

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: July 8, 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 Glades Area Association for Retarded Citizens, Inc. for the period July 8, 2008, through December 30, 2008, in an amount not-to-exceed \$4,000 for funding of the Community Inclusion Program.

Summary: This funding is to help offset costs incurred by the Glades Area Association for Retarded Citizens, Inc. for the Community Inclusion Program. This program serves at least 30 individuals with various disabilities. The Agreement allows for the reimbursement of eligible expenses incurred subsequent to July 1, 2008. Funding is from the Recreation Assistance Program (RAP) District 6 Funds. District 6 (AH)

Background and Justification: Glades Area Association for Retarded Citizens, Inc. is a not-for-profit organization whose mission is to provide advocacy and opportunity for individuals with disabilities to enjoy independence and an enhanced quality of life with enriched life experiences. The Community Inclusion Program provides individuals with developmental disabilities with the opportunity for community involvement and interaction in community activities through volunteerism and participation at not-for-profit organizations in the Glades area. Program activities include recreation, health, heritage, the arts, social services, and education. The programs are offered throughout the western Palm Beach County community during the year, and allow participants to gain an awareness of the capacity and potential of each other for daily living skills, employment and self-enrichment.

The total cost of the Community Inclusion Program is approximately \$88,331 annually for personnel costs, supplies, building and utilities expenses, transportation, insurance, and other miscellaneous expenses relating to the program. The \$4,000 from RAP - District 6 will help offset expenses relating to the program. The Agreement has been executed on behalf of Glades Area Association for Retarded Citizens, Inc., and now needs to be approved by the Board of County Commissioners.

Attachment: Agreement

Recommended by: _____

Dennis Lehman
Department Director

6/16/08
Date

Approved by: _____

John
Assistant County Administrator

7/1/08
Date

**AGREEMENT BETWEEN PALM BEACH COUNTY AND GLADES AREA
ASSOCIATION FOR RETARDED CITIZENS, INC. FOR THE COMMUNITY
INCLUSION PROGRAM**

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 Glades Area Association for Retarded Citizens, Inc., a Florida not-for-profit corporation authorized to do business in the State of Florida, hereinafter referred to as "Glades Area ARC".

W I T N E S S E T H:

WHEREAS, Glades Area ARC is a not-for-profit organization whose mission is to provide advocacy and opportunity for individuals with disabilities to enjoy independence and an enhanced quality of life with enriched life experiences; and

WHEREAS, Glades Area ARC sponsors the Community Inclusion Program (the "Program"), which provides individuals with developmental disabilities with the opportunity for community involvement and interaction in community activities through volunteerism and participation at not-for-profit organizations in the Glades area; and

WHEREAS, Program activities include recreation, health, heritage, the arts, social services, and education; and

WHEREAS, activities are provided for at least thirty (30) individuals with varied abilities, allowing the individuals and the community to gain an awareness of the capacity and potential of each other for daily living skills, employment, and self-enrichment; and

WHEREAS, activities are provided throughout the western Palm Beach County community throughout the year; and

WHEREAS, the total cost of the Program is approximately \$88,331.85 annually for personnel costs, supplies, building & utilities, transportation, insurance and other miscellaneous expenses relating to the Program; and

WHEREAS, Glades Area ARC has requested that County provide \$4,000 to help offset expenses for the Program; and

WHEREAS, funding for the Program in an amount not-to-exceed \$4,000 for the Program is available from the Recreation Assistance Program (RAP) District 6; and

WHEREAS, providing community activities for individual with disabilities is deemed a public purpose; and

WHEREAS, both parties desire to enter into this Agreement.

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

1. County agrees to fund an amount not to exceed \$4,000 to Glades Area ARC for the Program for personnel costs, supplies, building & utilities, transportation, insurance and other miscellaneous expenses relating to the Program, 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 Glades Area ARC 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 Glades Area ARC. Said information shall list each invoice paid by Glades Area ARC and shall include the vendor invoice number; invoice date; and the amount paid by Glades Area ARC along with the number and date of the respective check or proof of payment for said payment. Glades Area ARC shall attach a copy of each vendor invoice paid by Glades Area ARC 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, Glades Area ARC's Program Administrator and Project Financial Officer shall certify the total funds spent by Glades Area ARC on the Project and shall also certify that each vendor invoice, as listed on the Contractual Services Purchases Schedule was paid by Glades Area ARC and approved by Glades Area ARC as indicated.

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

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

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

9. The parties agree that, in the event Glades Area ARC is in default of its obligations under this Agreement, the County shall provide Glades Area ARC thirty (30) days written notice to cure the default. In the event Glades Area ARC 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 Glades Area ARC for the Project deemed to be in default and Glades Area ARC shall return any County RAP funds already collected by Glades Area ARC 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. Glades Area ARC shall complete the Project by September 30, 2008, and invoices and checks submitted for reimbursement must be dated within the project time frame of July 1, 2008, through September 30, 2008. Glades Area ARC 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, 2008. Upon written notification to County at least ninety (90) days prior to that date Glades Area ARC may request an extension beyond this period for the purpose of completing the Project. County shall not unreasonably deny Glades Area ARC's request for said extension.

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

13. Glades Area ARC 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 Glades Area ARC. 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 Glades Area ARC 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, Glades Area ARC 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 Glades Area ARC, 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 Glades Area ARC is eligible to receive reimbursement from the County.

16. Glades Area ARC 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. Glades Area ARC 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 Glades Area ARC are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Glades Area ARC under this Agreement.

Commercial General Liability. Glades Area ARC 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. Glades Area ARC shall provide this coverage on a primary basis.

Automobile. Glades Area ARC shall maintain, during the life of this Agreement, comprehensive automobile liability insurance in the minimum amount of \$1,000,000 combined single limit bodily injury and property damage for claims arising from damages for bodily injury including wrongful death, as well as from claims for property damage which may arise from the ownership, use, or maintenance of owned and non-owned automobiles, including rented automobiles, whether such operations be by Glades Area ARC or by anyone employed by or contracting with Glades Area ARC. Should Glades Area ARC use independent bus companies for transportation, it shall require such company or companies to provide automobile liability on such buses in the minimum amount of \$1,000,000 combined single limit bodily injury and property damage liability and shall include Glades Area ARC and Palm Beach County as Additional Insured.

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

Additional Insured. Glades Area ARC 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." Glades Area ARC shall provide the Additional Insured endorsements coverage on a primary basis.

Waiver of Subrogation. Glades Area ARC 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 Glades Area ARC 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 Glades Area ARC enter into such an agreement on a pre-loss basis.

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

18. Glades Area ARC 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 Glades

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

19. The County and Glades Area ARC 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, Glades Area ARC 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 Glades Area ARC:

President
Glades Area Association for Retarded Citizens, Inc.
4250 N. W. 16th Street
Belle Glade, FL 33430

24. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third-party beneficiary or otherwise.

IN WITNESS WHEREOF, the undersigned parties have signed this Agreement on the date first above written.

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

By: _____
Deputy Clerk

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

By: _____
Commissioner Addie L. Greene,
Chairperson

WITNESSES:

Susan W. Inger
Deanna Bennett

GLADES AREA ASSOCIATION FOR RETARDED CITIZENS, INC.

EIN Number: 591760374

By: F. Scott KANNEL
Name (Type or Print)

Title: Executive Director

By: [Signature]
Signature

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____
County Attorney

APPROVED AS TO TERMS AND CONDITIONS

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

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

Name of Agency: Glades Area Association for Retarded Citizens, Inc.
Mailing Address: 4250 N.W. 16th Street, Belle Glade, FL 33430
Federal Employer Identification Number: 591 760 374

Name of President: Evelyn Johnson
Name of Executive Director: F. Scot Kannel

Project Liason Information:
Name: Paul Maccarone
Telephone #: 561-996-9583
Fax #: 561-996-8692
e-mail: arcglades@yahoo.com

Purpose/Mission of Agency: Our Mission is to provide advocacy and opportunity for individuals with disabilities to enjoy independence and an enhanced quality of life with enriched life experiences.

PROJECT INFORMATION

1. Name of Project: Community Inclusion Program
2. Project Description:
 - General (Project Scope): The project provides individuals with developmental disabilities who reside in western Palm Beach County the opportunity for community involvement and interaction in community activities through volunteerism and participation at not for profit organizations in the Glades area. These activities include, but are not limited to, recreation, health, heritage, the arts, social services and education.
 - Public Purpose: To provide exposure to community activities for at least 30 individuals with varied abilities that would otherwise be virtually non-existent. Individuals with disabilities and the community will gain an awareness of the capacity and potential of each other for daily living skills, employment and self-enrichment.
 - Location and Date(s): Community-wide activities throughout the year.
 - Anticipated Number of Participants: 30
3. Project Elements: ^{Personnel Costs} (Salary/Taxes/Benefits); Supplies; Building & Utilities; Transportation; Insurance; and Miscellaneous.
4. Estimated Lump Sum Total for entire project: \$88,331.85
5. Project Initiation date (1st reimbursement request) July 1, 2008; End Date (last invoice) September 30, 2008.

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 at this time. After the Agreement is approved, and the reimbursement request is submitted, all invoices and checks must be dated within the stated project time frame AND Categories for Project Elements must be listed in Section 3 above in order to be eligible for RAP reimbursement.

6. Required Attachment:

Certificate of Insurance X

Amount of Recreation Assistance Program Funding awarded \$ 4,000

District 6



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		Invoice			Expense Description
			Number	Date	Number	Date	Amount	
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.

 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.

 Date

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID KP GLADE-1	DATE (MM/DD/YYYY) 06/06/08
PRODUCER Rogers, Gunter, Vaughn Insurance, Inc. 1117 Thomasville Rd. Tallahassee FL 32303 Phone: 850-386-1111 Fax: 850-385-9827	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 Glades Area ARC 4250 NW 16th St Belle Glade FL 33430	INSURERS AFFORDING COVERAGE INSURER A: Safeco Insurance Company INSURER B: Bridgfield Employers Ins. Co INSURER C: INSURER D: INSURER E:	NAIC # 1635	

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	24CC20877710	10/12/07	10/12/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. 1/1,000,000												
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	24CC20859810	10/12/07	10/12/08	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 EA ACC \$ AUTO ONLY AGG \$												
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	01SU39772010	10/12/07	10/12/08	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$												
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	83021902	07/01/07	07/01/08	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">WC STATUTORY LIMITS</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 90%;"></td> </tr> <tr> <td colspan="2"></td> <td>E.L. EACH ACCIDENT \$ 500,000</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 500,000</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER				E.L. EACH ACCIDENT \$ 500,000			E.L. DISEASE - EA EMPLOYEE \$ 500,000			E.L. DISEASE - POLICY LIMIT \$ 500,000
WC STATUTORY LIMITS	OTH-ER																	
		E.L. EACH ACCIDENT \$ 500,000																
		E.L. DISEASE - EA EMPLOYEE \$ 500,000																
		E.L. DISEASE - POLICY LIMIT \$ 500,000																
A		Professional	LP7739454	10/12/07	10/12/08	Occ/Agg 1/3,000,000												
B		Directors & Office	PHSD246374	06/08/07	06/08/08	Occurr 1,000,000												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificateholder, Board of County Commissioners of Palm Beach County is added as additional insured for General Liability.
 fax: 561-963-6747 attn: Susan Yinger

CERTIFICATE HOLDER Board of County Commissioners of Palm Beach County Parks & Recreation Dept 2700 6th Ave S 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.