







Engineers  
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.

EB0005022  
AAC002142

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

Sincerely,

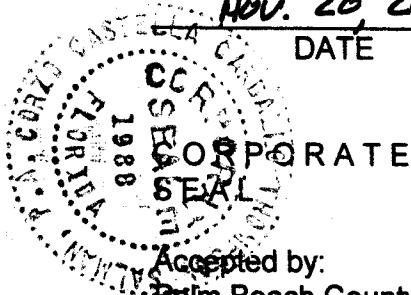
Corzo Castella Carballo Thompson Salzman, P.A.

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

Attest:   
\_\_\_\_\_

NOV. 20, 2008  
\_\_\_\_\_  
DATE

NOV 20, 2008  
\_\_\_\_\_  
DATE



Accepted by:  
Palm Beach County Board  
of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: \_\_\_\_\_  
John F. Koons, Chairman

BY: \_\_\_\_\_  
Deputy Clerk

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

  
\_\_\_\_\_

E:\BROAD\C3TS\Amelia.Structural\C208-2008\New\L.ListenL.doc

C3TS, P.A.

Engineers - Architects - Planners - Public Relations

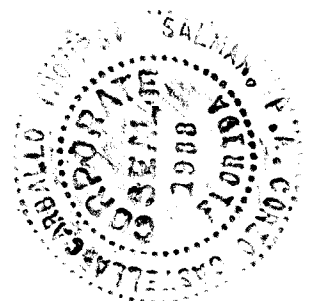
| POSITIONS / EMPLOYEE | RATE           | Over Time      | Per Diem       | Summer Hours    | Winter Hours    |
|----------------------|----------------|----------------|----------------|-----------------|-----------------|
| Terrance N. Glunt    | \$56.26        | \$95.77        | \$18.24        | \$170.28        | \$168.78        |
| Patrick Leung        | \$60.00        | \$102.14       | \$19.46        | \$181.59        | \$180.00        |
| Manuel Solaun        | \$67.35        | \$114.65       | \$21.84        | \$203.84        | \$202.05        |
| Alfredo Sainz        | \$55.00        | \$93.63        | \$17.84        | \$166.46        | \$165.00        |
| Jeffrey S. Crews     | \$53.61        | \$91.26        | \$17.38        | \$162.25        | \$160.83        |
| <b>Average Rate</b>  | <b>\$58.44</b> | <b>\$99.49</b> | <b>\$18.95</b> | <b>\$176.89</b> | <b>\$175.33</b> |
| 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        |
| <b>Average Rate</b>  | <b>\$38.19</b> | <b>\$65.00</b> | <b>\$12.38</b> | <b>\$115.57</b> | <b>\$113.36</b> |
| Mario Pozo           | \$35.25        | \$60.01        | \$11.43        | \$106.69        | \$105.75        |
| Balter Exeus         | \$27.70        | \$47.15        | \$8.98         | \$83.84         | \$83.10         |
| <b>Average Rate</b>  | <b>\$31.48</b> | <b>\$53.58</b> | <b>\$10.21</b> | <b>\$95.26</b>  | <b>\$94.43</b>  |
| 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         |
| <b>Average Rate</b>  | <b>\$23.18</b> | <b>\$39.46</b> | <b>\$7.52</b>  | <b>\$70.17</b>  | <b>\$69.55</b>  |
| Cheryl Francis       | \$19.80        | \$33.71        | \$6.42         | \$59.93         | \$59.40         |
| <b>Average Rate</b>  | <b>\$19.80</b> | <b>\$33.71</b> | <b>\$6.42</b>  | <b>\$59.93</b>  | <b>\$59.40</b>  |

CERTIFIED TRUE AND ACCURATE

  
Terrance N. Glunt, Vice President

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

Note: All other maximum hourly rates capped at 3.0 multiplier



**PROJECT:** Structural Engineering Annual

**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**

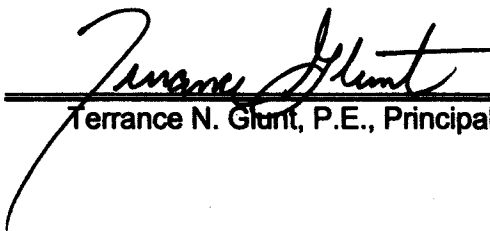
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, 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 Services**

**Project No.: On a Task Order Basis**

ENGINEER represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None

(Attach additional sheets as needed.)

ENGINEER further represents that no person having any interest shall be employed for said performance. By signing below, ENGINEER certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County.

ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that ENGINEER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the ENGINEER.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall not enter into said association, interest or circumstance.

**THIS DISCLOSURE** is submitted by Terrance N. Glunt, P.E., as  
(Name of Individual)

Principal-Associate, of Corzo Castella Carballo Thompson Salman,  
P.A.

(Title/Position)

(Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.

Terrance N. Glunt  
(Signature)

11/26/08  
(Date)

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID GT  
C3TS-01

DATE (MM/DD/YYYY)  
11/21/08

|  |   |                               |
|--|---|-------------------------------|
| <b>PRODUCER</b><br>Combined Underwriters of Miami<br>8240 N.W. 52 Terr, Suite 408<br>Miami FL 33166<br>Phone: 305-477-0444 Fax: 305-599-2343 | 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. |                               |
|  | <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b>                 |
| <b>INSURED</b><br>CORZO, CASTELLA, CARBALLO<br>THOMPSON SALMAN, P.A.<br>C3TS<br>901 PONCE DE LEON BLVD. #900<br>CORAL GABLES FL 33134        | INSURER A:  | HARTFORD FIRE INSURANCE CO.   |
|  | INSURER B:  | KURICH AMERICAN INSURANCE CO. |
|  | INSURER C:  | TRAVELERS INDEMNITY COMPANY   |
|  | INSURER D:  | CONTINENTAL CASUALTY 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.

| RISK ADJ/LTR | INSRD | TYPE OF INSURANCE  | POLICY NUMBER            | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |              |
|--------------|-------|--|--------------------------|------------------------------------|-------------------------------------|---|--------------|
| A            |       | GENERAL LIABILITY  | PPS 41235574             | 09/22/08                           | 09/22/09                            | EACH OCCURRENCE   | \$ 1,000,000 |
|              |       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> \$500 BI & PD DED<br>PER CLAIM |                          |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000  |              |
| C            |       | EMPLOYMENT PRACTICES LIAB  |                          | 10/16/08                           | 10/16/09                            | GENERAL AGGREGATE   | \$ 1,000,000 |
|              |       | GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |                          |                                    |                                     | PRODUCTS - COMPOP AGG \$ 1,000,000<br>EMPL PRAC 1,000,000   |              |
|              |       | AUTOMOBILE LIABILITY   |                          |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |              |
|              |       | GARAGE LIABILITY   |                          |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$   |              |
| A            |       | EXCESSUMBRELLA LIABILITY   | PPS41235574              | 09/22/08                           | 09/22/09                            | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 0<br>EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000   |              |
| B            |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | WC6551288                | 01/01/08                           | 01/01/09                            | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>E.L. EACH ACCIDENT \$ 100000<br>E.L. DISEASE - EA EMPLOYEE \$ 100000<br>E.L. DISEASE - POLICY LIMIT \$ 100000 |              |
| D            |       | PROFESSIONAL LIAB (RETRO 8/26/88)  | 28-824-96-56 DED. 75,000 | 08/26/08                           | 08/26/09                            | PER OCC. 1,000,000<br>AGGREGATE 2,000,000   |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

E. 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 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## CERTIFICATE OF LIABILITY INSURANCE

**THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED**

|  |   |
|--|---|
| DATE: (MM/DD/YYYY) <b>11/21/2008</b>   | INSURERS:   |
| PRODUCER or BROKER: <b>Marsh USA Inc.<br/>600 Corporate Park Drive<br/>St. Louis, MO 63105<br/>Phone: (877) 320-9393</b>         | A: <b>Discover Property &amp; Casualty Ins. Co.</b> |
| INSURED:<br><b>Corzo Castello Carballo Thompson Salman P.A<br/><br/>21301 Powerline Road, Suite 311<br/>Boca Raton, FL 33433</b> | B: _____  |
|  | C: _____  |
|  | D: _____  |
|  | E: _____  |

THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD LISTED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE OF LIABILITY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSURER LETTER     | TYPE OF INSURANCE   | POLICY NUMBER        | EFFECTIVE DATE | EXPIRATION DATE | LIMITS  |
|--------------------|---|----------------------|----------------|-----------------|---|
|                    | GENERAL LIABILITY<br>COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE<br>OCCURENCE   |                      |                |                 |   |
| A                  | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> **See Below | D187A00014<br>126801 | 5/17/2008      | 5/17/2009       | Combined Single Limit: <b>\$1,000,000</b><br>Bodily Injury per Person<br>Bodily Injury per Acc.<br>Property Damage: |
|                    | GARAGE LIABILITY<br>ANY AUTO  |                      |                |                 |   |
|                    | EXCESS LIABILITY<br>UMBRELLA<br>OTHER Than UMBRELLA Form<br><br>WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY  |                      |                |                 |   |
| DESCRIPTION: _____ |   |                      |                |                 |   |

Policy provides protection for ANY AND ALL OPERATIONS/JOBs performed by the named insured where required by written contract. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees and agents, are additional insureds where required by written contract. \*\*Any vehicle lease from Enterprise Fleet Services where the contract includes auto insurance coverage. Waiver of subrogation is provided where required by written contract. Insurance is Primary and Non-Contributory. Project: "For all projects with Palm Beach County".

GPBR: 4184

|  |  |
|--|--|
| HOLDER:<br><br><b>Palm Beach County<br/>c/o Dept. of Engineering &amp; Public Works<br/>PO Box 21229<br/>West Palm Beach, FL 33416</b> | CANCELLATION:<br><br>SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
|--|--|

*[Signature]*

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

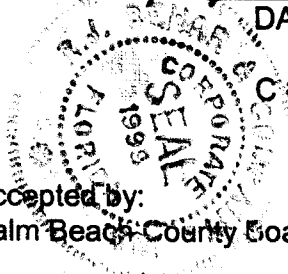
Attest:

11/21/08

DATE

11/21/08

DATE



CORPORATE SEAL

Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: \_\_\_\_\_  
John F. Koons, Chairman

BY: \_\_\_\_\_  
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:

**Exhibit B**  
**Task Order Basis - Fee Schedule**

**R.J. BEHAR & COMPANY, INC.**

12788 Forest Hill Blvd., Suite 2003 B  
Wellington, FL 33414 Ph. (561) 333-7000 Fax (561) 333-7001  
Contact: Sean O'Keefe, P.E.

| Fee Schedule - Fiscal Year 2008-2010          |                |                  |
|---|----------------|------------------|
| R.J. Behar & Company, Inc.                    |                |                  |
|   | Raw Rate       | * Burdened Rate  |
| <b>Project Manager (Sr. P.E.)</b>             |                |                  |
| Jerry Piccolo                                 | \$47.24        | \$ 139.00        |
| <b>Senior Engineer (P.E.) - Averaged Rate</b> | <b>\$58.29</b> | <b>\$ 147.43</b> |
| Robert Behar                                  | \$67.00        | \$ 196.00        |
| Juan Vazquez                                  | \$56.65        | \$ 166.00        |
| Sean O'Keefe                                  | \$55.00        | \$ 161.00        |
| Carlos Mazorra                                | \$50.36        | \$ 148.00        |
| Anthony Alfred                                | \$48.26        | \$ 142.00        |
| Sonia Torres                                  | \$39.53        | \$ 116.00        |
| Israel Magrasso                               | \$35.20        | \$ 103.00        |
| <b>Project Engineer - Averaged Rate</b>       | <b>\$33.13</b> | <b>\$ 97.12</b>  |
| Richard Bolt                                  | \$42.87        | \$ 126.00        |
| Emilio Orozco                                 | \$39.98        | \$ 117.00        |
| Paola Riveros                                 | \$40.24        | \$ 118.00        |
| Rafael Urdaneta                               | \$37.90        | \$ 111.00        |
| Sandra Sequeira                               | \$37.50        | \$ 110.00        |
| Carmen Aponic                                 | \$37.46        | \$ 110.00        |
| Adriana Gonzalez                              | \$37.22        | \$ 109.00        |
| Danmion Leslie                                | \$36.37        | \$ 107.00        |
| Hans Ribbeck                                  | \$35.85        | \$ 105.00        |
| Michael Couch                                 | \$33.83        | \$ 99.00         |
| Claudia Lemus                                 | \$30.43        | \$ 89.00         |
| Dalton Polanco                                | \$30.00        | \$ 88.00         |
| Michael Clanhahan                             | \$25.50        | \$ 75.00         |
| Rohan Punit                                   | \$27.16        | \$ 80.00         |
| Mauricio Pinzon                               | \$25.96        | \$ 76.00         |
| Sugeily Patxot-Velaz                          | \$23.69        | \$ 69.00         |
| John Miller                                   | \$21.20        | \$ 62.00         |
| <b>CADD/Draftsman - Averaged Rate</b>         | <b>\$22.38</b> | <b>\$ 78.00</b>  |
| Marlin Santolini                              | \$26.33        | \$ 77.00         |
| Dora Velasquez                                | \$22.77        | \$ 67.00         |
| Mariana Urdaneta                              | \$18.03        | \$ 53.00         |

**Multiplier:**  
Salary 1.00  
Overhead & Fringe 1.6120  
Subtotal 1.6120  
12% Profit 0.3142  
Total 2.9322

\* Rounded

Note: Rates are valid from December 2008 through December 2010

R.J. Behar & Company, Inc. will provide "Additional Services, as Authorized and Approved by the Owner, Palm Beach County".

**PROJECT:** Structural Engineering Annual Services

**Project No.:** On a Task Order Basis

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

#### **TRUTH-IN-NEGOTIATION STATEMENT**

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Robert J. Behar, President

**CONFLICT OF INTEREST DISCLOSURE FORM**

**Project: Structural Engineering Annual Services**

**Project No.: On a Task Order Basis**

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(Attach additional sheets as needed.)

ENGINEER further represents that no person having any interest shall be employed for said performance. By signing below, ENGINEER certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County.

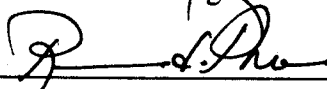
ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that ENGINEER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the ENGINEER.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall not enter into said association, interest or circumstance.

**THIS DISCLOSURE** is submitted by Robert J. Behar, as  
(Name of Individual)

President, of R. J. Behar & Company, Inc.  
(Title/Position) (Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.

  
(Signature)

11/26/08  
(Date)

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Client#: 12731

BEHACOM3

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/21/08


|  |  |   |               |
|--|--|---|---------------|
| <b>PRODUCER</b><br>Suncoast Insurance Associates<br>P.O. Box 22668<br>Tampa, FL 33622-2668<br>813 289-5200       |  | 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. |               |
| <b>INSURED</b><br>R. J. Behar & Company, Inc.<br>6861 S.W. 196th Avenue<br>Suite 302<br>Pembroke Pines, FL 33332 |  | <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
|  |  | INSURER A: <b>XL Specialty Insurance Company</b>  | <b>37885</b>  |
|  |  | INSURER B:  |               |
|  |  | INSURER C:  |               |
|  |  | 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   |                      |        |                    |    |                            |    |                             |    |
|-----------------------------|--------|---|-------------------|----------------------------------|-----------------------------------|--|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
|                             |        | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                   |                                  |                                   | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$   |                      |        |                    |    |                            |    |                             |    |
|                             |        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                   |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |                      |        |                    |    |                            |    |                             |    |
|                             |        | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                   |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |                      |        |                    |    |                            |    |                             |    |
|                             |        | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>_____<br>DEDUCTIBLE<br>RETENTION \$  |                   |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |                      |        |                    |    |                            |    |                             |    |
|                             |        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |                   |                                  |                                   | <table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS        | OTH-ER |   |                   |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. EACH ACCIDENT          | \$     |   |                   |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. DISEASE - EA EMPLOYEE  | \$     |   |                   |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. DISEASE - POLICY LIMIT | \$     |   |                   |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| <b>A</b>                    |        | <b>OTHER Professional Liability</b>   | <b>DPR9617638</b> | <b>11/17/08</b>                  | <b>11/17/09</b>                   | <b>\$1,000,000 per claim</b><br><b>\$2,000,000 annl aggr.</b>  |                      |        |                    |    |                            |    |                             |    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Professional liability is written on a claims made and reported basis.**  
**Certificate Holder Includes Palm Beach County Officers, Employees & Agents**  
**RE: For all projects with Palm Beach County**  
**Full Prior Acts Coverage**  
**(See Attached Descriptions)**

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida<br>2300 N. Jog Rd.<br>West Palm Beach, FL 33411 | <b>CANCELLATION</b><br>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.<br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

## **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**

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder R J BEHAR & COMPANY  
 Address of policyholder 6861 SW 196TH AVENUE STE 302 PEMBROKE PINES, FL 33332-1633  
 Location of operations SAME  
 Description of operations \_\_\_\_\_

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

| POLICY NUMBER            | TYPE OF INSURANCE  | POLICY PERIOD  |                 | LIMITS OF LIABILITY<br>(at beginning of policy period)   |
|--------------------------|--|--|-----------------|--|
|                          |  | Effective Date   | Expiration Date |  |
| 98-LB-6491-2             | Comprehensive Business Liability   | 10/1/08  | 10/1/09         | BODILY INJURY AND PROPERTY DAMAGE  |
| This insurance includes: |  | <input checked="" type="checkbox"/> Products - Completed Operations<br><input checked="" type="checkbox"/> Contractual Liability<br><input type="checkbox"/> Underground Hazard Coverage<br><input checked="" type="checkbox"/> Personal Injury<br><input checked="" type="checkbox"/> Advertising Injury<br><input type="checkbox"/> Explosion Hazard Coverage<br><input type="checkbox"/> Collapse Hazard Coverage<br><input type="checkbox"/><br><input type="checkbox"/> |                 | Each Occurrence \$ 1,000,000<br>General Aggregate \$ 2,000,000<br>Products - Completed Operations Aggregate \$ 2,000,000 |
| 98-QV-3031-7             | EXCESS LIABILITY   | POLICY PERIOD  |                 | BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)  |
|                          | <input checked="" type="checkbox"/> Umbrella<br><input type="checkbox"/> Other | Effective Date   | Expiration Date |  |
|                          |  | 04/20/08   | 04/20/09        | Each Occurrence \$ 1,000,000<br>Aggregate \$   |
| 98-TX-4300-B             | Workers' Compensation and Employers Liability                                  | 01/01/08   | 01/01/09        | Part 1 STATUTORY<br>Part 2 BODILY INJURY   |
|                          |  |  |                 | Each Accident \$ 100,000<br>Disease Each Employee \$ 100,000<br>Disease - Policy Limit \$ 500,000                        |
| POLICY NUMBER            | TYPE OF INSURANCE  | POLICY PERIOD  |                 | LIMITS OF LIABILITY (at beginning of policy period)  |
|                          |  | Effective Date   | Expiration Date |  |
|                          |  |  |                 |  |

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

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 33411-2745

FOR ALL PROJECTS WITH PALM BEACH COUNTY

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

*Dale Denzler*  
 Signature of Authorized Representative  
 AGENT \_\_\_\_\_ 11/21/08  
 Title \_\_\_\_\_ Date

Agent's Code Stamp

AFO Code 2124

