

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

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**Meeting Date:** September 1, 2009  
[ X ] Consent [ ] Regular  
[ ] Ordinance [ ] Public Hearing

**Department:**

**Submitted By:** Public Safety

**Submitted For:** Animal Care and Control Division

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to receive and file: the following contract extensions with veterinarians for an additional year to end September 30, 2010 at an additional amount of \$10,000 each:

- Dr. Byron Reid d/b/a Byron Reid & Associates V.M.D.P.A. for large animal services; and
- Dr. Xavier Garcia, D.V.M. d/b/a El Cid Animal Clinic, for relief and emergency veterinary services.

**Summary:** On May 6, 1997, the Board adopted a resolution authorizing the County Administrator, or his designee, to execute standard contracts with various Florida licensed veterinarians to provide needed part-time, relief and emergency "on-call" professional medical services for shelter animals.

The renewals have been reviewed by the Department of Public Safety and found to be in compliance with the approved contracts. Countywide (SF)

**Background and Justification:** N/A

**Attachments:**

1. Renewal Letter from Dr. Byron Reid
2. Renewal Letter from Dr. Xavier Garcia

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**Recommended By:**

*Vincent J. Bonvento*  
Department Director

*8/5/09*  
Date

**Approved By:**

*Vincent J. Bonvento*  
Assistant County Administrator

*8/5/09*  
Date

## **II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	20 <u>10</u>	20 _____	20 _____	20 _____	20 _____
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>20,000</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>20,000</u>	_____	_____	_____	_____
No. ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	_____	_____	_____	_____
<p><i>Proposed</i></p> <p>Is Item Included In <del>Current</del> Budget? Yes <u>X</u> No _____</p> <p>Budget Account No.: Fund <u>0001</u> Department <u>660</u> Unit <u>2230</u> Object <u>3401</u></p> <p>Reporting Category _____</p>					

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

General fund – contractual services are included in the budget. for FY2010

**C. Departmental Fiscal Review:**

### III. REVIEW COMMENTS

**A. OFMB Fiscal and/or Contract Dev. and Control Comments:**

*[Signature]* 8-24-09  
 8/17/09 OFMB 8/10/09

In. J. Jacob 8/24/89  
Contract Dev. and Control

**B. Legal Sufficiency:**

  
Assistant County Attorney

**C. Other Department Review:**

**Department Director**

**BYRON REID & ASSOCIATES, VMD, PA**

*EQUINE MEDICINE & SURGERY*

1630 F ROAD  
LOXAHATCHEE, FL 33470  
PH (561) 790-2226  
FAX (561) 798-1310

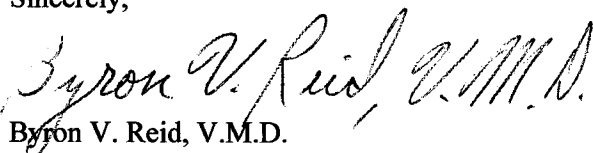
June 9, 2009

Lisa Raymond  
Animal Care & Control  
7100 Belvedere Road  
West Palm Beach, FL 33400

To whom it may concern,


Byron Reid & Associates agrees to the extension of the original agreement (R2009-0130), for the same services, terms, conditions and the amount of \$ 10,000.00 for renewal of our contract of the new fiscal year.

Sincerely,

  
Byron V. Reid, V.M.D.

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>				ALR      DATE U0BB 06-09-2009	
<b>PRODUCER</b> PAYCHEX AGENCY INC 210705 P:()- F:()- 308 FARMINGTON AVE FARMINGTON CT 06032				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>  BYRON REID & ASSOCIATES VMD PA 1630 F RD LOXAHATCHEE FL 33470				<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Twin City Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E:	
<b>COVERAGES</b> 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.					
<b>OVER LTR</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>	<b>POLICY EFFECTIVE DATE (MM/DD/YY)</b>	<b>POLICY EXPIRATION DATE (MM/DD/YY)</b>	<b>LIMITS</b>
	<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 \$ FIRE DAMAGE (Any one fire) \$ 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 EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	76 WEG TZ5634	01/01/09	01/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Those usual to the Insured's Operations.

<b>CERTIFICATE HOLDER</b>  PALM BEACH COUNTY ANIMAL CARE AND PATROL 7100 BELVEDERE RD WEST PALM BEACH, FL 33411	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> 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 (10 DAYS FOR NON-PAYMENT) 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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<b>ACORD</b> <b>CERTIFICATE OF LIABILITY INSURANCE</b> <span style="float:right">6/10/2009</span>								
<b>PRODUCER</b> AVMA Professional Liability Insurance Trust c/o Hub International Midwest 55 East Jackson Boulevard Chicago, IL 60604-4187			<b>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>					
<b>INSURED</b> Byron V. Reid, VMD 1630 F Road Loxahatchee, FL 33470			<b>COMPANIES AFFORDING COVERAGE</b>					
			COMPANY A Zurich American Insurance Co.					
			COMPANY B					
			COMPANY C					
			COMPANY D					
<b>COVERAGES</b> THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A X	GENERAL LIABILITY	29301	VPL	1/01/09	1/01/10	GENERAL AGGREGATE	\$3,000,000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG	\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR					PERSONAL & ADV INJURY	\$	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT					EACH OCCURRENCE	\$1,000,000	
	Prof. Liab.					FIRE DAMAGE (Any one fire)	\$	
						MED EXP (Any one person)	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE	\$	
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO					OTHER THAN AUTO ONLY:		
						EACH ACCIDENT	\$	
						AGGREGATE	\$	
	EXCESS LIABILITY					EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:					<input type="checkbox"/> INCL	EL EACH ACCIDENT	\$
						<input type="checkbox"/> EXCL	EL DISEASE - POLICY LIMIT	\$
								EL DISEASE - EA EMPLOYEE
	OTHER							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Subject to the policy terms and conditions of the AVMA Professional Liability Insurance Trust Master Policy EOL 5241302-04								
CERTIFICATE HOLDER 00001 Palm Beach County Animal Care & Control 7100 Belvedere Road West Palm Beach FL, 33411			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 15 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					
ACORD 25.6 (1/85)			© ACORD CORPORATION 1988					

JUN. 12. 2009 10:51AM

NO. 8509 P. 1



## CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

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.

## INTERESTED PARTY TYPE: CERTIFICATE HOLDER

Comments:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
PALM BEACH COUNTY ANIMAL CARE AND CONTROL 7100 BELVEDERE ROAD WEST PALM BEACH FL 33411	BYRON REID & ASSOCIATES, VMD, P.A. 1630 F ROAD WEST PALM FL 33470-4966

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

## TYPE OF INSURANCE AND LIMITS

GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date
	Limit	Amount	
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)	\$		
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$		
PERSONAL AND ADVERTISING INJURY LIMIT	\$		
EACH OCCURRENCE LIMIT	\$		
PHYSICAL DAMAGE LIMIT	\$	ANY ONE LOSS	
MEDICAL EXPENSE LIMIT	\$	ANY ONE PERSON	
AUTOMOBILE LIABILITY	Policy Number 48096623	Effective Date 11/1/08	Expiration Date 11/1/09
Coverage Basis		Limits	
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		Combined Single Limit of Liability	
<input checked="" type="checkbox"/> SPECIFIED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BODILY INJURY & PROPERTY DAMAGE	\$ 500,000 EACH ACCIDENT
<input type="checkbox"/> OWNED PRIVATE PASSENGER AUTOS		Split Liability Limits	
<input type="checkbox"/> OWNED AUTOS OTHER THAN PRIVATE PASSENGER		Bodily Injury	Property Damage Each
		\$	PERSON
		\$	ACCIDENT
UMBRELLA LIABILITY	Policy Number	Effective Date	Expiration Date
EACH OCCURRENCE	GENERAL AGGREGATE	PRODUCTS - COMPLETED OPERATIONS AGGREGATE	
\$	\$	\$	
OTHER (Policy Type)	Policy Number	Effective Date	Expiration Date
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS			
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 15 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.			
Authorized Representative			6/12/09
Robert A. Constant			Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID DE  
DRBYR-1

DATE (MM/DD/YYYY)  
07/07/09

PRODUCER	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.	
The Plastridge Agency-PBGO 10337 N Military Trail Palm Beach Gardens FL 33410 Phone: 561-630-4955 Fax: 561-630-4966	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: American States Ins. Co.	
	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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01CI25618810	07/07/09	07/07/10	EACH OCCURRENCE	\$ 1000000	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000	
					MED EXP (Any one person)	\$ 10000	
					PERSONAL & ADV INJURY	\$ 1000000	
					GENERAL AGGREGATE	\$ 2000000	
					PRODUCTS - COM/POP AGG	\$ 2000000	
	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	\$	
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>				WC STATU-TORY LIMITS	OTH-ER	
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	
	OTHER						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
Holder is additional insured.							

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Animal Care and Control 7100 Belvedere Road West Palm Beach FL 33411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 Ray W. Allen

## **EL CID ANIMAL CLINIC**

3006 South Dixie Hwy

West Palm Beach, Fl

33405

PH (561) 832 7922

Fax (561) 832 1119

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June 5<sup>th</sup>, 2009

Lisa Raymond

Animal Care and Control

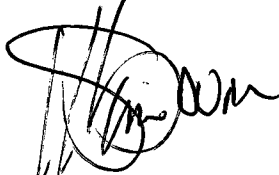
7100 Belvedere Road

West Palm Beach, Fl 33400-3306

To whom it may concern:

El Cid Animal Clinic agrees to extension of original agreement for the same services, terms, conditions and the amount of \$10,000.00 for renewal of our contract of the new fiscal year.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xavier Garcia', with a large circular flourish at the end.

Xavier Garcia, DVM





**FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD**

ALLSTATE INSURANCE COMPANY

POLICY NO.                      COMPANY CODE:      EFFECTIVE DATE  
**649853600 BAP                      09020                      06/06/09**

PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY:      YES  
BODILY INJURY LIABILITY:              YES

INSURED  
EL CID ANIMAL CLINIC

YR MAKE/MODEL                      VEHICLE IDENTIFICATION NO.  
**95 JAGUAR XJS                      SAJNX2740SC221302**

NOT VALID FOR MORE THAN ONE  
YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD**

ALLSTATE INSURANCE COMPANY

POLICY NO.                      COMPANY CODE:      EFFECTIVE DATE  
**649853600 BAP                      09020                      06/06/09**

PERSONAL INJURY PROTECTION BENEFITS/  
PROPERTY DAMAGE LIABILITY:      YES  
BODILY INJURY LIABILITY:              YES

INSURED  
EL CID ANIMAL CLINIC

YR MAKE/MODEL                      VEHICLE IDENTIFICATION NO.  
**00 MERCURY MOUNTAINEER 4M2ZU66P4YUJ37184**

NOT VALID FOR MORE THAN ONE  
YEAR FROM EFFECTIVE DATE



00 (Policy Provisions: WC 00 00 00 A)  
19  
NA INFORMATION PAGE  
WBG WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115  
NCCI Company Number: 14974  
Company Code: 7



POLICY NUMBER: 83 WBG NA1950  
Previous Policy Number: 83 WBG NA1950

Suffix	
LARS	RENEWAL
	04

HOUSING CODE: DD  
1. Named Insured and Mailing Address: EL CID ANIMAL CLINIC  
(No., Street, Town, State, Zip Code)

FEIN Number: 650561943 3006 S DIXIE HWY  
WEST PALM BEACH, FL 33405

State Identification Number(s):  
UIN:

The Named Insured is: CORPORATION  
Business of Named Insured: ANIMAL HOSPITAL  
Other workplaces not shown above: 3006 S DIXIE HWY  
WEST PALM BEACH FL 33405

2. Policy Period: From 08/07/08 To 08/07/09  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: HUB INTL MIDWEST LTD/AVMA/PLIT

55 EAST JACKSON BLVD STE 14A  
CHICAGO, IL 60604  
Producer's Code: 550728

Issuing Office: THE HARTFORD  
8711 UNIVERSITY EAST DRIVE  
CHARLOTTE NC 28213  
(866) 467-8730


Total Estimated Annual Premium: \$3,867  
Deposit Premium:  
Policy Minimum Premium: \$399 FL (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Margie K. Ape  
Authorized Representative

06/18/08  
Date



CERTIFICATE OF LIABILITY INSURANCE

OP ID A8  
ELCID01

DATE (MM/DD/YYYY)  
06/10/09

PRODUCER Gateway Insurance Agency West Palm Beach Branch 4524 Gun Club Road - A101 West Palm Beach FL 33415 Phone: 561-964-9190 Fax: 561-964-9401		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  El Cid Animal Clinic, Inc. Attn: Oscar 3006 South Dixie Highway West Palm Beach FL 33405		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: CNA Insurance Companies	
		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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	B2068791604	03/27/09	03/27/10	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
	<input checked="" type="checkbox"/> Prof Liab-addtl co				PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

The certificate holder is included as additional insured under Blanket Additional Insured form if required by written contract, in regards to general liability.


CERTIFICATE HOLDER

CANCELLATION

PALBEA3

Palm Beach County Board of  
County Commissioners PB  
County Animal Control  
7100 Belvedere Road  
West Palm Beach FL 33411

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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  


ACORD 25 (2009/01)

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