

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

**Meeting Date:** February 3, 2009       Consent       Regular  
 Ordinance       Public Hearing

**Department**  
**Submitted By:**      Community Services

**Submitted For:**      Division of Human Services

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve:

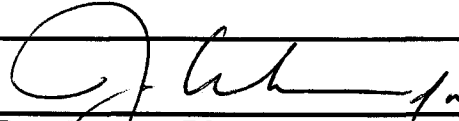

- A) Payment of \$10,000 to the Center for Family Services of Palm Beach County, Inc. (R2007-1928) to reimburse funds advanced under the Traveler's Aide Program for the period of October 1, 2007, through September 30, 2008; and
- B) Amendment No. 1 to the agreement with The Center for Family Services of Palm Beach County, Inc. (R2008-1445) for the period of October 1, 2008, through September 30, 2009, to increase the contract by \$75,000 for a total of \$122,514 for emergency shelter services.

**Summary:** The Center for Family Services has partnered with the County to return homeless individuals to locations where they have family to accept them. The Center for Family Services was authorized by staff to expend an additional \$10,000 during the last quarter of FY2008, however, the agency contract was not amended to reflect the increased expenditure amount. Contract No. R2008-1445 is for after-hours emergency shelter placement, food, transportation and ongoing case management to homeless persons until alternate placement can be arranged. Additional funds for this service were added to the Division's budget after initial contract approval. (Human Services) Countywide (TKF)

**Background and Justification:** An increased number of homeless individuals and families requested assistance to leave the area to go to a receiving entity under the Traveler's Aide Program at the end of FY2008. The Center for Family Services assisted these additional individuals/families, however, the contract was not amended in that time period. Since 2002, the Center for Family Services and The Lord's Place have provided emergency shelter services to homeless persons/families. The initial contract was developed as a result of a Board directive regarding homelessness and accessing information and services after-hours for homeless persons. Homeless individuals and families are placed by staff from the Center for Family Services in partnership with The Lord's Place. There continues to be a significant increase in demand for emergency shelter, necessitating additional resources.

**Attachments:**

- 1. Invoice from the Center for Family Services
- 2. Amendment No. 1 with The Center for Family Services of Palm Beach County, Inc.

<b>Recommended By:</b>		1/23/09 Date
	<b>Department Director</b>	
<b>Approved By:</b>		1/30/09 Date
	<b>Assistant County Administrator</b>	

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	<u>85,000</u>	_____	_____
External Revenue	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	<u>85,000</u>	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Obj. \_\_\_\_\_  
 Program Code \_\_\_\_\_ Program Period: \_\_\_\_\_

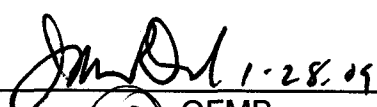
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

\$10,000 funded from 001/148/1310/3401/HA30/FY09  
 \$75,000 funded from 001/148/1331/3401/HS11/FY09

Departmental Fiscal Review: 

**III. REVIEW COMMENTS**

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

 1-28-09  
 OFMB  
 1/26  
 1/23/09

 1/29/09  
 Contract Administration

**B. Legal Sufficiency:**

**This amendment complies with our review requirements.**

  
 Assistant County Attorney

**C. Other Department Review:**

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

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

**Amendment 01**

**AMENDMENT TO  
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO THE CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE** (R2008 1445; dated September 09, 2008) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 2008 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and The Center for Family Services of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is The Center for Family Services of Palm Beach County, Inc., 4101 Parker Avenue, West Palm Beach, Florida 33405.

**WITNESSETH:**

**WHEREAS**, the Center for Family Services of Palm Beach County, Inc. has had an increased demand for emergency shelter services to homeless families; whereas the need exists to amend the contract to increase the total contract amount.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on September 09, 2008 is hereby amended as follows:

- I. Article 3 is hereby amended to read, an amount not to exceed One Hundred Twenty-Two Thousand Five Hundred Fourteen Dollars (\$122,514).
- II. Exhibit "A" is hereby replaced by "A-1" attached hereto and made a part thereof.
- III. Exhibit "C" is hereby replaced by "C-1" attached hereto and made a part thereof.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

**ATTEST:**

**Sharon R. Bock, Clerk & Comptroller**


**PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of  
Florida**

**BOARD OF COUNTY COMMISSIONERS**

BY: \_\_\_\_\_  
Clerk & Comptroller

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

**WITNESS:**

  
Signature

Judith E. Delman  
Name Typed

59-1084179  
AGENCY's Federal ID Number

**AGENCY:**

The Center for Family Services of Palm  
Beach County, Inc.  
AGENCY's Name Typed

BY:   
Signature

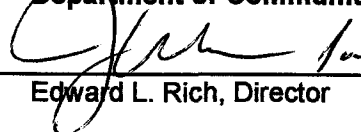
Dorla Leslie  
AGENCY's Signatory Name Typed

Executive Director  
AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

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

**APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services**

By:   
Edward L. Rich, Director

**Exhibit A-1**

## SCOPE OF WORK

### BACKGROUND INFORMATION:

This contract is being developed as a result of a Board Directive regarding homelessness and accessing information and services after hours for families.

### DESCRIPTION OF EMERGENCY SHELTER WITH THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC. AS OUTLINED IN EXHIBIT B:

Emergency Shelter and Support Services will be provided to homeless individuals/families. These individuals/families will be placed through Project REACH, an Emergency Shelter Program for the Center for Family Services. Individuals/families will be provided Emergency Shelter and ongoing case management by the Center for Family Services. As an extension of Project REACH, Emergency Shelter for homeless individuals/families could also be authorized by the Center for Family Services through a collaborative with The Lord's Place Engagement Center. The Center for Family Services will provide the emergency shelter and The Lord's Place will provide ongoing case management for those referred by The Lord's Place Engagement Center. Priority will be given to those homeless families referred through homeless outreach, after 5 PM, or on weekends. The services to be provided are outlined in the proposal (**Exhibit B**). Maximum annual expenses are: Emergency Shelter Placement, including hotel/motels and apartments/utilities at \$101,354, Food at \$18,360 and Bus Passes at \$2,800. The total amount available for Emergency Shelter and Support Services is not to exceed \$122,514.

### STANDARDS OF CARE

The provider must comply with the Standards of Care related to emergency shelter (**Exhibit F**).

### MONITORING / REPORTING:

A monthly desk audit by the County will be completed to determine programmatic and fiscal compliance.

Monitoring of Emergency Shelter will be completed by the County annually.

### BILLING / PAYMENTS:

By the 10<sup>th</sup> of each month the following must be submitted for payment:

1. For Emergency Shelter, Food, and Bus Pass reimbursement, the Provider must submit (**Exhibit D**) which includes: Adult name, children's name, Social Security Number, Service(s) and Cost.
2. Invoices, utility bills, and rental agreements should accompany requests for payment.
3. (**Exhibit E**) must be submitted on agency letterhead certifying all expenses.

All invoice billings for services relative to this agreement must be submitted to Human Services by September 30, 2009.

**Exhibit C-1**

**Budget**  
**Center for Family Services**  
**After Hours Homeless Program Budget 10/1/2008 – 9/30/2009**

	<b>Total Annual Expense</b>
<b>Motel Rooms</b>	<b>\$101,354.00</b>
<b>Food</b>	<b>18,360.00</b>
<b>Bus Passes</b>	<b><u>2,800.00</u></b>
<b>Total</b>	<b><u>\$122,514.00</u></b>

**Note:** Contract does not require monthly obligation, however, total dollars must be met by 9/30/2009.



# THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

Individual and Family Counseling

Substance Abuse Treatment Services

Partners for Change

SAFE Kids Program

FAST Program

Pat Reeves Village Program REACH

Parenting Smart Babies

HIPPY Program

Life Enrichment EAP

Sharon Knox, Fiscal Specialist II  
Department of Community Services  
810 Datura Street  
West Palm Beach, FL 33401

Contract # R2008-1284

Date: September 26, 2008

Reimbursement Request No. 12 Revised      Fiscal Year: 07/08

### Branch Offices

4400 N. Federal Highway  
Suite 38  
Boca Raton, FL 33432  
Tel: 561-330-2266  
Fax: 561-330-2264

1776 Lake Worth Road  
Suite 103  
Lake Worth, FL 33460  
Tel: 561-540-1012  
Fax: 561-540-1014

12773 West Forest Hill Blvd.  
Suite 219  
Wellington, FL 33414  
Tel: 561-793-1698  
Fax: 561-795-7513

**Pat Reeves Village  
Program REACH**  
1320 Henrietta Avenue  
West Palm Beach, FL 33401  
Tel: 561-514-0564  
Fax: 561-514-0648

Licensed by the State of Florida,  
Department of Children and Families

Amount of Reimbursement Requested      10,000.00 For Pat Reaves Travelers Aid

Total Amount Requested:      **\$10,000.00**

Covering the period from:

September 1, 2008      to      September 30, 2008

I hereby certify that by personal examination of the records of this Agency that these expenses, as supported by the attached were made on behalf of this Agency for the purposes specified in its approved request for County funding.

Delferine A. Spooner  
Chief Financial Officer

**Children's Services Council**  
PALM BEACH COUNTY



sexual abuse treatment program  
Children's Medical Services



4101 Parker Avenue

West Palm Beach, FL 33405

561-616-1222

561-616-1230 FAX

www.ctrfam.org

**MONTHLY ALLOCATION WORKSHEET**  
**Palm Beach County Department of Community Services-Financially Assisted Agencies-FY2008**  
**Reimbursement Month and Year: September 2008**

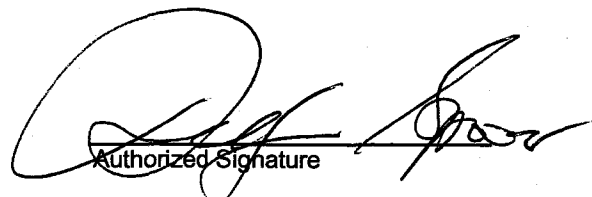
Agency Name: *Center For Family Services*  
 BCC Do. No.: *R2007-1928*  
 Contract Year: *2008*  
 Service Dates: *October 1, 2007 - September 30, 2008*

Account Number: 0001-740-2020-8201  
 Vendor: CENT0009

Program/Service	Contract Amount		Current Month Utilization			Year-to-Date Utilization			Contract Balance
	Cost per Unit	Total	Number of Units	Cost per Unit	Total	Number of Units	Cost per Unit	Total	Total
				-	-				
				-	-				
				-	-				
Traveler's Aid	200.00	10,000	50.00	200.00	10,000.00	50.00	200.00	10,000.00	-
<b>TOTAL:</b>		10,000	50.00		10,000.00	50.00		10,000.00	-

**Current Request Total: \$ 10,000.00**

#REF!

  
 Authorized Signature



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/5/2008

**PRODUCER** Phone: 561-686-2266 Fax: 561-686-2313  
Brown & Brown - West Palm Beach  
1401 Forum Way  
Suite 400  
West Palm Beach FL 33401

**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**  
Center for Family Services of  
4101 Parker Avenue  
West Palm Beach FL 33409

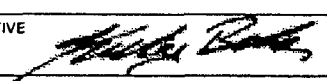
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Ins Co+	
INSURER B: Mount Hawley Ins Company +	
INSURER C:	
INSURER D:	
INSURER E:	

## 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK296301	3/1/2008	3/1/2009	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$15,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$3,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK296301	3/1/2008	3/1/2009	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	PHUB233909	3/1/2008	3/1/2009	EACH OCCURRENCE	\$1,000,000
						AGGREGATE	\$1,000,000
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHE-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B		<b>OTHER</b>	MCP0142401	3/1/2008	3/1/2009	TIV: \$4,507,295	\$5,000 5% Wind
A		Property	PHPK296301	3/1/2008	3/1/2009	\$100,000	Ded. \$1,000
A		Crime	PHPK296301	3/1/2008	3/1/2009	\$3,000,000 Agg Lim	\$1,000,000 Each
A		Professional Liability	PHPK296301	3/1/2008	3/1/2009		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 \*10 Days Notice of Cancellation for Non-Payment of Premium.  
 Palm Beach County Division of Human Services are named Additional Insured with respects to General Liability as required by written contract. Umbrella Policy Follows Form.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Division of Human Services Attn: Carol Shaffer; Contracts/Grants Coordinator 810 Datura Street Suite 350 West Palm Beach FL 33401	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 

## **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.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/14/2008

<b>PRODUCER</b> Doug Jones c/o AJG Risk Management Services, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	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> Oasis Acquisition, Inc. etal Alt. Emp: THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411	INSURER A: Zurich-American Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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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> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 29-38-687-06	06/01/2008	06/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER	Location Coverage Period:	06/01/2008	06/01/2009	Certificate#: 08FL075761291 Client#: 4163-1

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

Coverage is provided for only those employees leased to but not subcontractors of:

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC  
 4101 Parker Ave  
 WEST PALM BEACH, FL 33405

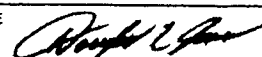
## CERTIFICATE HOLDER

PALM BEACH COUNTY DIVISION OF HUMAN SERVICES  
 ATTN: CAROL SHAFFER \*\*  
 810 DATURA ST  
 WEST PALM BEACH, FL 33401

## 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



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