

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Submitted For: Roadway Production Division

F:\ROADWAY\CCNA\Annuals\Landscape_Arch\2008\Master AIS for Agreement Renewals.doc

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2008 | 2009 | 2010 | 2011 | 2012 |
|-------------------------|------|------|------|------|------|
| Capital Expenditures | -0- | -0- | -0- | -0- | -0- |
| Operating Costs | -0- | -0- | -0- | -0- | -0- |
| External Revenues | -0- | -0- | -0- | -0- | -0- |
| Program Income (County) | -0- | -0- | -0- | -0- | -0- |
| In-Kind Match (County) | -0- | -0- | -0- | -0- | -0- |
| NET FISCAL IMPACT | -0- | -0- | -0- | -0- | -0- |
| # ADDITIONAL FTE | -0- | -0- | -0- | -0- | -0- |
| POSITIONS (CUMULATIVE) | -0- | -0- | -0- | -0- | -0- |

Is Item Included in Current Budget? Yes ☐ No ☐

Budget Account No.:

Fund Agency Organization Object Amount

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

This item has no fiscal impact.

C. Departmental Fiscal Review: R. D. Ward 2/11/08

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Fiscal impact is indeterminable at this time, services to be perform on a task order basis.

Atwillhite 3-17-08
OFMB
(WD) SN 3/14/08 CN 3/12/08
3/14/08 3/13/08

Don J. Jowett 3/17/08
Contract Administration
2/20/08 3/17/08

This item complies with current
County policies.

B. Legal Sufficiency:

Paul F. S. 3/19/08
Assistant County Attorney

C. Other Department Review:

Department Director

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



GENTILE
HOLLOWAY
O'MAHONEY

January 30, 2008

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

**RE: LANDSCAPE ARCHITECTURAL SERVICES ANNUAL AGREEMENT (R2007-0617)
DATED MAY 1, 2007**

Dear Mr. Young:

This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of May 1, 2008 through April 30, 2009.

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, State Registration, General, Automobile, and 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,

Gentile, Holloway, O'Mahoney & Assoc., Inc.


George G. Gentile, President

Attest:



01/30/2008

DATE

1-30-08

DATE

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

BY: _____
Addie L. Greene, Chairperson

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney

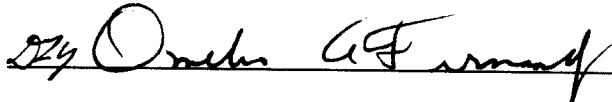


EXHIBIT "B"

HOURLY RATES

For the purposes of annual work (effective from May 1, 2008 until May 31, 2009) the following hourly base salary costs shall apply to this Agreement multiplied by a factor of 3.00.

| RATE CATAGEORY | HOURLY BASE SALARY | MULTIPLIER | HOURLY RATE |
|---|-------------------------------|-------------------|------------------------|
| <hr/> | | | |
| <u>Gentile Holloway O'Mahoney - Landscape Architects</u> | | | |
| SR. LANDSCAPE ARCH | \$42.23 / | 3.00 | \$126.69 |
| PROJECT LANDSCAPE ARCH. | \$38.76 / | 3.00 | \$116.30 |
| CADD/DRAFTSMAN | \$24.86 / | 3.00 | \$74.58 |
| IRRIGATION DESIGNER* | \$36.05 / | 3.00 | \$108.15 |
| SR. PLANNER | \$49.20 / | 3.00 | \$147.60 |
| PLANNER | \$33.47 / | 3.00 | \$100.41 |

A24

*Chris Spain will also provide Irrigation Design services as a consultant with our staff.

Project: Landscape Architectural Annual Services

Project No.: On A Task Order Basis

CONSULTANT: Gentile Holloway O'Mahoney & Associates, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in 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 right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

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 the **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. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors 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 **CONSULTANT** 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.



1/30/2008

George G. Gentile, President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Landscape Architectural Services

Project No.: On a Task Order Basis

ENGINEER represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

(Attach additional sheets as needed.)


ENGINEER further represents that no person having any interest shall be employed for said performance. By signing below, ENGINEER certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County.

ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that ENGINEER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the ENGINEER.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by George G. Gentile, as
(Name of Individual)
President, of Gentile, Holloway, O'Mahoney & Assoc., Inc.
(Title/Position) (Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.




(Signature) 1/30/2008

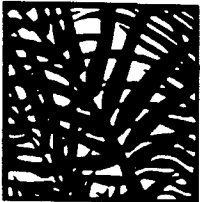
(Date)

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| | | | |
|--|--|---|-------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OP ID TA GENTI-1 | DATE (MM/DD/YYYY) 06/11/07 |
| PRODUCER SLATON INSURANCE P.O. Box 220537 West Palm Beach FL 33422 Phone: 561-683-8383 Fax: 561-684-5995 | | 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 Gentile Holloway O'Mahoney and Associates, Inc. 1907 Commerce Lane Jupiter FL 33458-5516 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: AmCOMP Preferred Ins. Co. | 10006 |
| | | INSURER B: Maryland Casualty | |
| | | INSURER C: New Hampshire Insurance Co. | |
| | | 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 | | |
| B X | GENERAL LIABILITY | PAS38466828 | 06/21/07 | 06/21/08 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10,000 | |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | Emp Ben. | \$ 1,000,000 | |
| B B | AUTOMOBILE LIABILITY | PAS38466828 PAS38466828 | 06/21/07 06/21/07 | 06/21/08 06/21/08 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC AGG | \$ | |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ | |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ | |
| | RETENTION \$ | | | | | \$ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WCV7072313 | 06/09/07 | 06/09/08 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ 100,000 | |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 | |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 | |
| B | Property Section | PAS38466828 | 06/21/07 | 06/21/08 | BPP | \$577,100 | |
| C | Professional Liab | 234663302 | 07/06/07 | 07/06/08 | Arch/Eng | \$1,000,000 | |
| 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 included as "additional insured" as respects Commercial General & Automobile Liability. Professional Liability on Claims Made Basis Retro Date of 7/6/98. Waiver of Subrogation in favor of the above mentioned additional insured. | | | | | | | |

| | |
|---|---|
| CERTIFICATE HOLDER | CANCELLATION |
| PBCOUN7 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| Palm Beach County c/o Department of Engineering & Public Works 2300 N. Jog Road, 3rd Floor West Palm Beach FL 33411-2745 |  |



ROY-FISHER ASSOCIATES, INC.

Landscape Architecture and Land Planning

381 Tequesta Drive
Tequesta, FL 33469

Tel(561)-747-3462
Fax (561)-747-0281
www.roy-fisher.com

January 29, 2008

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

RE: LANDSCAPE ARCHITECTURAL SERVICES ANNUAL AGREEMENT (R2007-0466)
DATED APRIL 10, 2007

Dear Mr. Young:

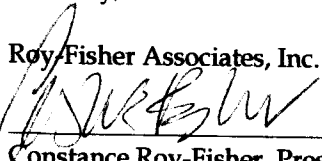
This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of April 10, 2008 through April 9, 2009.

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, State Registration, General, Automobile, and 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,

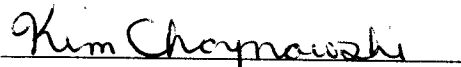
Roy-Fisher Associates, Inc.


Constance Roy-Fisher, President

1/29/08
DATE

CORPORATE
SEAL

Attest:



1/29/08
DATE

Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

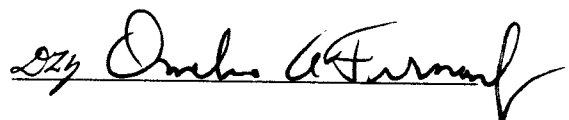
BY: _____
Addie L. Greene, Chairperson

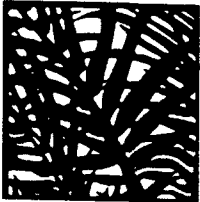
BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:
Conditions

Approved as to Terms and

County Attorney





ROY-FISHER ASSOCIATES, INC.

Landscape Architecture and Land Planning

381 Tequesta Drive
Tequesta, FL 33469

Tel(561)-747-3462
Fax (561)-747-0281
www.roy-fisher.com

EXHIBIT A

Fee Schedule
Landscape Architectural Services On A Task Order Basis
Palm Beach County Engineering

Staff Hour Rates

| | Base Hourly Rate | Multiplier | Total Hourly Rates |
|-------------------------------|------------------|------------|--------------------|
| Landscape Architect | 47 | 2.65 | \$125.00 |
| Professional Staff | 32 | 2.65 | \$ 85.00 |
| Technical Staff | 24 | 2.65 | \$ 64.00 |
| Landscape Irrigation Designer | 35 | 2.65 | \$ 93.00 |
| Graphic Artist / CAD Tech | 24 | 2.65 | \$ 64.00 |

Project: Landscape Architectural Annual Services

Project No.: On A Task Order Basis

CONSULTANT: Roy-Fisher Associates, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in 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 right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

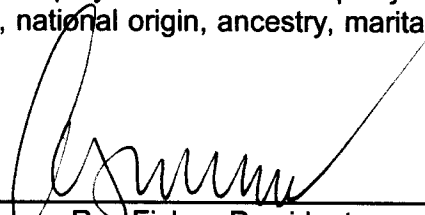
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **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. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors 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 **CONSULTANT** 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.



Constance Roy-Fisher, President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Landscape Architectural Services

Project No.: On a Task Order Basis

ENGINEER represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

(Attach additional sheets as needed.)

ENGINEER further represents that no person having any interest shall be employed for said performance. By signing below, ENGINEER certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County.

ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that ENGINEER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the ENGINEER.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by Constance Roy-Fisher, as
(Name of Individual)
President, of Roy-Fisher Associates, Inc.
(Title/Position) (Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.


(Signature)

1/31/08
(Date)

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ACORD**CERTIFICATE OF LIABILITY INSURANCE**Date (MM/DD/YYYY)
07/19/07**PRODUCER**Leatzow Insurance
2301 W 22nd Street Suite 208
Oak Brook, IL 60523THIS 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 POLICY BELOW.**COMPANIES AFFORDING COVERAGE**COMPANY
A New Hampshire Insurance CompanyCOMPANY
BCOMPANY
CCOMPANY
D**INSURED**Roy-Fisher Associates, Inc.
381 Tequesta Drive
Tequesta, FL 33469**COVERAGES**THIS IS TO CERTIFY 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

| DESCRIPTION OF OPERATIONS/LOCATIONS/SALES TERRITORY | | | | | | | OTHER DOCUMENT AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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 | | DOES NOT APPLY | | | | | | BODILY INJURY OCC | | | | |
| | \$ | | | | | | | | | | | | |
| | BODILY INJURY AGG | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| | PROPERTY DAMAGE OCC | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| | PROPERTY DAMAGE AGG | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| <input type="checkbox"/> COMPREHENSIVE FORM | | | | | | | | BI & PD COMBINED OCC | | | | | |
| <input type="checkbox"/> PREMISES/OPERATIONS | | | | | | | | \$ | | | | | |
| <input type="checkbox"/> UNDERGROUND | | | | | | | | BI & PD COMBINED AGG | | | | | |
| <input type="checkbox"/> EXPLOSION COLLAPSE HAZARD | | | | | | | | \$ | | | | | |
| <input type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | | | | | PERSONAL INJURY AGG | | | | | |
| <input type="checkbox"/> CONTRACTUAL | | | | | | | | \$ | | | | | |
| <input type="checkbox"/> INDEPENDENT CONTRACTORS | | | | | | | | | | | | | |
| <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | | | | | | | | | | |
| <input type="checkbox"/> PERSONAL INJURY | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY | | DOES NOT APPLY | | | | | | BODILY INJURY | | | | |
| | (Per Person) | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| | BODILY INJURY | | | | | | | | | | | | |
| | (Per Accident) | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| <input type="checkbox"/> ANY AUTO | | | | | | | | BODILY INJURY | | | | | |
| <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) | | | | | | | | (Per Person) | | | | | |
| <input type="checkbox"/> ALL OWNED AUTOS | | | | | | | | \$ | | | | | |
| <input type="checkbox"/> (Other than Private Passenger) | | | | | | | | | | | | | |
| <input type="checkbox"/> HIRED AUTOS | | | | | | | | PROPERTY DAMAGE | | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | | \$ | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | | | | | | | | BODILY INJURY | | | | | |
| | | | | | | | | PROPERTY DAMAGE | | | | | |
| | | | | | | | | COMBINED | | | | | |
| | | | | | | | | \$ | | | | | |
| | EXCESS LIABILITY | | DOES NOT APPLY | | | | | | EACH OCCURRENCE | | | | |
| | \$ | | | | | | | | | | | | |
| | AGGREGATE | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| <input type="checkbox"/> UMBRELLA FORM | | | | | | | | | | | | | |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | DOES NOT APPLY | | | | | | WC STATU- TORY LIMITS | | | | |
| | OTH ER | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | EL EACH ACCIDENT | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | |
| | EL DISEASE - POLICY LIMIT | | | | | | | | | | | | |
| \$ | | | | | | | | | | | | | |
| <input type="checkbox"/> INCL | | | | | | | | EL DISEASE - EA EMPLOYEE | | | | | |
| <input type="checkbox"/> EXCL | | | | | | | | \$ | | | | | |
| A | OTHER | | 004582112 | | 7/31/2007 | | 7/31/2008 | | 1,000,000 each claim | | | | |
| | 1,000,000 aggregate | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/SALES TERRITORY | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMSRe: PBC Landscape Architectural Annual Agreement
Retroactive Date of Policy: 07/21/1988**CERTIFICATE HOLDER**Palm Beach County
c/o Department of Engineering
Attn: David Young
2300 N. Jog Road, 3rd Floor
West Palm Beach, FL 33411-2745**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL
30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.**AUTHORIZED REPRESENTATIVE**

Richard Fitzpatrick LEATZOW INSURANCE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DG DATE
U022 06-22-2007

PRODUCER

AUTOMATIC DATA PROCESSING INS AGCY
250717 P: (877) 287-1316 F: (877) 287-1315
308 FARMINGTON AVE
FARMINGTON CT 06032

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.

INSURERS AFFORDING COVERAGE

INSURER A: The Hartford Ins Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED
ROY-FISHER ASSOCIATES INC
381 TEQUESTA DR.
TEQUESTA FL 33469

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|--|
| | GENERAL LIABILITY | | | | |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | | | FIRE DAMAGE (Any one fire) \$ |
| | | | | | MED EXP (Any one person) \$ |
| | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY | | | | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | AGGREGATE \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 76 WEG KN2259 | 06/01/07 | 06/01/08 | |
| | | | | | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | | | | | E.L. EACH ACCIDENT \$100,000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$100,000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$500,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations. RE: PBC Landscape Architectural Annual Agreement

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

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 (10 DAYS FOR NON-PAYMENT) 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

Palm Beach County
c/o Dept of Engineering & Public Works
2300 N Jog Road 3rd floor
West Palm Beach, FL 33411



CERTIFICATE OF INSURANCE

This certifies that

- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- ☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- ☒ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- ☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder ROY-FISHER ASSOCIATES, INC
Address of policyholder 381 TEQUESTA DRIVE
TEQUESTA, FL 33469-3027
Location of operations
Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

| POLICY NUMBER | TYPE OF INSURANCE | POLICY PERIOD | | LIMITS OF LIABILITY (at beginning of policy period) |
|--------------------------|---|----------------|-----------------|---|
| | | Effective Date | Expiration Date | |
| 98-K5-4372-4 A | Comprehensive Business Liability | 05/31/07 | 05/31/08 | BODILY INJURY AND PROPERTY DAMAGE |
| This insurance includes: | <input checked="" type="checkbox"/> Products - Completed Operations | | | Each Occurrence \$ 1,000,000 |
| | <input checked="" type="checkbox"/> Contractual Liability | | | General Aggregate \$ 2,000,000 |
| | <input checked="" type="checkbox"/> Personal Injury | | | Products - Completed Operations Aggregate \$ 2,000,000 |
| | <input checked="" type="checkbox"/> Advertising Injury | | | |
| | <input checked="" type="checkbox"/> EXPLOSION HAZARD COVERAGE | | | |
| | <input checked="" type="checkbox"/> COLLAPSE HAZARD COVERAGE | | | |
| | <input type="checkbox"/> | | | |
| | EXCESS LIABILITY | POLICY PERIOD | | BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) |
| | <input type="checkbox"/> Umbrella | Effective Date | Expiration Date | Each Occurrence \$ |
| | <input type="checkbox"/> Other | | | Aggregate \$ |
| | Workers' Compensation and Employers Liability | POLICY PERIOD | | Part I - Workers Compensation - Statutory |
| | | Effective Date | Expiration Date | Part II - Employers Liability |
| | | | | Each Accident \$ |
| | | | | Disease - Each Employee \$ |
| | | | | Disease - Policy Limit \$ |
| POLICY NUMBER | TYPE OF INSURANCE | POLICY PERIOD | | LIMITS OF LIABILITY (at beginning of policy period) |
| | | Effective Date | Expiration Date | |
| 0927724-A19-59C | 06 TOYOTA | 01/19/08 | 07/19/08 | A-1MM/1MM/1MM D-500,G-500 |
| | | | | |
| | | | | |

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

ADDITIONAL INSURED:
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL
SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES
AND AGENTS

PALM BEACH COUNTY
C/O DEPARTMENT OF ENGINEERING AND PUBLIC WORK
2300 N JOG ROAD 3RD FLOOR
WEST PALM BEACH, FL 33411

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Bill Bowman
Signature of Authorized Representative
AGENT

01/25/08
Title
BILL BOWMAN
Agent Name
Telephone Number 561-746-5050

Agent's Code Stamp
Agent Code 2741