Agenda Item No.: **3X1** 

#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

# AGENDA ITEM SUMMARY

Meeting Date: September 1, 2009 [X] Consent [] Regular [] Ordinance [] Public Hearing
Department:
Submitted By: Public Safety
Submitted For: Animal Care and Control Division
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:
<ul> <li>Dr. Byron Reid d/b/a Byron Reid &amp; Associates V.M.D.P.A. for large animal services; and</li> </ul>
<ul> <li>Dr. Xavier Garcia, D.V.M. d/b/a El Cid Animal Clinic, for relief and emergency veterinary services.</li> </ul>
<b>Summary:</b> 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. <u>Countywide</u> (SF)
Background and Justification: N/A
Attachments:
Rénewal Letter from Dr. Byron Reid     Renewal Letter from Dr. Xavier Garcia
Recommended By: Mut Forward 8/5/09 Department Director Date
Approved By: Multiple State  Assistant County Administrator Date

#### II. FISCAL IMPACT ANALYSIS

A. I	Five Year Summary	of Fiscal Impact	:			
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В.	Recommended Seneral fund – cor	ources of Funds	s/Summa are inclu	ry of Fisca ded in the b	I Impact: oudget. ❤ 斤(	90(D
C.	Departmental Fis	cal Review:	Mua	naev		
in. į	REVIEW COMMENTS	<u>s</u>				
A.	OFMB Fiscal and	or Contract Dev	. and Co	ntrol Com	ments:	
	\$ 8 1 Flor OFM	8.24.09 B 8/10/09	Con	tract Dev.	Journal Control	<u>(124)</u> ) 89
В.	Legal Sufficiency	: ·				
	Assistant County	Attorney				
C.	Other Department	t Review:	·			
,	Departmen	t Director				

REVISED 9/03 ADM FORM 01 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.) 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.

Page 003

	ACORD, CERTIF	FICATE OF LIABIL	ITY INSU	IRANCE	ALR UOBB (	DATE 06-09-2009			
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DESCRIPTION OF OPERATIONS/LOGATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations.

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WEST PALM BEACH, FL 33411	AUTHORIZED REPRESENTATIVE

ACORD 25-8 (7/97)

ACORD CORPORATION 1988

COMMERCIAL GENERAL LIABILITY  CLAIMS MADE OCCUR OWNER'S & CONTRACTOR'S PROT  A X Prof. Liab.  29301 VPL 1/01/09 1/01/10 FIRE DAMAGE (Any one fire) MED EXP (Any one person) & MED EXP (	ERTIFICATE EXTEND OR ES BELOW.
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  Subject to the policy terms and condi	itions of
he AVMA Professional Liability Insurance Trust Master Policy EOL 5241	1302-04
THE AVMA PIOLESSIONAL BIADILITY INSULANCE TRUST MASCEL FOLICY BOD 3241	
CERTIFICATE HOLDER 00001 CANCELLATION	
Palm Beach County Should any of the above described poucies be cancell	LED BEFORE THE
Animal Care & Control EXPIRATION DATE THEREOF. THE ISSUING COMPANY WILL EN	
7100 Belvedere Road  15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NA	
West Palm Beach FL, 33411  But failure to Mail such Notice Shall IMPOSE NO OBLIGAT	
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR	TION OR LIABILITY
AUTHORIZED REPRESENTATIVE	
ACORD: 25-8 (1/95) @ ACORD: COR	REPRESENTATIVES.

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:

Commens.	MALLER INCURED
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. 1830 F ROAD WEST PALM FL 33470-4966
,	the state Indicated holes

This is to cartify 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 regular the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.									
TYPE OF INSURANCE PROPERTY OF THE PROPERTY OF									
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GENERAL AGGREGATE LIMIT (Other than	Operations) \$					_			
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PHYSICAL DAMAGE LIMIT			s	Al	Y ONE PERSON				
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						6/12/09 Date	_		
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Robert A. Con									

	4C	CORD CERTIF	ICATE OF LIAE	BILITY INS	SURANC	E OPID DE	DATE (MM/DD/YYYY)	
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10	337	N Military Trail	,			ORDED BY THE POLICE		
Pa	Palm Beach Gardens FL 33410 Phone: 561-630-4955 Fax: 561-630-4966			INSURERS A	INSURERS AFFORDING COVERAGE			
INS	INSURED			INSURER A:	INSURER A: American States Ins. Co.			
				INSURER B:	INSURER B:			
		Dr. Byron V Reid &		INSURER C:				
	Dr. Byron V Reid & 1732 F Road - 20450			INSURER D:				
		Loxahatchee FL 334	70	INSURER E:				
CO	VER/	AGES						
A M	NY REG NY PEI	LICIES OF INSURANCE LISTED BELOW HAV QUIREMENT, TERM OR CONDITION OF ANY RTAIN, THE INSURANCE AFFORDED BY TH S. AGGREGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER DOCUMENT WE POLICIES DESCRIBED HEREIN IS SUE	ITH RESPECT TO WHICH	I THIS CERTIFICATE M	AY BE ISSUED OR		
	ADD'I INSRI		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION	LIMIT	S	
LIK	INORL	GENERAL LIABILITY		DATE (MINISONTITY)	DATE (MINISTER)	EACH OCCURRENCE	\$1000000	
A	x	X COMMERCIAL GENERAL LIABILITY	01CI25618810	07/07/09	07/07/10	DAMAGE TO RENTED PREMISES (Ea occurence)	\$1000000	
		CLAIMS MADE X OCCUR	0_0_0			MED EXP (Any one person)	\$ 10000	
						PERSONAL & ADV INJURY	s 1000000	
						GENERAL AGGREGATE	s 2000000	
	1	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000	
		POLICY PRO-					<u> </u>	
-		AUTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO		. ]		OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		EXCESS / UMBRELLA LIABILITY		1		EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
		<u> </u>					\$	
		DEDUCTIBLE					\$	
		RETENTION \$				I UM STATE I SATE	\$	
		EMPLOYERS' LIABILITY Y/N			[	TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	
	SPEC	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
	ОТН	ER			-			
DEC	:DIDT	ON OF OPERATIONS / LOCATIONS / VEHIC	ES / EYCI LISIONS ADDED BY ENDORS	EMENT / SDECIAL DOOR	risions		[	
_		r is additional insur		EMENT / SPECIAL PROV	1310143			
-								
CEF	CERTIFICATE HOLDER				CANCELLATION			
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
				DATE THEREOF,	THE ISSUING INSURE	R WILL ENDEAVOR TO MAIL	10 DAYS WRITTEN	
				NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
	Dolly Donah Completed			IMPOSE NO OBL	GATION OR LIABILITY	OF ANY KIND UPON THE INSUI	RER, ITS AGENTS OR	
	Palm Beach County Animal Care and Control			REPRESENTATIV	REPRESENTATIVES.			
		7100 Belvedere Road	i		AUTHORIZED REPRESENTATIVE			
		West Palm Beach FL		Ray W. Alden				
ACC	ACORD 25 (2009/01)			© 1988	© 1988-2009 ACORD CORPORATION. All rights reserved.			

# **EL CID ANIMAL CLINIC**

3006 South Dixie Hwy

West Palm Beach, Fl

33405

PH (561) 832 7922

Fax (561) 832 1119

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,

Xavier Garcia, DVM



# FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

ALLSTATE INSURANCE COMPANY

POLICY NO. COMPANY CODE: 649853600 BAP 09020

EFFECTIVE DATE 06/06/09

PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY: YES

BODILY INJURY LIABILITY:

INSURED

EL CID ANIMAL CLINIC

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

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

# FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

ALLSTATE INSURANCE COMPANY

POLICY NO. COMPANY CODE: 649853600 BAP 09020

EFFECTIVE DATE 06/06/09

PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY: YES

BODILY INJURY LIABILITY:

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



סינ (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



Suffix .ARS

RENEWAL

04

**POLICY NUMBER:** 

83 WBG NA1950

83 WBG NA1950

**Previous Policy Number:** HOUSING CODE: DD

Named Insured and Mailing Address: EL CID ANIMAL CLINIC

(No., Street, Town, State, Zip Code)

3006 S DIXIE HWY

FEIN Number: 650561943 WEST PALM BEACH, FL 33405

State Identification Number(s):

The Named Insured is: CORPORATION

Business of Named Insured: ANIMAL HOSPITAL

Other workplaces not shown above: 3006 S DIXIE HWY

WEST PALM BEACH

 $\mathtt{FL}$ 33405

2. Policy Period:

From 08/07/08

08/07/09 To

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

Margui K. Ape

Authorized Representative

06/18/08 Date

Form WC 00 00 01 A

(1) Printed in U.S.A.

Process Date: 06/18/08

Page 1 (Continued on next page) Policy Expiration Date: 08/07/09

ORIGINAL

A	CORD CERTIF	ICATE OF LIABI	LITY INS	URANCE	OPID A8 ELCID01	DATE (MM/DD/YYYY) 06/10/09		
Wes 452	eway Insurance Agency t Palm Beach Branch 4 Gun Club Road - A101		ONLY AND HOLDER. T	CONFERS NO RIC HIS CERTIFICATE	D AS A MATTER OF INF BHTS UPON THE CERT DOES NOT AMEND, EX ORDED BY THE POLICE	IFICATE KTEND OR		
1	West Palm Beach FL 33415 Phone: 561-964-9190 Fax: 561-964-9401			FFORDING COVE	RAGE	NAIC #		
INSUR	ED		INSURER A:	CNA Insuran	ce Companies			
	El Cid Animal Clin	ic Inc	INSURER B					
İ	Attn: Oscar	•	INSURER C		Canada Care of America movement of the Control of the Control			
ļ	3006 South Dixie H West Palm Beach FI	33405	INSURER D:					
covi	ERAGES							
ANY MAY POL	POLICIES OF INSURANCE LISTED BELOW HAVE REQUIREMENT, TERM OR CONDITION OF ANY C PERTAIN, THE INSURANCE AFFORDED BY THE I ICIES. AGGREGATE LIMITS SHOWN MAY HAVE B	ONTRACT OR OTHER DOCUMENT WITH RES POLICIES DESCRIBED HEREIN IS SUBJECT EEN REDUCED BY PAID CLAIMS.	PECT TO WHICH THIS TO ALL THE TERMS, E	CERTIFICATE MAY BE I XCLUSIONS AND COND	SSUED OR			
INSR A	ISRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	. LIMI	<del></del>		
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	B2068791604	03/27/09	03/27/10	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000 \$ 1000000		
^	CLAIMS MADE X OCCUR	B2008/91004	03/21/09	03/2//10	PREMISES (Ea occurence)  MED EXP (Any one person)	\$ 100000		
					PERSONAL & ADV INJURY	\$ 1000000		
	X Prof Liab-addl co				GENERAL AGGREGATE	\$ 2000000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000		
	X POLICY JECT LOC  AUTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC	<u> </u>		
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
						\$		
	DEDUCTIBLE					\$		
<b></b>	RETENTION \$ WORKERS COMPENSATION			ļ		\$		
1	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE				TORY LIMITS ER			
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 		
1	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	<del>  '                                   </del>		
	OTHER							
The Add	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.							
CER	TIFICATE HOLDER		CANCELLAT	ION				
		PALBEA	3 DATE THEREOF	, THE ISSUING INSURE	BED POLICIES BE CANCELLED R WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT FA	10 DAYS WRITTEN		
	Palm Beach County	l l	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					
	County Commissione County Animal Cont			REPRESENTATIVES.				
7100 Belvedere Road West Palm Beach FL 33411				DOUL				
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