as additional insured in respects to liability coverage.

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| CERTIFICATE HOLDER Palm Beach County c/o Parks and Recreation Dept 2700 6th Ave 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Jeffrey M Newman</i> |
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