

Agenda Item #: 3-C-9

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: January 13, 2009

Consent     Regular  
 Workshop     Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** The renewal of the Surveying and Mapping Annual Agreement with Dennis J. Leavy & Associates, Inc. The original Agreement was dated January 15, 2008, R2008-0020.

**SUMMARY:** Approval of this Agreement 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 (CCNA), the above listed consulting firm was selected to perform professional services relative to Palm Beach County (County) needs, and is presently under Agreement with the County on an annual contractual basis. This is the first renewal of this firm's Agreement. It is the consensus of the user departments that this consulting firm has, within the provisions of their Agreement, 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 Agreement, Palm Beach County agrees to renew their Agreement for one year.

This Agreement has been reviewed with the above listed consulting firm, and staff recommends the first renewal of the attached consultant Annual Agreement. This transaction will maintain the continuous process of professional services required by Palm Beach County.

**Attachments:**

- 1. Agreement with Exhibits and Certificate of Insurance (2)

Recommended By:

*Ornelis A. Fernandez*  
Director  
Date: 12/9/08

Approved By:

*S. J. Webb*  
County Engineer  
Date: 12/16/08

**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-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
NET FISCAL IMPACT	*	-0-	-0-	-0-	-0-
# ADDITIONAL FTE	-0-	-0-	-0-	-0-	-0-
POSITIONS (CUMULATIVE)	-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: *[Signature]*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

\* Fiscal impact is indeterminable at this time, work will be performed on a task order basis.

*[Signature]* 12-19-08  
 OFMB  
 (142)  
 12/19  
 SN 11/18/08 CN 12/16/08

*[Signature]*  
 Contract Administration 12/19/08

This item complies with current County policies.

**B. Legal Sufficiency:**

*[Signature]* 12/22/08  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

# DENNIS J. LEAVY & ASSOC.

LAND SURVEYORS • MAPPERS

November 14, 2008

Palm Beach County Board of Commissioners  
C/O: Engineering & Public Works Department  
2300 N. Jog Road  
West Palm Beach, FL 33411-2745  
Attention: David Young, P.E., Special Projects Manager



**RE: SURVEYING AND MAPPING ANNUAL AGREEMENT  
(R2008-0020) DATED JANUARY 15, 2008**

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 January 15, 2009 through January 14, 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,

Dennis J. Leavy & Associates, Inc.

  
\_\_\_\_\_  
Dennis J. Leavy, P.S.M., President

Attest: 

\_\_\_\_\_

11/14/08

DATE

11/14/08

DATE

CORPORATE  
SEAL

Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

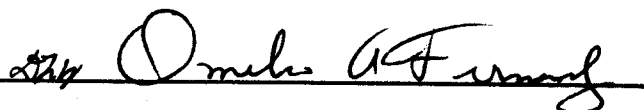
BY: \_\_\_\_\_  
John F. Koons, Chairman

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

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

\_\_\_\_\_  
County Attorney



**Dennis J. Leavy & Associates, Inc.**

**"FEE SCHEDULE FOR COUNTY ANNUAL"**  
(Effective January 15, 2009 through January 15, 2010)

**PROFESSIONAL SURVEYING SERVICES:**

1. Hourly Rates (Administration, general overhead, fringe benefits) = 150%  
(Operating margin) = 12%  
Multiplier = 2.80

A) Field tasks:

- 1) 3 man field crew \* \$120.00 per hour  
2) 2 man field crew \* \$ 95.00 per hour  
\* Fully equipped except for reimbursable equipment.

B) Office tasks:

Raw/Burdened

- 1) Principle \$ 39.29/\$110.00 per hour  
2) Staff P.S.M. \$ 33.93/\$ 95.00 per hour  
3) Survey Technician \$ 23.21/\$ 65.00 per hour  
4) CADD Technician \* \$ 23.21/\$ 65.00 per hour  
5) Draft Person \$ 16.07/\$ 45.00 per hour  
\* Includes computer.

2. Reimbursable Services:

- A) Airboat or Swamp Buggy \* \$ 80.00 per day  
B) All Terrain Vehicle \* \$ 60.00 per day  
C) Small Boat for Hydrographic Surveys \$35.00 per day  
\* Includes operator, does not include survey crew.

It is understood that Palm Beach County will provide all necessary plats, maps, abstracts or other documents required as a basis for survey services. All services provided will be in accordance with Chapters 177 and 472 Florida Statutes and Chapter 61G17 Florida Administrative Code, as applicable. Further, all services provided will be in accordance with the standards and/or requirements by individual government agencies having jurisdiction or control over the project for which services are provided.

**PROJECT:** Survey and Mapping Annual Services  
**PROJECT NO.:** On a Task Order Basis  
**CONSULTANT:** Dennis J. Leavy & Associates, 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**

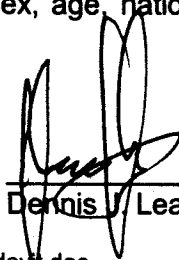
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation,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

  
\_\_\_\_\_  
Dennis J. Leavy, P.S.M., President

**CONFLICT OF INTEREST DISCLOSURE FORM**

**Project: Surveying and Mapping 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.

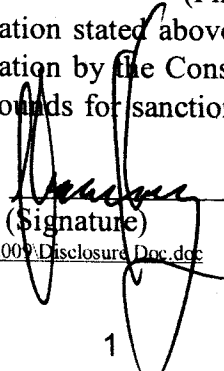
ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services 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 Dennis J. Leavy, P.S. M., as  
(Name of Individual)

President, of Dennis J. Leavey & Associates, 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)

F:\ROADWAY\CCNA\Annuals\Survey\Dennis Leavy\2008\Disclosur Doc.doc

Nov. 18. 2008\_ 3:33PM

No. 6976 P. 2

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2008

PRODUCER (305)822-7800 FAX 305-362-2443  
Collinsworth, Alter, Fowler, Dowling & French  
P. O. Box 9315  
Miami Lakes, FL 33014-9315  
Anna Howren ahowren@cafdf.com 305-503-9120

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 Dennis J. Leavy & Associates  
460 Business Parkway  
Suite B  
Royal Palm Beach, FL 33411

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hartford Ins Co of the SE A+ XV	
INSURER B: Travelers Casualty & Surety Co A+ XV	
INSURER C: ACE American Insurance Co. A+ XV	
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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	21SBMRQ5737	05/09/2008	05/09/2009	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COM/PROP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	21SBMRQ5737	05/09/2008	05/09/2009	EACH OCCURRENCE \$ 2,000,000
					AGGREGATE \$ 2,000,000
					\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB9976Y787	08/01/2008	05/09/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 500,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
C	OTHER Professional Liab Claims-Made Form	EONN01880731004	05/09/2008	05/09/2009	\$2,000,000 General Aggregate
					\$1,000,000 Each Claim \$10,000 Deductible Each Claim

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

Re: All Projects with Palm Beach County  
Palm Beach County Board of Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents are named as additional insured on the General Liability, excluding Professional Services.

## CERTIFICATE HOLDER

Palm Beach County Engineering & Public Works  
CCNA Division/Roadway Production  
Attn: JeaAnne Dean  
2300 N. Jog Road  
West Palm Beach, FL 33411

## 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Meade Collinsworth/ANGIE *[Signature]*

### **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

**SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, 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 certifies that:  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or  
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois  
 has coverage in force for the following Named Insured as shown below :

Named Insured Dennis J. Leavy & Associates Inc.

Address of Named Insured 460 Business Parkway Ste.D  
 Royal Palm Beach, FL 33411

POLICY NUMBER	445 7708-E09-59-003	445 7708-E09-59-005	445 7708-E09-59-001	445 7708-E09-59-002
EFFECTIVE DATE OF POLICY	05/09/08-05/09/09	05/09/08-05/09/09	05/09/08-05/09/09	05/09/08-05/09/09
DESCRIPTION OF VEHICLE	98 CHEVROLET K2500 PICKUP	05 GMC K2500 PICKUP	00 CHEVROLET K2500 PICKUP	01 CHEVROLET K2500 PICKUP
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
a. Bodily Injury Each Accident	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
b. Property Damage	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES				
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

*Phil Rossi*

Signature of Authorized Representative

AGENT

Title

6608

Agent's Code Number

11/18/08

Date

Name and Address of Certificate Holder

PBC Engineering & Public Works  
 CCNA Division/Roadway Production  
 Attn: JaeAnne Dean  
 2300 N. Jog Road  
 West Palm Beach, FL 33411

Name and Address of Agent

PHIL ROSSI INSURANCE AGENCY, INC.  
 11924 W FOREST HILL BLVD STE 1  
 WELLINGTON, FL 33414

Check if a permanent Certificate of Insurance for liability coverage is needed:

Check if the Certificate Holder should be added as an Additional Insured:

Remarks: Project: FOR ALL PROJECTS WITH PALM BEACH COUNTY  
 Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured as to General Liability.

**CERTIFICATE OF INSURANCE**

**SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, 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 certifies that:  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or  
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois  
has coverage in force for the following Named Insured as shown below :

Named Insured Dennis J. Leavy & Associates Inc.

Address of Named Insured 460 Business Parkway Ste.D  
Royal Palm Beach, FL 33411

POLICY NUMBER	445 7708-E09-59 -007			
EFFECTIVE DATE OF POLICY	05/09/08-05/09/09			
DESCRIPTION OF VEHICLE	96 JEEP CHEROKEE			
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$1,000,000.00			
a. Bodily Injury Each Accident	\$1,000,000.00			
b. Property Damage	\$1,000,000.00			
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible
a. Comprehensive				
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Phil Rossi*

Signature of Authorized Representative

AGENT

Title

6608

Agent's Code Number

11/18/08

Date

Name and Address of Certificate Holder

PBC Engineering & Public Works  
CCNA Division/Roadway Production  
Attn: JaeAnne Dean  
2300 N. Jog Road  
West Palm Beach, FL 33411

Name and Address of Agent

PHIL ROSSI INSURANCE AGENCY, INC.  
11924 W. FOREST HILL BLVD STE 1  
WELLINGTON, FL 33414

Check if a permanent Certificate of Insurance for liability coverage is needed:

Check if the Certificate Holder should be added as an Additional Insured:

Remarks: Project: FOR ALL PROJECTS WITH PALM BEACH COUNTY  
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional insured as to General Liability.