

Agenda Item #: **3M8**

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 6, 2008

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 West Boca Youth Baseball, Inc. for the period May 6, 2008, through July 8, 2008, in an amount not-to-exceed \$10,000 for funding of uniform expenses.

Summary: This funding is to help offset the cost of baseball uniforms for the West Boca Youth Baseball program. The program serves approximately 500 youth. The Agreement allows for the reimbursement of eligible project costs incurred subsequent to January 15, 2008. Funding is from the Recreation Assistance Program (RAP) District 5 Funds. District 5 (AH)

Background and Justification: West Boca Youth Baseball, Inc. is a not-for-profit organization whose mission is to provide opportunities for youth to learn the fundamentals of baseball. The West Boca Youth Baseball program is offered at recreational fields in South County Regional Park.

The total cost paid for uniforms is approximately \$30,000. The \$10,000 from District 5 RAP will offset a portion of the cost. The Agreement has been executed on behalf of West Boca Youth Baseball, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

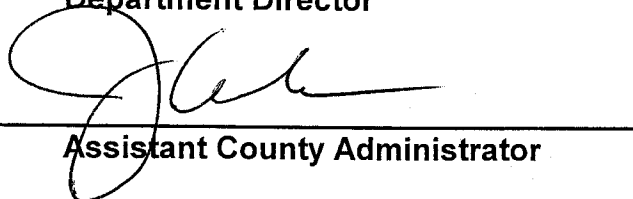
Recommended by:


Department Director

Date

4/16/08

Approved by:


Assistant County Administrator

Date

4/30/08

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

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

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 3600 Department 583 Unit R905
 Object 8201 Program N/A

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

Recreation Assistance Program
 District 5 3600-583-R905-083-8201 \$10,000

C. Departmental Fiscal Review: ckopelakis

III. REVIEW COMMENTS

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

A. J. White 4.28.08
 OFMB ~~4/28/08~~ SH 4/25/08 ON 4/23/08

Jim J. Jacobs 4/29/08
 Contract Development and Control
 6 Jan 4/29/08

B. Legal Sufficiency:

This Contract complies with our
contract review requirements.

Anne Delgant 4/30/08
 Assistant County Attorney

C. Other Department Review:

_____ Department Director

**AGREEMENT BETWEEN PALM BEACH COUNTY AND WEST BOCA YOUTH
BASEBALL, INC. FOR UNIFORM 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 West Boca Youth Baseball, Inc., a Florida not-for-profit corporation, hereinafter referred to as "West Boca Youth Baseball".

WITNESSETH:

WHEREAS, West Boca Youth Baseball is a not-for-profit organization whose mission is to provide opportunities for youth to learn the fundamentals of baseball; and

WHEREAS, West Boca Youth Baseball offers its baseball program at western Boca Raton recreational fields South County Regional Park to approximately five hundred (500) youth; and

WHEREAS, the West Boca Youth Baseball's activities cost approximately \$30,000 annually; and

WHEREAS, West Boca Youth Baseball has requested that County provide \$10,000 to assist with the cost of uniform and equipment expenses; and

WHEREAS, funding for West Boca Youth Baseball's operational expenses for the baseball program in an amount not-to-exceed \$10,000 is available from the Recreation Assistance Program (RAP) – District 5; and

WHEREAS, motivational and sports related programs for youth serve a public benefit; and

WHEREAS, both parties desire to enter into this Agreement.

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

1. County agrees to fund an amount not-to-exceed \$10,000 to West Boca Youth Baseball to help offset costs for uniforms as described in Exhibit "A", attached hereto and incorporated herein, and hereinafter referred to as the "Project".

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

3. West Boca Youth Baseball incurred expenses for the Project beginning on January 15, 2008. Those costs incurred by West Boca Youth Baseball for the Project, approved and submitted accordingly by West Boca Youth Baseball subsequent to January 15, 2008, 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 West Boca Youth Baseball 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. West Boca Youth Baseball warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. West Boca Youth Baseball 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. West Boca Youth Baseball shall be responsible for the operation and maintenance of the Project, including all associated costs.

8. The term of this Agreement shall be until July 8, 2008, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event West Boca Youth Baseball is in default of its obligations under this Agreement, the County shall provide West Boca Youth Baseball thirty (30) days written notice to cure the default. In the event West Boca Youth Baseball 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 West Boca Youth Baseball for the Project deemed to be in default and West Boca Youth Baseball shall return any County RAP funds already collected by West Boca Youth Baseball 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. West Boca Youth Baseball shall complete the Project by April 8, 2008, and invoices and checks submitted for reimbursement must be dated within the project time frame of January 15, 2008, through April 8, 2008. West Boca Youth Baseball shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before July 8, 2008. Upon written notification to County at least ninety (90) days prior to that date West Boca Youth Baseball may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny West Boca Youth Baseball's request for said extension.

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

13. West Boca Youth Baseball 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 West Boca Youth Baseball. 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 West Boca Youth Baseball 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, West Boca Youth Baseball 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 West Boca Youth Baseball, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.

In consideration for reimbursement of costs incurred prior to the term of this Agreement, the foregoing indemnification shall apply not only during the term of this Agreement but also for the period prior to this Agreement for which West Boca Youth Baseball is eligible to receive reimbursement from the County.

16. West Boca Youth Baseball 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. West Boca Youth Baseball 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 West Boca Youth Baseball are not intended to and shall not in any manner limit or qualify the liabilities

and obligations assumed by West Boca Youth Baseball under this Agreement.

Commercial General Liability. West Boca Youth Baseball 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. West Boca Youth Baseball shall provide this coverage on a primary basis.

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

Additional Insured. West Boca Youth Baseball 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.@ West Boca Youth Baseball shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. West Boca Youth Baseball 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 West Boca Youth Baseball 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 West Boca Youth Baseball enter into such an agreement on a pre-loss basis.

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

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

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

22. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, written or oral, relating to this Agreement. This Agreement may be modified and amended only by written instrument

executed by the parties hereto.

23. Any notice given pursuant to the terms of this Agreement shall be in writing and hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

As to the County:

Director of Parks and Recreation
Palm Beach County Parks and Recreation Department
2700 Sixth Avenue South
Lake Worth, Florida 33461

As to West Boca Youth Baseball:

President
West Boca Youth Baseball, Inc.
21458 Summertrace Circle
Boca Raton, FL 33428

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.

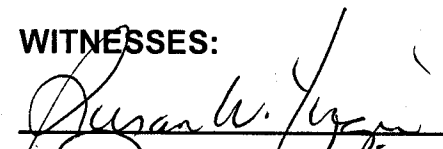
ATTEST:
SHARON R. BOCK, Clerk & Comptroller

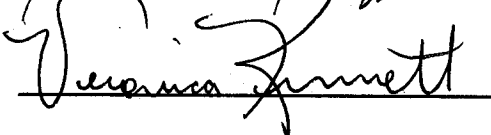
PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Commissioner Addie L. Greene,
Chairperson

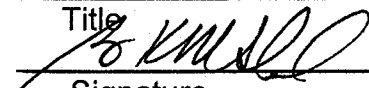
WITNESSES:





WEST BOCA YOUTH BASEBALL, INC.
FEI Number: 650094087

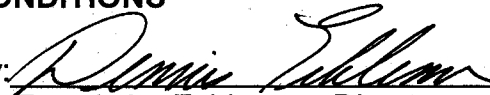
By: BRIAN K McMAHON
Name (Type or Print)
President

Title _____

Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

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

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

BACKGROUND INFORMATION

Agency Name: **West Boca Youth Baseball, Inc.**
Mailing Address: 21458 Summertrace Circle, Boca Raton, FL 33428
Federal Employer Identification Number:
Name of President: *BRIAN McMAHON*
Name of Executive Director:

Project/Project Liaison Information:

Name: *BRIAN McMAHON*
Telephone #: *561 756 1824*
Fax #: *954 545 8262*
e-mail: *mcmahonkw@aol.com*

Purpose/Mission of Agency: *provide uniforms and equipment to children playing baseball in West Boca*

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program: Purchase of Uniforms and Equipment for Southwest County Cobras

2. Project/ Program Description

- General (Project Scope): *provide uniforms for all players. provide equipment for safety of children*
- Public Purpose: *allow children to feel part of a team and be provided with sufficient equipment for protection*
- Location: *South County Regional Park*
- Anticipated Number of Participants/Users: *525*

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.

*uniforms \$20,000
equipment \$10,000
no services or operational costs to be expended*

4. Estimated Lump Sum Total for Project/Program \$ 30,000.00

5. 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. 1/15/08 to 4/8/08
month/day/year 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: X
Certificate of Insurance

Amount of Recreation Assistance Program Funding awarded

\$10,000
District 5
(filled in by County)



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: _____

Submittal #: _____

Date

Project Name: _____

Contract Reimbursement Period: _____

#	Payee (Vendor/Contractor)	Key	Check or Voucher	
			Number	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Invoice			Expense Description
Number	Date	Amount	
TOTAL \$			

Certification: I hereby certify that the purchases noted above were used in accomplishing this project.

Administrator Date

Certification: I hereby certify that bid tabulations, executed contract, cancelled checks, and other purchasing documentation have been maintained as required to support the costs reported above and are available for audit upon request.

Financial Officer Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2008

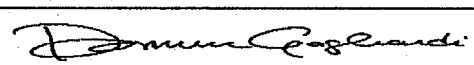
PRODUCER Gagliardi Insurance Services, Inc. 284 Digital Drive Morgan Hill, CA 95037		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED West Boca Youth Baseball P.O. Box 970893 Boca Raton, FL 33428		INSURERS AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance INSURER B: AIG INSURER C: INSURER D: INSURER E:	NAIC #

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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Athletic Participants <input checked="" type="checkbox"/> Abuse & Molestation GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK280768	1/1/2008	1/1/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Participant Legal Liab 1,000,000
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	PHPK280768	1/1/2008	1/1/2009	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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER Pony Baseball Medical	SRG0009101531	1/1/2008	1/1/2009	AD&D/Dental 10,000/2,000 Med Limit 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS IS AN ADDITIONAL NAMED INSURED, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED. ALL POLICY TERMS AND CONDITIONS APPLY.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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PO Box 970893
Boca Raton, Florida 33497-0893

March 26, 2008

Susan Yinger
Parks and Recreation Department
2700 6th Ave., South
Lake Worth, FL 33461

RE: West Boca Youth Baseball

Dear Susan:

This letter is to inform you that West Boca Youth Baseball has no employees, and, as such, is not required to maintain workers compensation insurance.

Sincerely,

Brian K. McMahon
On behalf of WBYB