Agenda Item #: 3-C-14

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Department:	January 13, 2009	[] Regular [] Public Hearing
Submitted By: Submitted For:		
=======================================		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: The renewal of the Structural Engineering Services Annual Agreements with Corzo Castella Carballo Thompson Salman, P.A., original Agreement dated February 5, 2008, R2008-0161 and R. J. Behar & Company, Inc., original Agreement dated February 5, 2008, R2008-0160.

SUMMARY: Approval of these Agreements will renew for one year, required professional services, on a task order basis.

Countywide (PK)

Background and Justification: In accordance with Board of County Commissioners adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under Agreement with the County on an annual contractual basis. This is the first renewal of these firms' Agreements. It is the consensus of the user departments that these consulting firms have, within the provisions of their Agreements, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their Agreements, the County agrees to renew their Agreements for one year.

These Agreements have been reviewed with the above listed consulting firms, and staff recommends the first renewal of the attached consultant Annual Agreements. This transaction will maintain the continuous process of professional services required by the County.

Attachments:

Recommended By: My Mare 12/12/09 Director Date

1. Agreements with Exhibits and Certificate of Insurance (2)

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	-0-	-0-	-0-	-0-	-0-
Operating Costs	-0-	-0-	-0-	-0-	-0-
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	•
	-0-	-0-	-0-	-0-	-0-
	*	-0-	-0-	-0-	-0-
	-6-	-0-	-0-	-0-	-0-
POSITIONS (CUMULATIVE)	-0-	-0-	-0-	-0-	-0-
	-0- -0- **	-0- -0- -0- -0-	-0- -0- -0- -0-	-0- -0- -0- -0-	-0- -0- -0- -0-

Is Item Included in Current Budget? Yes __ No__

Budget Account No.:
Fund Agency Organization Object Amount

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

This item has no fiscal impact.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. *	OFMB Fiscal and/or Contract Adm Fiscal impact is indetermine perpermed on a task	inistration Comments: able at this time, work will be order basis.
	OFMB 50 12-19-08 (N) 10/10/108	Contract Administration 12/19/08
	13/13/05/12/19/05	These-

B. Legal Sufficiency:

County policies.

.

C. Other Department Review:

Department Director

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



Architects Planners November 20, 2008

Palm Beach County Board of Commissioners C/O: Engineering & Public Works Department

2300 N. Jog Road

West Palm Beach, FL 33411-2745

Attn: David Young, P.E., Special Projects Manager

RE: ANNUAL AGREEMENT - STRUCTURAL ENGINEERING SERVICES FEBRUARY 5, 2008 (R2008-0161)

Dear Sir:

This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 5, 2009 through February 4, 2010.

We are in agreement that all provisions in the original Agreement remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this proposal by proper signature below and returning same AAC002142 as fully executed to this office.

Sincerely,

Corzo Castella Carballo Thompson Salr Amari Junt Terrance N. Glunt, P.E., Principal-Associate	nan, P.A. Attest: Keny Krancus
DATE CC DATE CC SEAL	Nov 80, 2008 DATE /
Accepted by: Palm Beach County Board of Commissioners	Attest: Sharon R. Bock, Clerk and Comptroller

Approved As To Form & Legal Sufficiency: Approved as to Terms and Conditions:

21301 Powerline Road, Suite 311, Boca Raton, Florida 33433 561.487.3379 Facsimile 561.487.3466

Deputy Clerk

Equal Opportunity Employer

John F. Koons, Chairman

C3TS, P.A.
Engineers - Architects - Planners - Public Relations

The state of the s					
ELECTRICAL PLANTS OF THE PROPERTY OF THE PROPE					
Terrance N. Glunt	\$56.26	\$95.77	\$18.24	\$170.28	\$168.78
Patrick Leung Manuel Solaun	\$60.00	\$102.14	\$19.46	\$181.59	\$180.00
Alfredo Sainz	\$67.35	\$114.65	\$21.84	\$203.84	\$202.05
Jeffrey S. Crews	\$55.00 \$53.61	\$93.63 \$91.26	\$17.84 \$17.38	\$166.46 \$162.25	\$165.00 \$160.83
Average Rate	\$58.44	\$91.20 \$99.49	\$17.36 \$18.95	\$176.89	\$175.33
THE RESERVE OF THE RESERVE OF THE PERSON OF					
Ileana Toralba	\$32.84	\$55.90	\$10.65	\$99.39	\$98.52
Juan Bolivar	\$33.30	\$56.69	\$10.80	\$100.78	\$99.90
Naveed Mohammed	\$43.30	\$73.71	\$14.04	\$131.05	\$129.90
Marianela Garcia	\$43.30	\$73.71	\$14.04	\$131.05	\$129.90
Average Rate	\$38.19	\$65.00	\$12.38	\$115.57	\$113.36
COSTO CAMPACHUMOAN PROPERTY					
Mario Pozo	\$35.25	\$60.01	\$11.43	\$106.69	\$105.75
Balter Exeus	\$27.70	\$47.15	\$8.98	\$83.84	\$83.10
Average Rate	\$31.48	\$53.58	\$10.21	\$95.26	\$94.43
David Chang	\$20.75	\$35.32	\$6.73	\$62.80	\$62.25
Roberto Fontanals	\$29.50	\$50.22	\$9.57	\$89.28	\$88.50
Anthony F. Relaford	\$19.30	\$32.85	\$6.26	\$58.41	\$57.90
Average Rate	\$23.18	\$39.46	\$7.52	\$70.17	\$69.55
DATE OF THE PROPERTY OF THE PR					
Cheryl Francis	\$19.80	\$33.71	\$6.42	\$59.93	\$59.40
Average Rate	\$19.80	\$33.71	\$6.42	\$59.93	\$59.40

CERTIFIED TRUE AND ACCURATE

* Denotes Maximum CPI Index Increase of 3.9% from 2008 rates

Note: All other maximum hourly rates capped at 3.0 multiplier

Terrance N. Glunt, Vice President

PROJECT: <u>Structural Engineering Annual</u>

Project No.: Task Order Basis

CONSULTANT: Corzo Castella Carballo Thompson Salman, P.A.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the CONSULTANT warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the CONSULTANT to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the CONSULTANT, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression.

Terrance N. Glunt, P.E., Principal-Associate

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Structural Engineering Annual Servi	ces Project No.: On a Task Order Basis
ENGINEER represents that it presently has no inteconflict in any manner with the performance of s	erest, either direct or indirect, which would or could ervices for the County, except as follows:
None	
	• .
(Attach additional sheets as needed.)	
performance. By signing below, ENGINEER cer	having any interest shall be employed for said rtifies that the information contained herein is true onflicts of interest which may influence or appear to services being provided to the County.
of interest that may arise in the future through any circumstance which may influence or appear to services being provided to the County. Such a business association, interest or circumstance, the and request an opinion of the COUNTY as to	in writing by certified mail of all potential conflicts y prospective business association, interest or other influence ENGINEER'S judgment or quality of written notification shall identify the prospective ne nature of work that ENGINEER may undertake whether the association, interest or circumstance e an unacceptable conflict of interest if entered into
of ENGINEER would constitute an unacceptable	ective business association, interest or circumstance conflict of interest to the COUNTY, the COUNTY EER shall not enter into said association, interest or
THIS DISCLOSURE is submitted by_	Terrance N. Glunt, P.E. , as
•	(Name of Individual)
	of Corzo Castella Carballo Thompson Salman,
<u>P./</u>	
(Title/Position)	(Firm Name of ENGINEER)
	d above is true and correct. Further, it is hereby
	he Consultant on this Disclosure is considered an
Consultant.	sanctions against future County business with the
Consultant.	ence Mit to wholes
(Signature	Date
F:\ROADWAY\CCNA\Annuals\Structura\C3TS\2009\Disclosure Doc.	doc

ACORD. CERTIFICATE OF LIA	ABILITY INSURANCE C3TS-01	DATE (MM/DD/YYYY) 11/21/08				
Combined Underwriters of Miami 8240 N.W. 52 Terr, Suite 408	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.					
Miami FL 33166 Phone: 305-477-0444 Fax: 305-599-2343	INSURERS AFFORDING COVERAGE	NAIC#				
CORZO, CASTELLA, CARBALLO THOMPSON SALMAN, P.A. C3TS	INSURER A: MARTPORD FIRE INSURANCE CO. INSURER B: XURICE AMERICAN INSURANCE CO. INSURER C: TRAVELERS INDURNITY COMPANY					
901 PONCE DE LEON BLVD. #900 CORAL GABLES FL 33134	INSURER D: CONTINUETAL CASUALITY COMPANY INSURER E: SCOTTSDALE INSURANCE CO.	,				

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.

LTR	ADUTL NSRO		TYPE OF INSUR	ANC		POLICY NUMBER	POLICY EFFECTIVE DATE (MIMOD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	8 .
A		GEI X	COMMERCIAL GENE	RAL	LIABILITY	PPS 41235574	09/22/08	09/22/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurence)	\$1,000,000 \$300,000
			CLAIMS MADE	X	OCCUR				MED EXP (Any one person)	\$ 10,000
.		X	\$500 BI &	PD	DED				PERSONAL & ADV INJURY	\$1,000,000
C			PER CLAIM			EMPLOYMENT PRACTICES LIAB	10/16/08	10/16/09	GENERAL AGGREGATE	\$1,000,000
		GEI	V'L AGGREGATE LIMIT		LIES PER:				PRODUCTS - COMP/OP AGG	\$ 1,000,000
		X	POLICY PRO- JECT		roc				EMPL PRAC	1,000,000
		AUT	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
			ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per person)	\$ /
			HIRED AUTOS NON-OWNED AUTO	s					BODILY INJURY (Per accident)	\$
									PROPERTY DAMAGE (Per accident)	\$
		GA	RAGE LIABILITY						AUTO ONLY - EA ACCIDENT	\$
			ANY AUTO						OTHER THAN AUTO ONLY: EA ACC	\$
		EXC	ESS/UMBRELLA LIA	BILT	1				EACH OCCURRENCE	\$ 4,000,000
λ		X	OCCUR	CLAI	AS MADĖ	PP841235574	09/22/08	09/22/09	AGGREGATE	\$ 4,000,000
							1			\$
		X	DEDUCTIBLE				1			\$
			RETENTION \$	0						\$
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B	ANY PROPRIETOR/PARTNER/EXECUTIVE		TIVE	WC6551288	01/01/08	01/01/09	E.L. EACH ACCIDENT	\$ 1000000		
			MEMBER EXCLUDED cribe under	?					E.L. DISEASE - EA EMPLOYEE	\$ 1000000
			cribe under PROVISIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1000000
	ОТН									
D	PR		Pessional I		В	28-824-96-56	08/26/08	08/26/09	PER OCC.	1,000,000
			TRO 8/26/8			DED. 75,000 LES/EXCLUSIONS ADDED BY ENDO			aggregate	2,000,000

- DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL / 90% CO-INSURANCE / PROPERTY TOTAL INSURED VALUE: \$487,300, SPECIAL, 90% CO-INSURANCE /
- \$1,000 ALL OTHER PERIL DEDUCTIBLE INCLUDES WIND AT VARIOUS DEDUCTIBLES
- FT. LAUDERDALE WIND IS THROUGH THE ICAT PROGRAM
- RE: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION
- OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AND AGENTS, SHALL BE NAMED

CERTIFICATE HOLDER

PALM BEACH COUNTY C/O DEPT OF ENGINEERING AND PUBLIC WORKS
PO BOX 21229
WEST PALM BEACH FL 33416

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION 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 E**PRESENT**ATIVES

ED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

	ATE OF LIABILITY INSURANCE D	UES RUI	MMEI	TU, EXIE	TU, UK ALIEK	INE CUVERAG	E AFFURDED BY THE PULICI	
DATE: (MM/C	D/YYYY) 11/21/2008		INS	JRERS:				
PRODUCER or BROKER: Marsh USA Inc. 600 Corporate Park Drive			A:	Discov	er Property &	Casualty Ins.	Co.	
	St. Louis, MO 63105 Phone: (877) 320-9393		B:					
INSURED:		*	C:					
Corzo Cas	tello Carballo Thompson Saln	nan P.A	D:					
	erline Road, Suite 311 n, FL 33433		E:					
NOTWITHST CERTIFICAT SUBJECT TO	NCE POLICIES LISTED BELOW H ANDING ANY REQUIREMENT, TE E OF LIABILITY INSURANCE MAY ALL THE TERMS, EXCLUSIONS A Y PAID CLAIMS.	RM OR CO BE ISSUE	NDIT D OR	ION OF AI	NY CONTRACT ITAIN. THE INSI	OR OTHER DO	CUMENT WITH RESPECT TO I	WHICH THIS
COVERAGE: INSURER LETTER	3: TYPE OF INSURANCE	POLICY	NUN	IBER	EFFECTIVE DA	TE EXPIRATION	ON DATE LIMITS	3
COMM	LIABILITY IERCIAL GENERAL LIABILITY S MADE ICE							
ANY A	WNED AUTOS DULED AUTOS) AUTOS) WNED AUTOS	D187A0 126801	0014	•	5/17/2008	5/17/2009	Combined Single Limit: Bodily Injury per Person Bodily Injury per Acc. Property Damage:	\$1,000,000
GARAGE ANY A					-			
	ELLA R Than UMBRELLA Form							
	S COMPENSATION AND RS' LIABILITY	Platford and the second and the seco						
County Boar required by v	ON:	cal Subdivi: rom Enterp	sion o rise F	f the State leet Servic	of Florida, its of es where the co	ficers, employee ntract includes a	s and agents, are additional insu uto insurance coverage. Waive	ireds where r of
	· · · · · · · · · · · · · · · · · · ·		-Toe	NCELLAT			GPBR	4184
HOLDER:				NCELLAT 10ULD AN		VE POLICIES B	E CANCELLED BEFORE THE	EXPIRATION

PO Box 21229 Wes Palm Beach, FL 33416 FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

VENDOR ID:

30455

AUTHORIZED REPRESENTATIVE:



R.J.Behar & Company, Inc. Engineers • Planners

November 20, 2008

Palm Beach County Board of Commissioners C/O: Engineering & Public Works Department 2300 N. Jog Road

West Palm Beach, FL 33411-2745

Attn: David Young, P.E., Special Projects Manager

RE: ANNUAL AGREEMENT - STRUCTURAL ENGINEERING SERVICES FEBRUARY 5, 2008 (R2008-0160)

Dear Mr. Young:

This letter serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 5, 2009 through February 4, 2010.

We are in agreement that all provisions in the original Agreement remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this proposal by proper signature below and returning same as fully executed to this office.

Sincerely,

R.J. Behar & Company, Inc.

Robert J. Behar, President	Had
11/21/08 DATE	11/21/08 DATE
CORPORATE SEAL Accepted by: Palm Beach County Soard of Commissioners	Attest: Sharon R. Bock, Clerk and Comptroller
BY:	BY:
Approved As To Form & Legal Sufficiency:	Approved as to Terms and Conditions:
	De Omelio at many

Exhibit B Task Order Basis - Fee Schedule

R.J. BEHAR & COMPANY, INC.

12788 Forest Hill Blvd., Suite 2003 B Wellington, FL 3341 4 Ph (561) 333-7000 Fax (561) 333-7001 Contact: Sean O'Keefe, P.B.

Fee Schedule - Fisca	Year 2008-2010		
	Raw Rate	* Bu	dened Rate
Project Manager (Sr. P.E.)		1	
Jerry Piacolo	\$47.24	S	139.00
Senier Engineer (P.E.) - Averaged Rate	\$50.29	5	147.43
Robert Behar	\$67.00	\$	196.00
Juan Vazquez	\$56.65	S	166.00
Scan O'Keefe	\$55.00	\$	161.00
Carlos Mazorra	\$50.36	\$	148,00
Anthony Alfred	\$48.26	S	142.00
Somia Torros	\$39.53	S	116.00
Israel Magrisso	\$35.20	5	103.00
		T	
Project Engineer - Averaged Rate	\$33.13	\$	97.12
Richard Bolt	\$42.87	\$	126.00
Emilio Orazoo	\$39.98	\$	117.00
Paola Riveros	\$40.24	\$	118.00
Rafael Urdaneta	\$37.90	3	111.00
Sandra Sequeira	\$37.50	\$	110.00
Carmon Aponte	\$37.46	\$	110.00
Adriana Gonzalez	\$37.22	S	109.00
Daimion Loslic	\$36.37	\$	107.00
Hans Ribbook	\$35.85	\$	105.00
Michael Couch	\$33.83	S	99.00
Claudia Lamus	\$30.43	\$	89.00
Dalton Polanco	\$30.00	S	88.00
Michael Clanahan	\$25,50	S	75.00
Rohan Punit	\$27.16	s	80.00
Mauricio Pinzon	\$25.96	\$	76.00
Sugaily Patxot-Valor	\$23.69	s	69.00
John Miller	\$21.20	\$	62.00
		T	
CADD/Draftsman - Averaged Rate	\$22.38	5	70.00
Marlin Scattolini	\$26.33	S	77.00
Dora Velasquez	\$22.77	S	67.00
Mariana Urdancta	\$18.03	S	53.00

Multiplier:
Salary 1.00
Ovecheed & Fringe 1.6129
Subtotal 2.6130
12% Profit 6.3142
Total 2.9322

* Rounded

Note: Rates are valid from December 2000 through December 2010

PROJECT: <u>Structural Engineering Annual Services</u>

Project No.: On a Task Order Basis

CONSULTANT: R. J. Behar & Company, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression.

Robert J. Behar, President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Structural Engineering Annual Services	Project No.: On a Task Order Basis
ENGINEER represents that it presently has no interest conflict in any manner with the performance of services	t, either direct or indirect, which would or could ces for the County, except as follows:
(Attach additional sheets as needed.)	
ENGINEER further represents that no person have performance. By signing below, ENGINEER certifier and correct and constitutes all current potential confliction influence ENGINEER'S judgment or quality of services.	es that the information contained herein is true cts of interest which may influence or appear to
ENGINEER shall promptly notify the COUNTY in w of interest that may arise in the future through any pro circumstance which may influence or appear to infl services being provided to the County. Such writt business association, interest or circumstance, the na and request an opinion of the COUNTY as to whe would, in the opinion of the COUNTY, constitute and by the ENGINEER.	spective business association, interest or other luence ENGINEER'S judgment or quality of ten notification shall identify the prospective ature of work that ENGINEER may undertake ther the association, interest or circumstance
If, in the sole opinion of the COUNTY, the prospective of ENGINEER would constitute an unacceptable conshall so state in the notification and the ENGINEER scircumstance.	flict of interest to the COUNTY, the COUNTY
THIS DISCLOSURE is submitted by Ro	obert J. Behar as
· ·	(Name of Individual)
President	of R. J. Behar & Company, Inc.
	Firm Name of ENGINEER)
who hereby certifies that the information stated about	ove is true and correct. Further, it is hereby
acknowledged that any misrepresentation by the Co	onsultant on this Disclosure is considered an
unethical business practice and is grounds for sanct Consultant.	tions against future County business with the
— — —	-4.7ho- 11/26/08
(Signature) E:\ROADWAY\CCNA\Annuals\Structural\RJ BEHAR\2009\Disclosure D	(Date)

ACORD. CERTIFICATE OF LIABI									
Suncoast Insurance Associates P.O. Box 22668				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.					
•	FL 33622-2668 -5200								
	-5200		INSURERS	INSURERS AFFORDING COVERAGE					
JRED	R. J. Behar & Company,	lno	INSURER A: X	INSURER A: XL Specialty Insurance Company					
	6861 S.W. 196th Avenue		INSURER B:						
	Suite 302		INSURER C:	INSURER C: INSURER D:					
	Pembroke Pines, FL 33:	132	INSURER D:						
VERA		<i>~</i>	INSURER E:						
HE PO NY RE MAY PE OLICIE	LICIES OF INSURANCE LISTED BELC QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDED S. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER	DOCUMENT WITH RE						
ADD'L INSRD		POLICY NUMBER		E POLICY EXPIRATION	ON LIMITS				
	GENERAL LIABILITY		VAIS (MIN/OUTY)	DATE (MM/DD/YY	EACH OCCURRENCE	\$			
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED	\$ \$			
	CLAIMS MADE OCCUR	1		1	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$			
					PERSONAL & ADV INJURY	<u> </u>			
					GENERAL AGGREGATE	<u>\$</u>			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- JECT LOC					\$			
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s			
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	s			
	GARAGE LIABILITY ANY AUTO		- 1		AUTO ONLY - EA ACCIDENT	\$			
					OTHER THAN AUTO ONLY: AGG	\$ \$			
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
·	OCCUR CLAIMS MADE]	AGGREGATE	\$			
	DEDUCTIBLE					\$			
	RETENTION \$					\$			
	IKERS COMPENSATION AND LOYERS' LIABILITY			1	WC STATU- OTH- TORY LIMITS ER				
ANY	PROPRIETOR/PARTNER/EXECUTIVE			l.	E.L. EACH ACCIDENT	\$			
If yes	t, describe under				E.L. DISEASE - EA EMPLOYEE	\$			
		DDD0647666		1	E.L. DISEASE - POLICY LIMIT				
1	ability DPR9617638		11/17/08	11/17/09	\$1,000,000 per claim \$2,000,000 anni aggr.				
EMPHANY OFFI If year of the Lial SCRIPTI Ofess Prtific E: For	LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? L, describe under CIAL PROVISIONS below ER Professional bility ION OF OPERATIONS / LOCATIONS / VEHI sional liability is written on a ate Holder Includes Palm Be at all projects with Palm Beac or Acts Coverage	claims made and reporte ach County Officers, Em	ed basis.		E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$1,000,000 per claim	s s			
66 AT	tached Descriptions)	· ·	•		•				
RTIF	CATE HOLDER		CANCELLA	ATION					
					RIBED POLICIES DE CANCELLES D	FEABE THE SUNA			
Palm Beach County Board of County Commissioners, a Political Subdivsion of the State of Florida			1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAL DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL					
			į.						
2300 N. Jog Rd.				AUTHORIZED REPRESENTATIVE					
	zovo N. Jog Ma.		I VO JUTOUISED	HEPHESENTATIVE	_				

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.

CERTIFICATE OF INSURANCE

	STATE FARM FIRE AND STATE FARM GENERAL STATE FARM FIRE AND STATE FARM FLORIDA STATE FARM LLOYDS, I	, INSURANCE CO CASUALTY COM INSURANCE COM Dallas, Texas	MPANY, Bioomin _i IPANY, Scarborou	gton, iffinois igh, Ontario	•				
insures the following policy	holder for the coverages indic	cated below:							
Name of policyholder									
Address of policyholo	ter 6861 SW 196TH	6861 SW 196TH AVENUE STE 302 PEMBROKE PINES, FL 33332-1633							
Location of operation	s same								
Description of operat	ions								
The policies listed below I	have been issued to the poli	cyholder for the p	policy periods sho	wn. The insurance describ	ied in these policies to id by any paid cisims.				
subject to all the terms exc	have been assued to the pour fusions, and conditions of the	pop powers. The t	PERIOD	LIMITS OF L	ABILITY				
POLICY NUMBER	TYPE OF INSURANCE		Expiration Date	(at beginning of	policy period)				
	Comprehensive				BODILY INJURY AND				
98-LB-6491-2	Business Liability	10/1/08	10/1/09	į ·	PROPERTY DAMAGE				
This insurance includes:	Products - Completed C	perations							
	☑ Contractual Liability			Each Occurrence	\$1,000,000				
		derground Hazard Coverage			41,000,000				
	□ Personal injury			General Aggregate	\$2,000,000				
				Cititates ville offer-					
	Explosion Hazard Cove			Products - Completed	\$ 2,000,000				
	Collapse Hazard Cover	200		Operations Aggregate					
		POLICY	PERIOD	BODILY INJURY AND F	ROPERTY DAMAGE				
	EXCESS LIABILITY	Effective Date	Expiration Date	(Combined S	•				
98-0V-3031-7	⊠ Umbrella	04/20/08	04/20/09	Each Occurrence	\$1,000,000				
	Other		1	Aggregate	\$				
				Part 1 STATUTORY Part 2 BODILY INJURY					
			04 (01 (00	Part S BODIL'S HOOK					
98-TX-4300-9	Workers' Compensation	01/01/08	01/01/09	Each Accident	\$ 100,000				
	and Employers Liability			Disease Each Employee	\$100,000				
			•	Otsesse - Policy Limit	\$ 500,000				
		<u> </u>		7					
		POLIC	Y PERIOD	LIMITS OF	LIABILITY				
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	(at beginning o	bolich beuga)				
THE CONTENTATE OF	INSURANCE IS NOT A CON	TRACT OF INSU	RANCE AND NE	THER AFFIRMATIVELY N	OK NEGATIVELY				
AMENDS, EXTENDS O	R ALTERS THE COVERAGE	APPROVED BY	ANY POLICY DE	SCRIBED HEREIN. any of the described policy	nies are canceled before				
			**		44 MM ILA ID WEST & SALVARI				
				- alon de des contincets ?	NAMES OF STREET				
N	ame and Address of Certifica	te Holder			THE TO THE SUCH HOUSE,				
			ŭ	o obligation or liability wi arm of its agents or repres	m us migrosov on visios entstives.				
ADDITIONAL INSURE): No columny committee column	S. A POLITICA	L L						
PALM BEACH BOARD (OF COUNTY COMMISSIONER E STATE OF FLORIDA, IT	S OFFICERS, E	mployees _	Day Danz					
AND AGENTS			•	ignature of Austrized Repres					
2300 NORTH JOG RO	AD		7	Tile .	Dete				
WEST PALM BEACH,	LP 224TT-6143		T,	Vgent's Code Stamp	**				
FOR ALL PROJECTS	WITH PALM BEACH COUNTY	•	1	-					
				AFO Code 2124					
			•						



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.											
This cartifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas, or STATE FARM INDEMNITY COMPANY of Bloomington, Illinois											
has coverage in force for the following Named Insured as shown below:											
NAMED INSURED: R J BEHAR & COMPANY, INC.											
6861 SW 196 AVENUE, SUITE 302 ADDRESS OF NAMED INSURED: PEMBROKE PINES, FL 33332-1663											
POLICY NUMBER				•							
EFFECTIVE DATE OF POLICY	11/08/08										
DESCRIPTION OF VEHICLE (Including VIN)	E.N.O.L. ANY AUTO										
LIABILITY COVERAGE	⊠ YES	□ NO	YES	□ NO	☐ YES	□ NO	☐ YES	□ NO			
LIMITS OF LIABILITY a. Bodily Injury Each Person											
Each Accident											
b. Property Damege								. *			
Each Accident c. Bodily Injury &											
Property Demage Single Limit Each Accident	1,000,000	•									
PHYSICAL DAMAGE	YES	⊠ NO	YES	□NO	YES	□ NO	YES	□NO			
COVERAGES a. Comprehensive	\$	Deductible	\$	Deductible	\$	Deductible	\$	Deductible			
b. Collision	YES	NO Deductible	☐ YES \$	□ NO Deductible	☐ YES \$	☐ NO Deductible	\$ YES	☐ NO Deductible			
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	⊠ YES	□ NO	☐ YES	□ NO	YES	□ NO	YES	□ NO			
HIRED CAR LIABILITY COVERAGE	⊠ YES	□ NO	YES	□ NO	YES	□ NO	☐ YES	□ NO			
FLEET - COVERAGE FOR ALL CAMED AND LICENSED MOTOR VEHICLES	☐ YES	⊠ NO	☐ YE8	□NO	☐ YES	□ NO	YES	□ NO			
<u> </u>			201	PAIT	2	124	11/21/08				
Signature of Authorized Representative			AGENT Title		Agent's Code N						
Name and Address of Ce	Name and Address of Agent										
ADDITIONAL INSURED: PALM BEACH BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS 2300 NORTH JOG ROAD WEST PALM BEACH, FL 33341-2745				DOUG DANSIGER INSURANCE AGENCY 5461 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308							

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of insurance for liability coverage.

Request Certificate Holder to be added as an Additional Insured.