

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 3, 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 Place of Hope, Inc. for the period June 3, 2008, through September 30, 2008, in an amount not-to-exceed \$5,000 for funding of the Voices of Hope Child Welfare Network Project/Justice for Families event.

Summary: This funding is to help offset costs for the Voices of Hope Child Welfare Network Project/Justice for Families event held on April 15, 2008. The event attracted approximately 450 participants including social workers, child welfare professionals, volunteers and advocates, affordable housing providers, and anyone working with people/families of poverty in the County. The Agreement allows for the reimbursement of eligible pre-Agreement expenses incurred subsequent to January 1, 2008. Funding is from the Recreation Assistance Program (RAP) District 4 Funds. District 4 (AH)

Background and Justification: Place of Hope, inc. is a not-for-profit corporation whose mission is to provide child welfare professionals and leaders with opportunities to network, develop, and transform their delivery systems and to serve and foster awareness of child abuse, neglect, and family breakdown through education, training, advocacy, public awareness and prevention strategies and delivery of human services, as well as to bring hope and healing to children and families in crisis. The Voices of Hope Child Welfare Network Project/Justice for Families event provided an educational training seminar on "Bridges out of Poverty" in a relaxing culturally relevant recreational atmosphere.

The total cost of the event was approximately \$15,000 for food, contractual services, operating expenses, equipment, materials, rentals, police for traffic, and other miscellaneous expenses. The \$5,000 from District 4 RAP will help to offset a portion of the cost of the event. The Agreement has been executed on behalf of Place of Hope, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: 
Department Director

5/5/08
Date

Approved by: 
Assistant County Administrator

5/20/08
Date

**AGREEMENT BETWEEN PALM BEACH COUNTY AND PLACE OF HOPE, INC. FOR
THE VOICES OF HOPE CHILD WELFARE NETWORK PROJECT/JUSTICE FOR
FAMILIES 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 Place of Hope, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Place of Hope".

WITNESSETH:

WHEREAS, Place of Hope is a not-for-profit organization whose mission is to provide child welfare professionals and leaders with opportunities to network, develop, and transform their delivery systems and to serve and foster awareness of child abuse, neglect, and family breakdown through education, training, advocacy, public awareness and prevention strategies and delivery of human services and to bring hope and healing to children and families in crisis; and

WHEREAS, Place of Hope sponsored the Voices of Hope Child Welfare Network Project/Justice for Families Event (the Event) on April 15, 2008; and

WHEREAS, the Event provided an educational training seminar on "Bridges out of Poverty" in a relaxing, culturally relevant, recreational atmosphere to approximately four hundred fifty (450) participants; and

WHEREAS, the total cost of the Event was approximately \$15,000 for food, contractual services, operating expenses, equipment, materials, rentals, police for traffic, and other miscellaneous expenses associated with the Event; and

WHEREAS, Place of Hope has requested \$5,000 from County to help offset costs for the Event; and

WHEREAS, County desires to provide funding to assist Place of Hope with costs for the Event; and

WHEREAS, funding to assist Place of Hope with the Event in an amount not-to-exceed \$5,000 is available from the Recreation Assistance Program (RAP) - District 4; and

WHEREAS, community events on topics of public concern are 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 \$5,000 to Place of Hope for the Event for food, contractual services, operating expenses, equipment, materials, rentals, police for traffic, and other miscellaneous expenses associated with 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 Place of Hope 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 Place of Hope. Said information shall list each invoice paid by Place of Hope and shall include the vendor invoice number; invoice date; and the amount paid by Place of Hope along with the number and date of the respective check and/or proof of payment for said payment. Place of Hope shall attach a copy of each vendor invoice paid by Place of Hope 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, Place of Hope's Program Administrator and Project Financial Officer shall certify the total funds spent by Place of Hope on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Place of Hope and approved by Place of Hope as indicated.

3. Place of Hope incurred expenses for the Project beginning on January 1, 2008. Those costs incurred by Place of Hope for the Project approved and submitted accordingly by Place of Hope subsequent to January 1, 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 Place of Hope 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. Place of Hope warrants that it is an active not-for-profit corporation, duly chartered and registered with the Florida Department of State, Division of Corporations.

6. Place of Hope 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. Place of Hope shall be responsible the operation and maintenance of the Project including all associated costs; and

8. The term of this Agreement shall be until September 30, 2008, commencing upon the date of execution by the parties hereto.

9. The parties agree that, in the event Place of Hope is in default of its obligations under this Agreement, the County shall provide Place of Hope thirty (30) days written notice to cure the default. In the event Place of Hope 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 Place of Hope for the Project deemed to be in default and Place of Hope shall return any County RAP funds already collected by Place of Hope 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. Place of Hope shall complete the Project by June 30, 2008, and invoices and checks submitted for reimbursement must be dated within the project time frame of January 1, 2008, through June 30, 2008. Place of Hope shall provide its final reimbursement request(s), including a project completion statement and reimbursement documentation as indicated in Section 2 above on or before September 30, 2008. Upon written notification to County at least ninety (90) days prior to that date Place of Hope may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Place of Hope's request for said extension.

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

13. Place of Hope 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 Place of Hope. 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 Place of Hope 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, Place of Hope 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 Place of Hope, 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 Place of Hope is eligible to receive reimbursement from the County.

16. Place of Hope 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. Place of Hope shall Agree to provide the County with

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

Commercial General Liability. Place of Hope 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. Place of Hope shall provide this coverage on a primary basis.

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

Additional Insured. Place of Hope 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". Place of Hope shall provide the Additional Insured endorsements coverage on a primary basis.

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

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

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

19. The County and Place of Hope 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, Place of Hope 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 Place of Hope:

Executive Director
Place of Hope, Inc.
9078 Isaiah Lane
Palm Beach Gardens, FL 33418

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:

Susan W. Hayes

Teronica Fennett

PLACE OF HOPE, INC.
EIN Number: 65-0841384

By: *Charles L. Bender III*

Name (Type or Print)

Title *Executive Director*

By: _____
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

By: *Dennis Eshleman*

Dennis Eshleman, Director
Parks and Recreation Department

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

BACKGROUND INFORMATION

Name and address of Agency: *9078 Isaiah Lane, PBC, FL 33418*
Agency Name: **Place of Hope, Inc.**
Mailing Address: 9078 Isaiah Lane, Palm Beach Gardens, FL 33418
Federal Employer Identification Number: *69-0841384*

Name of President: *Ronald "Mickey" Nocera*
Name of Executive Director: *Charles L. Bender III*

Project/Project Liaison Information:
Name: *Charles L. Bender III*
Telephone #: *561.719.4896*
Fax #: *561.775.1758*
e-mail: *charlesb@placeofhope.com*

Purpose/Mission of Agency: *TO bring hope and healing to children and families (in PBC) in crisis.*

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program: **Voices of Hope Child Welfare Network Project/Justice for Families Event**

2. Project/Program Description
- General (Project Scope): *Second Annual "Justice for Families" event/conference for social workers, child welfare profess., volunteers and advocates, Afford. Housing providers, and*
 - Public Purpose: *anyone working with people/families in poverty in PBC. Educational/Training/Seminar on "Bridges out of Poverty"*
 - Location(s): *Open to the public. CHRIST Fellowship Church, Palm Beach Gardens*
 - Anticipated Number of Participants/Users: *400-500 (open to public)*

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.

Food, Contractual services, operating expenses, equipment, materials, rentals, police for traffic, other.

4. Estimated Lump Sum Total for Project/Program \$ 15,000 (Total)

5. Project/Program Initiation date (date of first invoice for which reimbursement will be requested) and anticipated End date (date which project/program will be completed and all invoices paid).

4/15/08 to 4/15/08 (one day event)
month/day/year month/day/year

1/01/08 6/30/08 / PJ

(Note: Invoices and copies of proof of payment/documents will be required for Project/Program reimbursement after the RAP Agreement is approved by the Board of County Commissioners. Do not submit reimbursement documentation until after the Agreement is approved. Please note that all invoices and checks must be dated within the project/program time frame as noted above AND Categories for Project/Program Elements must be listed in Section 3 in order to be eligible for RAP reimbursement.

6. Required Attachments:

Certificate of Insurance

Amount of Recreation Assistance Program Funding awarded

\$ 5,000

District 4

(filled in by County)



PALM BEACH COUNTY
PARKS AND RECREATION DEPARTMENT

EXHIBIT B

CONTRACT PAYMENT REQUEST

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.

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		Invoice		Amount	Expense Description
			Number	Date	Number	Date		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
					TOTAL \$			

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

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

 Administrator

 Date

 Date

ALCORP CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (561)776-0660 FAX (561)776-0670
 Insurance Office of America, Inc.
 Abacoa Town Center
 1200 University Blvd., Ste 200
 Jupiter, FL 33458

DATE (MM/DD/YYYY)
 03/25/2008

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 Place of Hope, Inc.
 9078 Isafah Lane
 Palm Beach Gardens, FL 33418

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Ins. Companies	
INSURER B:	Philadelphia Indemnity Ins Co	18058
INSURER C:	AmComp Preferred Ins 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 LTD. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK298603	03/01/2008	03/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> See Auto Schedule	PHPK298603	03/01/2008	03/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB234635	03/01/2008	03/01/2009	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCV7015797	03/22/2008	03/22/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Professional Liability	PHPK298603	03/01/2008	03/01/2009	\$1,000,000 Per Occurrence \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is included as additional insured as respects to General Liability Coverage only.

CERTIFICATE HOLDER

Palm Beach County
 Department of Parks & Recreation
 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 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Floyd Nichols/ABRAHB

