

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

Meeting Date: October 21, 2008 Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Department of Airports

Submitted For:

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Change Order No. 3 to the contract with Hypower, Inc. in the amount of \$59,500 and an additional 56 calendar days for the Roadway, Parking and Terminal Signage Replacement/Improvement Plan Project at Palm Beach International Airport (PBIA).

Summary: On May 15, 2007 the BCC approved the Construction Contract (R-2007-0760) with Hypower, Inc, Inc. for construction services for the Roadway, Parking and Terminal Signage Replacement/Improvement Plan Project at PBIA in the amount of \$1,807,455. Change Orders 1-2 were approved by the contract Review Committee for a net increase to the contract in the amount of \$79,263 and an extension of 105 Calendar Days. Approval of this change order will increase the total contract price by \$59,500 and extend the contract time by 56 calendar days. The Small Business Enterprise (SBE) participation for this change order is 93.41%. The total SBE contract goal including all change orders is 44.61%. **Countywide (JCM)**

Background and Justification: Change Order No. 3 will cover items described in the attached summary sheet which includes replacing the blank sign faces on 16 Terminal Directional Signs that were installed in this contract with additional information. Approval of this change order will increase the total contract price by \$59,500 and extend the contract time by 56 calendar days. Request for approval of this change order is being brought to the Board in accordance with revised PPM CW-F-050 effective February 1, 2006 due to the value of the change order combined with the time extension, which exceeds the authority limits of the Contract Review Committee.

Attachments:

1. Change Order No. 3 with Summary Report (3 originals)
2. Contract History

Recommended By: JA Sam Kelly 9/23/08
Department Director Date

Approved By: AKO 10/6/08
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	<u>\$59,500</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$59,500</u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____

Budget Account No: Fund 4111 Department 121 Unit A239 Object 6502
Reporting Category _____

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

Funds are available in the account referenced above.

C. Departmental Fiscal Review: *Michael Stennis*

III. REVIEW COMMENTS

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

10/1/08
Abigail White 10-1-08
OFMB
10/1/08

Dr. J. Jacob 10/2/08
Contract Dev. and Control
10/2/08

B. Legal Sufficiency:

James C. Meyer 10/3/08
Assistant County Attorney

This item complies with current County policies.

C. Other Department Review:

Department Director

CHANGE ORDER

Owner Initiate
 Differing Site Conditions
 Zoning/Code/Ordinance Changes
 Errors/Omissions/In Design
 Quantity Overruns/Underruns
 Request By Another Agency/Outside Party
 A. Reimbursable B. Non-Reimbursable
 Other

PROJECT: Roadway, Parking & Terminal Signage Replacement @ PBI
TO: Hypower, Inc.
 5913 NW 31st Ave.
 Fort Lauderdale, FL 33309

CHANGE ORDER NO: Three (3)
COUNTY/FAA PROJECT NO: PB 07-1
CONTRACT DATE: 5/15/2008
RESOLUTION NO. R-2007-0760
DISTRICT # 2

Description of Change:

The Department of Airports requested that additional signage replace the blank sign faces on the backs of the A2/A3 signs in the Airport Terminal (2nd and 3rd level) For a cost of \$59,500.00

EXECUTION OF THIS CHANGE ORDER ACKNOWLEDGES FINAL SETTLEMENT OF, AND RELEASES ALL CLAIMS FOR, COSTS AND TIME ASSOCIATED, DIRECTLY OR INDIRECTLY, WITH THE ABOVE STATED MODIFICATION(S), INCLUDING ALL CLAIMS FOR CUMULATIVE DELAYS OR DISRUPTIONS RESULTING FROM, CAUSED BY, OR INCIDENT TO, SUCH MODIFICATION(S), AND INCLUDING ANY CLAIM THAT THE ABOVE-STATED MODIFICATION(S) CONSTITUTES, IN WHOLE OR PART, A CARDINAL CHANGE TO THE CONTRACT.

The original Contract sum \$1,807,455.00
 Net change by previous Change Orders \$79,263.00
 The Contract Sum prior to this Change Order was \$1,886,718.00
 The Contract Sum will be **increased** by this Change Order..... \$59,500.00
 The new Contract Sum including Change Order will be \$ 1,946,218.00
 The Contract Time will be **increased** by 56 Calendar days.
 The Date of Completion as of the date of this Change Order therefore is..... October 18,2008.

<u>CH2MHill INC.</u> Engineer 3001 PGA Boulevard Suite 300 Address Palm Beach Gardens, FL 33634 By: <u><i>Mehel F...</i></u> Date: <u>9.11.08</u>	<u>Hypower, INC.</u> Contractor 5913 NW 31 st Ave Address Ft Lauderdale, FL 33309 By: <u><i>J. Paul H...</i></u> Date: <u>9-22-08</u>	<u>PBC Bd. of County Commissioners</u> Owners P.O. Box 21229 Address West Palm Beach, FL 33416-1229 By: _____ Date: _____
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PALM BEACH COUNTY DEPARTMENT OF AIRPORTS

Attest: Sharon Bock
Clerk and Comptroller

APPROVED AS TO TERMS AND CONDITIONS:

Approved as to Form and Legal Sufficiency

By: _____
Deputy Clerk (Date)

By: *[Signature]*
Director of Airports

By: _____
County Attorney (Date)

PALM BEACH INTERNATIONAL AIRPORT

RESOLUTION NO: R-2007-0760

PB07-1 Roadway, Parking, and Signage Replacement

Hypower Inc

CHANGE ORDER NO:3 SUMMARY

RCO#	DESCRIPTION	COST	DAYS		SUMMARY EXPLANATION
197.22	Replace Blank Sign Faces on A2/A3 Signs	\$59,500	56	Owner Initiated	The DOA requested that additional signage replace the blank sign faces on the backs of the A2/A3 signs in the Terminal (2nd and 3rd level)
TOTAL CHANGE ORDER NO: 3		\$59,500			

LEGEND	
\$0	Error
\$0	Omission/recommended and/or required in project.
\$0	Other Agency (TSA, PZ&B, Fire Marshall)
\$59,500	Department of Airports
\$0	Conditions not normally anticipated or encountered in construction.
\$0	Quantity Underruns, contract adjustments,
\$59,500	Total Change Order # 3

SCHEDULE 1
LIST OF PROPOSED SBE-M/WBE SUBCONTRACTORS
 (Attachment No. 8 To Bid Form)

PROJECT NAME: Roadway, Parking & Terminal Signage Replacement/Improvement Project PROJECT NO: PB 07-1
 NAME OF PRIME BIDDER: Hypower, Inc. PHONE NO.: 954-978-9300
 CONTACT PERSON: William Kendall FAX NO: 954-978-8666
 BID DATE: _____ DEPARTMENT: Airport Division

PLEASE IDENTIFY ALL APPLICABLE CATEGORIES OF SUBCONTRACTORS

Name, Address and Phone Number	(Check one or both Categories)		Subcontractor Amount				
	Minority Business	Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
Baron Sign Mfg. 900 13th Street Riviera Beach, Fl 33404	<input type="checkbox"/>	XX <input type="checkbox"/>	\$	\$	\$55,577.50	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	Total		\$	\$	\$	\$	\$

Total Bid Price: \$ 59,500.00 Total Value of SBE-M/WBE Participation: \$ 55,577.50

- NOTE: 1. The amounts listed on this form must be supported by the Subcontractors prices included on Schedule 2 in order to be counted toward goal attainment.
 2. Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount under the appropriate category.
 3. M/WBE information is being collected for tracking purposes only.

**SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR
(Attachment No. 9 To Bid Form)**

PROJECT NAME: Roadway, Parking and Terminal Signage Replacement/Improvement Project PROJECT NO: PB 07-1

TO: Hypower, Inc.
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a(n) (check one or more as applicable):

Small Business Enterprise Minority Business Enterprise

Black Hispanic Women Caucasian Other (Please Specify)

Date of Palm Beach County Certification: 5/1/08

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail particular work items or parts thereof to be performed):

Line Item No.	Item Description	Qty/Units	Unit Price	Total Price
1	A2 / A3 Additional Sign Faces	LS	\$48,702.50	\$48,702.50
2	Additional Neon for signs	4	\$1,718.75	\$6,875.00

at the following price: Fifty Five Thousand Five Hundred Seventy Seven Dollars & 50/100 Cents
(Subcontractor's quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If undersigned intends to sub-subcontract any portion of this subcontract to a non-SBE-M/WBE subcontractor or supplier, the amount of any such subcontract must be stated: \$ _____

The undersigned subcontractor understands that the provision of this form to prime bidder does not prevent subcontractor from providing quotations to other bidders.

BARON SIGN MANUFACTURING
(Print name of SBE-M/WBE Subcontractor)

By: [Signature]
(Signature)

BRYAN VASER VICE PRESIDENT
(Print name/title of person executing on behalf of SBE-M/WBE Subcontractor)

Date: 9/10/08

Roadway, Parking and Terminal Signage Replacement/Improvement Project
Palm Beach International Airport

Bid Forms

June 6, 2007

PALM BEACH COUNTY INTERNATIONAL AIRPORT
ROADWAY, PARKING, AND TERMINAL SIGNAGE REPLACEMENT/IMPROVEMENT PROJECT
 FAA AIP No.: 3-12-0085-045-2006
 FDOT WPI: 412390-1-94-01
 PB NO: PB 07-1
CONTRACT HISTORY

	ORIGINAL	CURRENT
DATE: NTP	8/13/2007	
CONTRACT TIME =	270	431 Thru CO #3
CONTRACT COMPLETION DATE	5/9/2008	10/18/2008
CONTRACT AMOUNT =	\$1,807,455.00	\$1,946,218.00
LIQUIDATED DAMAGES	\$1,000.00	

CHANGE ORDER No.	DATE	DESCRIPTION	CHANGE ORDER TIME	VALUE OF TIME EXTENSION	CHANGE ORDER AMOUNT	TOTAL VALUE OF CHANGE ORDER ADJUSTED FOR TIME	LEAD DEPT APPROVAL	CRC APPROVAL	CUMULATIVE APPROVAL	BCC APPROVAL	PERCENT CHANGE	NEW CONTRACT AMOUNT	STATUS
1	CRC 7/16/08	RCO's 197-2A,3A,4,5A,6B,7B,8A,9A,11A,12A,13A,16,17	45	\$45,000	\$42,084.00	\$ 87,084.00		\$ 42,084.00			2.33%	\$1,849,539.00	Approved on 7/16/08
2	CRC 9/24/08	RCO.s 197-10B,14B,18,20,21	60	\$60,000	\$ 37,179.00	\$ 97,179.00		\$ 37,179.00			2.06%	\$1,886,718.00	Waiting for Approval
3	Board Meeting 10/21/08	RCO 197-22 Replace Blank Sign Faces	56	\$56,000	\$ 59,500.00	\$ 115,500.00				\$ 59,500.00	3.29%	\$1,946,218.00	Waiting Approval by the Board
			0	\$0		\$ -							
				\$0		\$ -							
						\$ -							
						\$ -							
						\$ -							
						\$ -							
Total			161		\$ 138,763.00		\$ -	\$ 79,263.00			7.68%	\$1,946,218.00	

To be approved by the Dept
 To be approved by the CRC
 To be approved by the Board

Notes:

Approval Authority	
CO Value	<u>Authority</u>
\$0-50,000	Lead Dept
\$50,001-100,000	CRC
>\$100,001	BCC
<u>Cummulative Value</u>	<u>Authority</u>
\$0-100,000	Lead Dept
\$100,101 - 200,000	CRC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/08


PRODUCER HRH of Colorado 720 South Colorado Boulevard Suite 600N Denver, CO 80246		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 HYPOWER, INC. 5913 NW 31st Ave. Fort Lauderdale, FL 33309		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Zurich American Insurance	16535
		INSURER B: American International Specialty Ins	26883
		INSURER C: OneBeacon Insurance	20621
		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	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR AI #U-GL-1175-B CW (3/2007) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CPO596601700	04/01/08	04/01/09	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						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
A		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	CPO596601700	04/01/08	04/01/09	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	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	BE7275032	04/01/08	04/01/09	EACH OCCURRENCE	\$10,000,000
						AGGREGATE	\$10,000,000
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC596600800	04/01/08	04/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C		OTHER Install Fltr Direct Physical Loss/Damage	7900056040000 Ded's-\$2,500	04/01/08	04/01/09	\$5,100,000 Jobsite Lmt \$500,000 Temp/Transit \$1,000,000 Flood	
				\$25000Wind	Hurr/Flood		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Project Description: Roadway, Parking and Terminal Signage Replacement/ Improvement Project. Palm Beach International Airport.
Project Number: PB 07-1
Installation Floater - Temporary Location/Transit Limit \$500,000
(See Attached Descriptions)

CERTIFICATE HOLDER Palm Beach County c/o Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406-1470	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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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.

DESCRIPTIONS (Continued from Page 1)

(Deductibles per above)

The following are Additional Insureds as respects General Liability; Installation Floater and Umbrella Liability only if required by written contract and coverage applies only as respects work performed by the Insured for the Additional Insureds. All coverage terms, conditions and exclusions of the policy apply.

The following are Additional Insureds on the Automobile Liability only to the extent they meet the definition of an insured in the policy, which provides in pertinent part that an insured includes anyone liable for the conduct of another insured but only to the extent of that liability. All coverage terms, conditions and exclusions of the policy apply. Consult the policy to determine the extent of coverage, if any.

Additional Insureds: Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents.

The General Liability coverage is Primary per the policy terms & conditions only if required by written contract.

The Workers' Compensation policy includes a Waiver of Subrogation in favor of the Additional Insureds only if required by written contract.

The Additional Insured endorsement which is referenced above under "Type of Insurance-General Liability" is attached.

This Certificate of Insurance represents coverage currently in effect and may or may not be in compliance with any written contract.

* The following cancellation conditions always apply:

- 10 days for non-payment of premium
- If policy shown, 10 days for Workers' Compensation for fraud; material misrepresentation; non-payment of premium; other reasons approved by the Commissioner of Insurance

D. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
2. Supervisory, inspection, architectural or engineering activities.

E. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.

F. For the coverage provided by this endorsement:

1. The following paragraph is added to Paragraph 4.a. of the Other Insurance Condition of Section IV – Commercial General Liability Conditions:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.

2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV – Commercial General Liability Conditions:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing coverage for the same "occurrence", claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

Additional Insured – Automatic – Owners, Lessees Or Contractors



Policy No.	Exp. Date of Pol.	Eff. Date of End.	Agency No.	Addl. Prem.	Return Prem.
CP0596601700	4-01-09	4-01-08			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured: Hypower, Inc
Address (including ZIP Code): 5913 NW 31st Avenue
Fort Lauderdale, FL 33309

This endorsement modifies insurance provided under the:
Commercial General Liability Coverage Part

- A. Section II – Who Is An Insured is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.
- B. The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under SECTION I - Coverage A - Bodily Injury And Property Damage Liability and Section I - Coverage B - Personal And Advertising Injury Liability, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf; and resulting directly from:
 - a. Your ongoing operations performed for the additional insured, which is the subject of the written contract or written agreement; or
 - b. "Your work" completed as included in the "products-completed operations hazard", performed for the additional insured, which is the subject of the written contract or written agreement.
- C. However, regardless of the provisions of paragraphs A. and B. above:
 - 1. We will not extend any insurance coverage to any additional insured person or organization:
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
 - 2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.