

Agenda Item #: 3-C- 14

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: January 12, 2010

☒ [X] 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 Agreements with Brown & Phillips, Inc., whose original Agreement was dated March 11, 2008, R2008-0317 and Dennis J. Leavy & Associates, Inc., whose original Agreement was dated January 15, 2008, R2008-0020.

SUMMARY: Approval of these Renewal Agreements will extend required professional services for one year, 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, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under agreement with the County on an annual contractual basis. This is the second and final renewal of these firms' Agreements. It is the consensus of the user departments that these consulting firms have, within the provisions of their Agreements, 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 Agreements, the County agrees to renew their Agreements for one year.

These Renewal Agreements have been reviewed with the above listed consulting firms, and staff recommends the second and final renewal of the Annual Agreements. This transaction will maintain the continuous process of professional services required by the County.

Attachments:

1. Renewal Agreements with Exhibits and Certificate of Insurance (2)

Recommended By: [Signature] Director 11/30/09 [Signature] Date
Approved By: [Signature] County Engineer 12/17/09 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
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-	-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: Atwillhite

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.

Jim D. 12-22-09
OFMB

12/21/09
12-21-09

Don J. Jacobson 12/28/09
Contract Administration

This item complies with current
County policies.

B. Legal Sufficiency:

Paul R. 12/29/09
Assistant County Attorney

C. Other Department Review:

Department Director

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

November 5, 2009

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: RENEWAL AGREEMENT FOR SURVEYING AND MAPPING ANNUAL
DATED MARCH 11, 2008 (R2008-0317)**

Dear Mr. Young:

This Renewal Agreement 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 March 11, 2010 through March 10, 2011.

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 Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

Brown & Phillips, Inc.

Anthony Brown
Anthony Brown, P.L.S., C.E.O.

Attest:

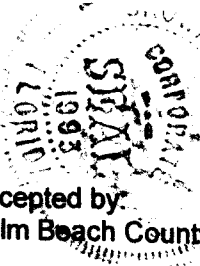
John E. Phully, Esq.

11/6/09

DATE

11/6/09

DATE



Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

BY: John F. Koons, Chairman
Burt Aaronson, Chair

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney

David A. Young



Rates OK,
DLW

**HOURLY RATE SCHEDULE TO BE EFFECTIVE
FOR FISCAL YEAR MARCH 11, 2010 THROUGH MARCH 10, 2011**

The OWNER shall have the following options regarding payments to the SURVEYOR:

- 1) Negotiated lump sum for various projects.
- OR**
- 2) Hourly rate based on the following rates:
(A 2.744 multiplier is applied)

- A) **FIELD PERSONNEL**

3 Man Survey Crew	\$125.00
2 Man Survey Crew	\$ 98.00
- B) **OFFICE PERSONNEL**

Professional	\$ 113.00
Survey Technician	\$ 70.00
CADD Technician (includes computer time)	\$ 66.00
- C) **REIMBURSABLE EXPENSES**

Equipment for clearing, when required	
Plats and maps from Courthouse *	
Aerial Photogrammetry	
Soils testing	
Abstracts of Title Searches of public records *	
Airboat and Buggy Rentals with operator	\$ 80.00
Small All Terrain Vehicle Rental with operator	\$100.00

* Supplied by County

All rates are on a portal to portal basis. Invoicing is based on work-in-progress or section complete basis.

We are recognized by the State of Florida Board of Land Surveys and have registered under the provisions of Chapter 472. All services will be in accord with the standards set forth by the Florida Board of Land Surveyors.

Our firm carries Professional Liability, Errors and Omissions Insurance and Workers' Compensation. Certificates of Insurance are available upon request.

PROJECT: Survey and Mapping Annual Services
PROJECT NO.: On a Task Order Basis
CONSULTANT: Brown & Phillips, 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

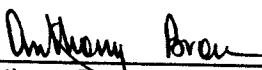
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation,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



Anthony Brown, P.L.S., C.E.O.

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:

N/A

(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 Anthony Brown, as
(Name of Individual)

P.L.S., C.E.O., of Brown & Phillips, 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.

Anthony Brown
(Signature)

11/6/09
(Date)

F:\ROADWAY\CCNA\Annuals\Survey\Brown Phillips\2010\Disclosure Doc.doc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/17/2008

PRODUCER
ST LUCIE INSURANCE
512 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953
(772) 871-1135

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
Brown and Phillips, Inc.
901 Northpoint Parkway
West Palm Beach, FL 33407

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Insurance Company	
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 LTD. RSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	PRO00024908	01/26/09	01/26/10	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Professional Liability				MED EXP (Any one person) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG \$
	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 \$
	EXCESS / UMBRELLA LIABILITY				AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL)				OTHER \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

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

Land Surveying
Retro Date: 01/25/1994
This certificate is for Professional Liability

CERTIFICATE HOLDER

Palm Beach County
Roadway Production Division / CCNA Division
2300 N. Jog Road, Suite 3W-33
West Palm Beach, FL 33411-2745

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

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OF ID AB BROWER-8	DATE (MM/DD/YYYY) 12/09/09
PRODUCER Massey, Clark, Fischer, Inc. 400 Executive Ctr Dr, Ste 205 West Palm Beach FL 33401 Phone: 561-478-1660 Fax: 561-478-6876		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 Brown & Phillips, Inc. Mr. Anthony Brown, CEO 901 Northpoint Parkway #119 West Palm Beach FL 33407		INSURERS AFFORDING COVERAGE INSURER A: Zurich/Maryland Casualty INSURER B: Zurich Assurance Co of America INSURER C: INSURER D: INSURER E:	NAIC # 19305

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.							
ITEM NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PA800539769	12/04/09	12/04/10	EACH OCCURRENCE	\$ 200,000	
					DISBURSE TO RENTED PREMISES (Ea occurrence)	\$ 200,000	
					MED EXP (Any one person)	\$ 100,000	
					PERSONAL & ADV INJURY	\$ 200,000	
					GENERAL AGGREGATE	\$ 400,000	
					PRODUCTS - COMPROP AGG	\$ 400,000	
	<input type="checkbox"/> 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)	\$	
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY: EA ACC	\$	
					AGG	\$	
A	<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$0	PA800539769	12/04/09	12/04/10	EACH OCCURRENCE	\$ 300,000	
					AGGREGATE	\$ 300,000	
						\$	
						\$	
						\$	
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> OTHER	WC002676221-01	11/26/09	11/26/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
					E.L. EACH ACCIDENT	\$ 100,000	
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
					E.L. DISEASE - POLICY LIMIT	\$ 100,000	
A	Property Section	PA800539769	12/04/09	12/04/10	Contents	174,800	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 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 in regards to the General Liability. Project name: FOR ALL PROJECTS WITH PALM BEACH COUNTY.

CERTIFICATE HOLDER Palm Beach County Roadway Production Division/ CCMA Division 2300 N. Jog Road Suite 3W-33 West Palm Beach FL 33411-2745	CANCELLATION 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 Thomas C. Mangum, Jr.
--	--

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 BROWN & PHILLIPS INC

Address of Named Insured 901 NORTHPOINT PKWY STE 119
WEST PALM BCH FL 33407-1953

POLICY NUMBER	830 9412-029-99	830 9413-029-99	830 9414-029-99	830 9415-029-99
EFFECTIVE DATE OF POLICY	10/29/09 - 04/29/10	10/29/09 - 04/29/10	10/29/09 - 04/29/10	10/29/09 - 04/29/10
DESCRIPTION OF VEHICLE	02 FORD F250 SD 1FTNW21L82EA00436	2000 FORD F150 1FTZF1726YH867707	2004 NISSAN TITAN 1N6AA07A74N354738	2002 FORD F150 1FTRX17262NB82408
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	<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
a. Comprehensive	\$500.00 Deductible	\$500.00 Deductible	\$500.00 Deductible	\$500.00 Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input 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 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

Signature of Authorized Representative

AGENT
Title

8769

Agent's Code Number

12/09/2009
Date

Name and Address of Certificate Holder

Palm Beach County
Roadway Production Division/CCNA
Division
2300 N. Jpg Road, Suite 3W-33
West Palm Beach, FL 33411-2745

Name and Address of Agent

Frank Warren Insurance
P.O. Box 1016
Stuart, Florida 34995

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:

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 BROWN & PHILLIPS INC

Address of Named Insured 901 NORTHPOINT PKWY STE 119
WEST PALM BCH FL 33407-1953

POLICY NUMBER	830 9416-D29-59			
EFFECTIVE DATE OF POLICY	10/29/08 - 04/29/10			
DESCRIPTION OF VEHICLE	2010 FORD F150 1FTFW1EV7AKA48099			
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	\$0.00	\$0.00	\$0.00
a. Bodily Injury Each Accident	\$1,000,000.00	\$0.00	\$0.00	\$0.00
b. Property Damage	\$1,000,000.00	\$0.00	\$0.00	\$0.00
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<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
a. Comprehensive	\$500.00 Deductible	\$0.00 Deductible	\$0.00 Deductible	\$0.00 Deductible
b. Collision	\$1,000.00 Deductible	\$0.00 Deductible	\$0.00 Deductible	\$0.00 Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input 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 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

Signature of Authorized Representative

AGENT

6789

12/09/2009

Title

Agent's Code Number

Date

Name and Address of Certificate Holder

Name and Address of Agent

Palm Beach County
Roadway Production Division/CCNA
Division
2300 N. Jpg Road, Suite 3W-33
West Palm Beach, FL 33411-2745

Frank Warren Insurance
P.O. Box 1018
Stuart, Florida 34995

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:

DENNIS J. LEAVY & ASSOC.

LAND SURVEYORS • MAPPERS

November 6, 2009

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 Renewal Agreement 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, 2010 through January 14, 2011.

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 Renewal Agreement 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:

Sharon R. Bock

11/09/09
DATE

Accepted by:
Palm Beach County Board of Commissioners

Attest:
Sharon R. Bock, Clerk and Comptroller

BY: _____
Burt Aaronson, Chair

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions

County Attorney

David Young

*Rates OK.
DZ*

Dennis J. Leavy & Associates, Inc.

"FEE SCHEDULE FOR COUNTY ANNUAL"
(Effective January 15, 2010 through January 14, 2011)

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

SURVEYOR 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.)

SURVEYOR further represents that no person having any interest shall be employed for said performance. By signing below, SURVEYOR 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 SURVEYOR'S judgment or quality of services being provided to the County.

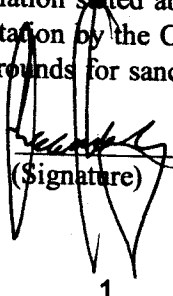
SURVEYOR shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence SURVEYOR'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that SURVEYOR 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 SURVEYOR.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of SURVEYOR would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the SURVEYOR 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. Leavy & Associates, Inc.
(Title/Position) (Firm Name of SURVEYOR)

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)

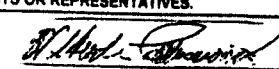
11/2/07
(Date)

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/05/2009
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@cafd.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	21SBMRQ7537	05/09/2009	05/09/2010	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG	\$ 2,000,000	
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
		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						
		NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC	\$	
	<input type="checkbox"/>					AUTO ONLY: AGG	\$	
						EACH OCCURRENCE	\$ 2,000,000	
						AGGREGATE	\$ 2,000,000	
A		EXCESS/UMBRELLA LIABILITY	21SBMRQ7537	05/09/2009	05/09/2010		\$	
	<input checked="" type="checkbox"/>	OCCUR				<input type="checkbox"/> CLAIMS MADE		\$
	<input type="checkbox"/>	DEDUCTIBLE					\$	
	<input checked="" type="checkbox"/>	RETENTION				\$ 10,000		\$
								\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	UB9976Y787	05/09/2009	05/09/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
	NO					E.L. DISEASE - POLICY LIMIT	\$ 500,000	
C		OTHER Professional Liab Claims-Made Form	EONN01880731005	05/09/2009	05/09/2010	\$1,000,000 Each Claim		
						\$2,000,000 Annual Aggregate		
			RETRO DATE 1/1/1994		\$10,000 Deductible Each Claim			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL AGREEMENTS								

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 <u>30</u> 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/ZO 
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Nov 06 09 05:20p PHIL ROSSI 561-790-5268

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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

Address of Named Insured 460 BUSINESS PARK WAY, STE D, ROYAL PALM BEACH, FL 33411

POLICY NUMBER	445 7708 E09 59-007 445 7708 E09 59-003 445 7708 E09 59-005 445 7708 E09 59-001 445 7708 E09 59-002 FLEET			
EFFECTIVE DATE OF POLICY	05/09/09-05/08/10			
DESCRIPTION OF VEHICLE	96 JEEP, 1998 CHEV, 05 GMC, 2000 CHEV, 2001 CHEV. ENOL			
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<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
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$1,000,000.00	\$0.00	\$0.00	\$0.00
a. Bodily Injury Each Accident	\$1,000,000.00	\$0.00	\$0.00	\$0.00
b. Property Damage	\$1,000,000.00	\$0.00	\$0.00	\$0.00
c. Bodily Injury & Property Damage Single Limit Each Accident	\$0.00			\$0.00
PHYSICAL DAMAGE COVERAGES	<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
a. Comprehensive	\$500.00 Deductible	\$ Deductible	____ Deductible	____ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$0.00 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 checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Authorized Representative

AGENT

6608

11/06/09

Title

Agent's Code Number

Date

Name and Address of Certificate Holder

Name and Address of Agent

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

PHIL ROSSI
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: FOR ALL PROJECT WITH PALM BEACH COUNTY

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Agent, Palm Beach County Board of County Commissioner, a Political Subdivision of the State of Florida, it's Officer's, Employees, and
