

Agenda Item #: 3-C-8

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: January 12, 2010

☒ Consent ☐ Regular
☐ Workshop ☐ Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: The renewal of the Structural Engineering Services Annual Agreements with Bridge Design Associates, Inc., whose original Agreement was dated February 5, 2008 R2008-0159; Corzo Castella Carballo Thompson Salman, P.A., whose original Agreement was dated February 5, 2008, R2008-0161 and R. J. Behar & Company, Inc., whose original Agreement was dated February 5, 2008, R2008-0160.

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: 024

Director

Date

11/23/09

Approved By: S. T. Webb

County Engineer

Date

12/22/09

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

POSITIONS (Cumulative) _____

Is Item Included in Current Budget? Yes _____ No _____

Budget Acct No.: Fund _____ Dept. _____ Unit _____ Object _____
Program _____

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

This item has no fiscal impact.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

Jim D. [Signature] 12-23-09
OFMB

[Signature] 12-30-09
Contract Dev. and Control

PM
12-22-09

B. Approved as to Form and Legal Sufficiency:

This item complies with current County policies.

Paul F. [Signature] 12/31/09
Assistant County Attorney

C. Other Department Review:

Department Director

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

BRIDGE DESIGN ASSOCIATES, INC.

CONSULTING ENGINEERS

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
Attn: David Young, P.E., Special Projects Manager

BRIAN C. RHEAULT, P.E.
President

**RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING SERVICES ANNUAL
DATED FEBRUARY 5, 2008 (R2008-0159)**

Dear Sir:

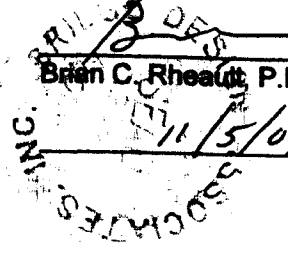
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 5, 2010 through February 4, 2011.

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.

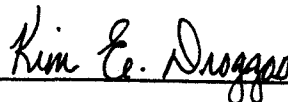
Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

Bridge Design Associates, Inc.


Brian C. Rheault, P.E., President

Attest:



DATE


11/5/09

DATE

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

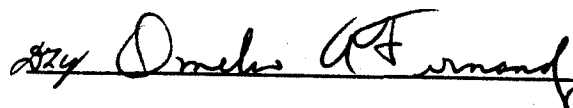
Attest:
Sharon R. Bock, Clerk and Comptroller

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

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:



PALM BEACH COUNTY ANNUAL STRUCTURAL CONTRACT
Task Order Basis - Fee Schedule February 5, 2010 through February 4, 2011

*Rates OK,
DZy*

FIRM: BRIDGE DESIGN ASSOCIATES, INC.

1402 Royal Palm Beach Blvd., Building 200 email:bridgebbd@aol.com
 Royal Palm Beach, Florida 33411 Phone: (561) 686-3660 Fax: (561) 791-1995
 Contact: Brian C. Rheault

Fee Schedule - Fiscal Year 2009			Multiplier:	
Firm Name BRIDGE DESIGN ASSOCIATES, INC.			Salary	1.00
	Raw Rate	*Burdened Rate	Overhead & Fringe	3.00
Chief Engineer / BCR	65.00	195.00	Subtotal	3.00
Senior Engineer / JCH - JEM	50.00	150.00	0% Profit	0.00
Engineering Intern / TAD - LAK - CBL	25.00	75.00		
Engineering Technician / TSS	22.00	66.00	TOTAL	3.00
CADD / Computer Technician	31.00	93.00		

Sub-Consultants N/A

Bridge Design Associates, Inc. will provide "Additional Services, as Authorized and Approved by the Owner, Palm Beach County".

PROJECT: Structural Engineering Annual Service
Project No.: On a Task Order Basis
CONSULTANT: Bridge Design 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.

 11/5/09

Brian C. Rheault, P.E., President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Structural Engineering Annual Service

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:

(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.

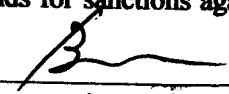
ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services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

President, of Bridge Design Associates, Inc.
(Title/Position) (Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.


(Signature)

11/5/09
(Date)

F:\ROADWAY\CCNA\Annals\Structural\Bridge Design\2010\Disclosure Doc.doc

Client#: 7484

BRIDGES3

ACORD - CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
11/24/2009

PRODUCER

ISU Suncoast Insurance Assoc
P.O. Box 22668
Tampa, FL 33622-2668
813 289-5200THIS 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

Bridge Design Associates, Inc
1402 Royal Palm Beach Blvd., Bldg. 200
Royal Palm Beach, FL 33411

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: Travelers Indemnity Company

25658

INSURER B: Travelers Casualty and Surety C

19038

INSURER C: U.S. Specialty Insurance Compan

29599

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.

PROD/ADD'L LTR/INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	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	6801508M36A	05/25/09	05/25/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <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	BA1401L99008	05/25/09	05/25/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	CUP9229Y604	05/25/09	05/25/10	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB6131Y700	05/25/09	05/25/10	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$500,000 EL DISEASE - EA EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT \$500,000
C	OTHER Professional Liability	US091185505	11/27/09	11/27/10	\$1,000,000 per claim \$1,000,000 annl aggr.

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

Professional Liability is written on a claims made and reported basis.

Project: "FOR ALL PROJECTS WITH PALM BEACH COUNTY".

Retroactive date for Professional Liability is 01/01/1988. Palm Beach County Board of County Commissioners,
a Political Subdivision of the State of Florida, its Officers, Employees, and Agency
(See Attached Descriptions)

CERTIFICATE HOLDER

Palm Beach County Board of
County Commissioners, a
political
subdivision of the State of Florida
2300 Jog Road
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



are listed as additional insureds with respect to the General Liability policy.



Engineers
Architects
Planners

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
Attn: David Young, P.E., Special Projects Manager

RE: **RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING SERVICES ANNUAL
FEBRUARY 5, 2008 (R2008-0161)**

Dear Sir:

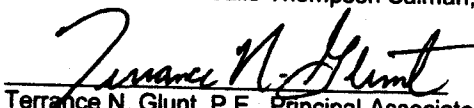
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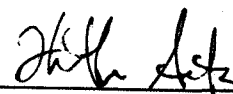
Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

Corzo Castella Carballo Thompson Salman, P.A.


Terrance N. Glunt, P.E., Principal-Associate

Attest:



11/5/09
DATE

11/5/09
DATE

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

Attest:

Sharon R. Bock, Clerk and Comptroller

BY: _____

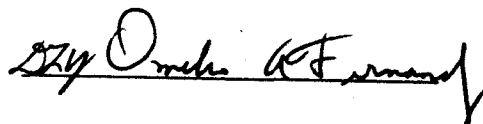
John F. Koons, Chairman
Burt Aaronson, Chair

Approved As To Form & Legal Sufficiency:

BY: _____

Deputy Clerk

Approved as to Terms and Conditions:



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C3TS, P.A.

Engineers - Architects - Planners - Public Relations

POSITION / EMPLOYEE	RATE	Overhead AT 170%	Profit AT 17%	Subtotal Hourly Rate	Maximum Hourly Rate
REGISTERED STRUCTURAL ENGINEER					
Terrance N. Glunt	\$56.26	\$95.77	\$18.24	\$170.28	\$168.78
Patrick Leung	\$60.00	\$102.14	\$19.46	\$181.59	\$180.00
Manuel Solaun	\$67.35	\$114.65	\$21.84	\$203.84	\$202.05
Alfredo Sainz	\$55.00	\$93.63	\$17.84	\$166.46	\$165.00
Jeffrey S. Crews	\$53.61	\$91.26	\$17.38	\$162.25	\$160.83
Average Rate	\$58.44	\$99.49	\$18.95	\$176.89	\$175.33
STRUCTURAL ENGINEER					
Ileana Toralba	\$32.84	\$55.90	\$10.65	\$99.39	\$98.52
Juan Bolivar	\$33.30	\$56.69	\$10.80	\$100.78	\$99.90
Naveed Mohammed	\$43.30	\$73.71	\$14.04	\$131.05	\$129.90
Marianela Garcia	\$43.30	\$73.71	\$14.04	\$131.05	\$129.90
Average Rate	\$38.19	\$65.00	\$12.38	\$115.57	\$113.36
SENIOR CAD TECHNICIAN					
Maria Pozo	\$35.25	\$60.01	\$11.43	\$106.69	\$105.75
Balter Exeus	\$27.70	\$47.15	\$8.98	\$83.84	\$83.10
Average Rate	\$31.48	\$53.58	\$10.21	\$95.26	\$94.43
CAD TECHNICIAN					
David Chang	\$20.75	\$35.32	\$6.73	\$62.80	\$62.25
Roberto Fontanals	\$29.50	\$50.22	\$9.57	\$89.28	\$88.50
Anthony F. Relaford	\$19.30	\$32.85	\$6.26	\$58.41	\$57.90
Average Rate	\$23.18	\$39.46	\$7.52	\$70.17	\$69.55
DATA PROCESSOR					
Cheryl Francis	\$19.80	\$33.71	\$6.42	\$59.93	\$59.40
Average Rate	\$19.80	\$33.71	\$6.42	\$59.93	\$59.40

CERTIFIED TRUE AND ACCURATE

Terrance N. Glunt
Terrance N. Glunt, Vice President

Note: All maximum hourly rates capped at 3.0 multiplier with no increase from 2009 rates

*Rates OK,
DZw*

PROJECT: Structural Engineering Services Annual
PROJECT NO.: Task Order Basis
CONSULTANT: Corzo Castella Carballo Thompson Salman, P.A.

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

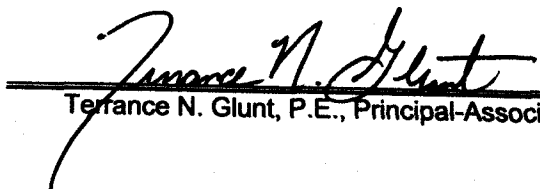
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation,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


Terrence N. Glunt, P.E., Principal-Associate

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Structural Engineering Services Annual

Project No.: On a Task Order Basis

ENGINEER represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None

(Attach additional sheets as needed.)

ENGINEER further represents that no person having any interest shall be employed for said performance. By signing below, ENGINEER certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County.

ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that ENGINEER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the ENGINEER.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by Terrance N. Glunt, P.E., as
(Name of Individual)

Principal-Associate, of Corzo Castella Carballo Thompson Salman, P.A.
(Title/Position) (Firm Name of ENGINEER)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the Consultant on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the Consultant.

(Signature)

(Date)

F:\ROADWAY\CCNA\Annals\Structural\C3TS\2010\Disclosure Doc.doc



CERTIFICATE OF LIABILITY INSURANCE

OP ID GT
C3TS-01

DATE (MM/DD/YYYY)

11/06/09

PRODUCER Combined Underwriters of Miami 8240 N.W. 52 Terr, Suite 408 Miami FL 33166 Phone: 305-477-0444 Fax: 305-599-2343	INSURED CORZO, CASTELLA, CARBALLO THOMPSON SALMAN, P.A. C3TS 901 PONCE DE LEON BLVD. #900 CORAL GABLES FL 33134	INSURERS AFFORDING COVERAGE INSURER A: HARTFORD FIRE INSURANCE CO. INSURER B: EURICH AMERICAN INSURANCE CO. INSURER C: CONTINENTAL CASUALTY COMPANY INSURER D: INSURER E:	NAIC #
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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.

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.

WORK AUTO LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 BI & PD DED GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PPS 41235574	09/22/09	09/22/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COM/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$0	PPS41235574	09/22/09	09/22/10	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	WC6551288	01/01/08	01/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1000000 E.L. DISEASE - EA EMPLOYEE \$1000000 E.L. DISEASE - POLICY LIMIT \$1000000
C	PROFESSIONAL LIAB (RETRO 8/26/88)	28-824-96-56 DED. 100,000	08/26/09	08/26/10	PER OCC. 1,000,000 AGGREGATE 2,000,000

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 WITH REGARDS TO THE GENERAL LIABILITY.
PROJECT NAME: "FOR ALL PROJECTS WITH PALM BEACH COUNTY"

CERTIFICATE HOLDER

PALM BEACH COUNTY C/O
DEPT. OF ENGINEERING AND
PUBLIC WORKS
PO BOX 21229
WEST PALM BEACH FL 33416

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 25 (2008/01)

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED

DATE: (MM/DD/YYYY) 11/10/2009

PRODUCER
or BROKER: Marsh USA Inc.
800 Market Street Suite 2600
St. Louis, MO 63101
Phone: (314) 512-2415

INSURERS:

A: Discover Property and Casualty Ins. Co.

B:

C:

D:

E:

INSURED:
Corzo Castello Carballo Thompson Salman P.A
21301 Powerline Road, Suite 311
Boca Raton, FL 33433

THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD LISTED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE OF LIABILITY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGES:

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCURENCE				
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> --See Below	D187A00016 126801	5/17/2009	5/17/2010	Combined Single Limit: \$1,000,000 Bodily Injury per Person: Bodily Injury per Acc. Property Damage:
	GARAGE LIABILITY ANY AUTO				
	EXCESS LIABILITY UMBRELLA OTHER Than UMBRELLA Form				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				

DESCRIPTION:

Policy provides protection for any & all operations/jobs performed by the named insured. Certificate holder is included as an additional insured where required by written contract. **Any vehicle leased from Enterprise Fleet Management where the contract includes auto insurance coverage. Waiver of Subrogation included where required by written contract. Insurance is Primary and Non-contributory. Palm Beach County Board of County Commissioners, a Political Subdivision of the state of Florida, its officers, employees, and agents are named as additional insured for "For all projects with Palm Beach County"

VENDOR ID: 120 GPBR: 41

HOLDER:

Palm Beach County c/o Dept. of
Engineering and Public Works
PO Box 21229
West Palm Beach, FL 33416

CANCELLATION:

SHOULD ANY OF THE ABOVE 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



R.J. Behar & Company, Inc.
Engineers • Planners

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
Attn: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING SERVICES ANNUAL
DATED FEBRUARY 5, 2008 (R2008-0160)**

Dear Sir:

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 February 5, 2010 through February 4, 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,
R.J. Behar & Company, Inc.



Robert J. Behar, President

Attest:



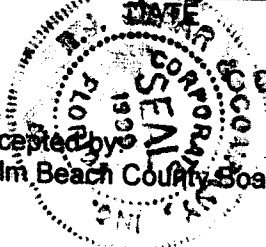
11/05/09

DATE

11/05/09

DATE

Accepted by
Palm Beach County Board of Commissioners



CORPORATE
SEAL

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:

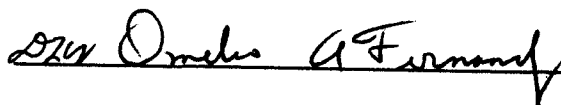


Exhibit B
Task Order Basis - Fee Schedule

*Rates OK,
2/27*

R.J. BEHAR & COMPANY, INC.

12788 Forest Hill Blvd., Suite 200B H
Wellington, FL 33414 Ph. (561) 333-7000 Fax (561) 333-7001
Contact: Sean O'Keefe, P.E.

Fee Schedule - Fiscal Year 2009-2011		
R.J. Behar & Company, Inc.		
	Raw Rate	* Burdened Rate
Project Manager (Sr. P.E.)		
Jerry Piccolo	\$47.24	\$ 139.00
Senior Engineer (P.E.) - Averaged Rate	\$50.29	\$ 147.43
Robert Behar	\$67.00	\$ 196.00
Juan Vazquez	\$56.65	\$ 166.00
Sean O'Keefe	\$55.00	\$ 161.00
Carlos Mazorra	\$50.36	\$ 148.00
Anthony Alfred	\$48.26	\$ 142.00
Sonia Torres	\$39.53	\$ 116.00
Israel Magrisso	\$35.20	\$ 103.00
Project Engineer - Averaged Rate	\$33.69	\$ 98.79
Richard Bolt	\$42.87	\$ 126.00
Paola Rivecos	\$40.24	\$ 118.00
Rafael Urdaneta	\$37.90	\$ 111.00
Sandra Sequera	\$37.50	\$ 110.00
Carmen Aporte	\$37.46	\$ 110.00
Adriana Gonzalez	\$37.22	\$ 109.00
Ilana Ribbeck	\$35.85	\$ 105.00
Kelly Nowell	\$29.81	\$ 87.00
Fernando Cano Castellano	\$31.25	\$ 92.00
Claudia Larus	\$30.43	\$ 89.00
Dalton Polanco	\$30.00	\$ 88.00
Michael Owensby	\$28.00	\$ 82.00
Rohan Punit	\$27.16	\$ 80.00
Mauricio Pinzon	\$25.96	\$ 76.00
CADD/Draftsman - Averaged Rate	\$22.16	\$ 65.00
Marin Scattolini	\$26.33	\$ 77.00
Marcel Ortner	\$22.12	\$ 65.00
Mariana Urdaneta	\$18.03	\$ 53.00

Multiplier:
Salary 1.00
Overhead & Fringe 1.6180
Subtotal 2.6180
12% Profit 0.3142
Total 2.9322

* Rounded

Note: Rates are effective from February 5, 2010 through February 4, 2011.

R.J. Behar & Company, Inc. will provide "Additional Services, as Authorized and Approved by the Owner, Palm Beach County".

PROJECT: Structural Engineering Annual Services
PROJECT NO.: On a Task Order Basis
CONSULTANT: R. J. Behar & Company, 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

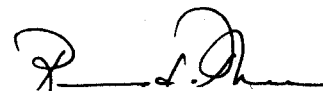
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation,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



Robert J. Behar, President/CEO

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Structural Engineering Services Annual

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:

(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.

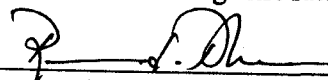
ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services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

President, of R. J. Behar & Company, 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.

 11/5/09
(Signature) (Date)

F:\ROADWAY\CCNA\Annals\Structural\RJ BEHAR\2010\Disclosure Doc.doc

BEHACOM3

DATE (MM/DD/YYYY)
11/17/2009

PRODUCER

ISU Suncoast Insurance Assoc
P.O. Box 22688
Tampa, FL 33622-2688
813 289-5200

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.

1941-1942

R. J. Behar & Company, Inc.
6861 S.W. 196th Avenue
Suite 302
Pembroke Pines, FL 33332

INSURERS AFFORDING COVERAGE

NAIC #
37885INSURER: **XL Specialty Insurance Company****INQUIRY:**

INSURER OF

INSURANCE

INSURER C.

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.

POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
YEAR	MONTH	DAY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
			GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Per one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$		
			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) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$		
			EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$		
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> NO STATUS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
A			Liability	DPR9881626	11/17/09	11/17/10	\$2,000,000 per claim \$2,000,000 annl aggr.		

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

Professional liability is written on a claims made and reported basis.

Certificate Holder includes Palm Beach County Officers, Employees & Agents

RE: For all projects with Palm Beach County

Full Prior Acts Coverage

(See Attached Descriptions)

CERTIFICATE HOLDER

**Palm Beach County Board of
County Commissioners, a
Political
Subdivision of the State of Florida
2300 N. Jog Rd.
West Palm Beach, FL 33411**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

OK n. 13.06.20

CERTIFICATE OF INSURANCE

This certifies that

- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- ☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- ☒ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- ☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder **R J BEHAR & COMPANY**

Address of policyholder **6861 SW 196TH AVENUE STE 302 PEMBROKE PINES, FL 33332-1633**

Location of operations **SAME**

Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

The limits of liability shown may have been reduced by any paid claims.				
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-LB-6491-2	Comprehensive Business Liability	10/01/09	10/01/10	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input checked="" type="checkbox"/> Products - Completed Operations			Each Occurrence \$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liability			General Aggregate \$ 2,000,000
	<input type="checkbox"/> Underground Hazard Coverage			Products - Completed Operations Aggregate \$ 2,000,000
	<input checked="" type="checkbox"/> Personal Injury			
	<input checked="" type="checkbox"/> Advertising Injury			
	<input type="checkbox"/> Explosion Hazard Coverage			
	<input type="checkbox"/> Collapse Hazard Coverage			
	<input type="checkbox"/>			
98-QV-3031-7	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input checked="" type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence \$ 3,000,000
	<input type="checkbox"/> Other	04/20/09	04/20/10	Aggregate \$
98-TY-2206-9	Workers' Compensation and Employers Liability	01/01/09	01/01/10	Part 1 STATUTORY Part 2 BODILY INJURY
				Each Accident \$ 1,000,000
				Disease Each Employee \$ 1,000,000
				Disease - Policy Limit \$ 1,000,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT.				

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

ADDITIONAL INSURED:
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS,
A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS
OFFICERS, EMPLOYEES AND AGENTS
2300 N. JOG ROAD
WEST PALM BEACH, FL 33411-2745

PROJECT NAME: FOR ALL PROJECTS WITH PALM BEACH COUNTY

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative *[Signature]*
Agent's Code Stamp
Date 11/09/09

AFO Code 2124



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, 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
☐ STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
☐ STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas, or
☐ STATE FARM INDEMNITY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: R J BEHAR & COMPANY, INC.							
6861 SW 196 AVENUE, SUITE 302							
ADDRESS OF NAMED INSURED: PEMBEROKE PINES, FL 33332-1663							
POLICY NUMBER	116 2199-508-59A						
EFFECTIVE DATE OF POLICY	11/08/09						
DESCRIPTION OF VEHICLE (including VIN)	E.W.O.L. ANY AUTO						
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	<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							
Each Accident							
b. Property Damage							
Each Accident							
c. Bodily Injury & Property Damage							
Single Limit							
Each Accident	1,000,000						
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	<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	\$ 250 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
b. Collision	\$ 250 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
EMPLOYERS NON-OWNED CAR 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	<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 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<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	<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 <i>Doug Danziger</i>		AGENT Title	2124 Agent's Code Number	11/09/09 Date
Name and Address of Certificate Holder ADDITIONAL INSURED: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS 2300 N. JOG ROAD WEST PALM BEACH, FL 33411-2745 PROJECT NAME: FOR ALL PROJECTS WITH PALM BEACH COUNTY		Name and Address of Agent DOUG DANZIGER INSURANCE AGENCY 5461 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308		