3A-6

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: N	======================================	======================================	======================================
Department:		[] Workshop	[] Public Hearing
Submitted By: Submitted For:	Administration Administration		
	I. <u>EXEC</u>	JTIVE BRIEF	
Agreement with th		ent L.P., Richard Th	: Amendment No. 1 to hall, Robert Thall, Peter L st.
Agreement (R200 application for a Concurrency Application for a Concurrency Application (R200 Application) (D7-1888) to jointly fund Development of Region proval, Planned Composition SF) and 100 acres and 100 acres are fully for the language of the l	nd professional serectional Impact, Future Immunity Development 683 acre Briger Sites for 2.4 Million SF of the Agreement, \$510, I for by the County of challenging the State Plan Amendment anagement Environe Inspector General Amendment will composed to the Impact of t	Commissioners approved vices related to a joing Land Use Amendment ent and a Conceptuate, including 70 acres for Bioscience use, in the additional \$750,868 in 590 (68%) will be paid for The additional costs are ate's intent to find the City t in compliance and the mental Resource Permital Language pursuant to firom the County's 2007 (RPB)
Commissioners a	pproved an Agreement	(R2006-0433) for th	6, the Board of County ne donation and purchase res of Property within the
Attachments: 1. Amendment No 2. Revised Exhibit			
• • • • • • • • • • • • • • • • • • •			
Recommended E	Assistant County Adm	ninistrator	//~_/_0 Date
Approved By:	Assistant County Adm	ninistrator) //-/-/0 Date

		I. FISCAL	IMPACT /	ANALYSIS		
	A. Five Year Summary	of Fiscal Impa	act:			
	Fiscal Years Capital Expenditures Grant Expenditure Operating Revenues Program Income (PBC) In-Kind Match (PBC) NET FISCAL IMPACT # ADDITIONAL FTE POSITIONS (Cumulative	2011 750,868 (570,590) ————————————————————————————————————	2012	2013	2014	2015
**	Is Item Included In Prop Budget Account No: Fu B. Recommended Source of funding - 9	und <u>305</u> 2 Depart	ment <u>421</u> s/Summar	Unit <u>6349</u> Ol	npact:	
	C. Departmental Fisca					
	III. REVIEW COMMEN A. OFMB Fiscal and/or	<u>TS</u>				
	OPMB AU GO	140 5	Contract	Administration	colo /	713110

with our neview regularients.

C. Other Department Review:

Department Director

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

AMENDMENT NO. 1 – TO CONTRACT (R 2007-1888) BETWEEN PALM BEACH COUNTY AND THE LESTER FAMILY INVESTMENTS L.P., RICHARD THALL, ROBERT THALL, PETER L. BRIGER, PAUL H. BRIGER, AND THE DAVID MINKIN FLORIDA REALTY TRUST

THIS AMENDMENT NUMBER NO. 1, dated this	day of
, 2010 to the Contract (R 2007-1888) dated November 6, 2007 b	y and
between Palm Beach County, a political subdivision of the State of Florida, b	y and
through its Board of Commissioners, hereinafter referred to as "COUNTY", an	d The
Lester Family Investments L.P., Richard Thall, Robert Thall, Peter L. Briger, P	aul H.
Briger, and the David Minkin Florida Realty Trust hereinafter referred	to as
"LESTER"	

WHEREAS, the parties entered into an Agreement under which LESTER is to provide professional services to prepare applications for a Development of Regional Impact, local zoning approvals and a South Florida Water Management District Environmental Resource Permit (the "Approvals") for the 683 Briger site, including 70 acres for Scripps 1.6 million SF and 100 acres for 2.4 million SF of bioscience use; and

WHEREAS, the parties agree to amend the Scope of Services in the original Agreement to pay for additional services required beyond the original scope of work and those services required to challenge Petitions filed to the local Comprehensive Plan Amendment and the South Florida Water Management District Environmental Resource Permit (the "Services); and

WHEREAS, the Agreement establishes a cost share allocation between COUNTY and LESTER as 32% and 68% respectively, and

WHEREAS, the total cost of the additional Services is \$750,868 with the COUNTY's share at \$240,278.00 and LESTER's share at \$510,590; and

WHEREAS, the parties hereto desire to amend the Agreement to add the requirements of Inspector General Ordinance No.2009-049.

NOW THEREFORE, in consideration of the mutual promises contained herein the parties agree as follows:

- 1. Revise Exhibit B as attached hereto and incorporated herein to incorporate the additional Services and appropriate cost share allocation between the COUNTY and LESTER.
- 2. The following paragraphs are added as Article 21 of the Agreement:

Palm Beach County has established the Office of the Inspector General, pursuant to Ordinance No. 2009-049, as may be amended which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. All contractors and parties doing business with the COUNTY and receiving COUNTY funds shall fully cooperate with the Inspector General. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of LESTER, its officers, agents, employees, and lobbyists in order to ensure compliance with contract specifications and to detect waste, corruption and fraud.

Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Ordinance No. 2009-049, and punishable pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

Except as expressly modified above, the Agreement is hereby confirmed and remains in full force and effect.

THE REMAINDER OF THE PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Amendment No. 1 to the Agreement to be executed in their respective names on the date set forth above.

Signed, sealed and delivered in the presence of:	Land	owner:
(Witness Signature)		LESTER FAMILY INVESTMENTS L.P aware limited partnership
Dawn Schnubol	By:	PHL Financial Consulting Co., Inc., as
(Print Witness Signature)		General Partner
Susan M. Faile	By:	(Signature) Presott F. Lester
(Witness Signature)		(Print Signatory's Name)
SUSAN M. EARLE	Its:	President
(Print Witness Signature)		

Signed, sealed and delivered in the presence of:
Ferriel Dan
(Witness Signature)
SHERRILL SKLAN
(Print Witness Signature)
E araclehmingt
(Witness Signature)
Elvin arastehmanesh
(Print Witness Signature)

Richard Thall

Signed, sealed and delivered in the presence of:		_
I This	Kohathal	IJ)
(Witness Signature)	Robert Thall	
David Thall		
(Print Witness Signature)		
A		
(Witness Signature)		
(Print Witness Signature)		

Signed, sealed and delivered in the presence of:	·
July Dredan	Peter & Preyer
(Witness Signature)	Peter L. Briger
Erika Soldano	
(Print Witness Signature)	
Witness Signature	
Tohana Wazauez (Print Witness Signatura)	

Signed, sealed and delivered in the presence of:	111-
Just M. Carle	milita atteritat I Vail!
(Witness Signature)	Paul H. Briger
SUSHN M. EARLE	
(Print Witness Signature)	
Jame Schneabre	
(Wither Signature)	
Davin Schnitcher	
(Print Witness Signature)	

Signed, sealed and delivered in the presence of:	THE I	DAVID MINKIN FLORIDA REALTY
(Witness Signature)	By:	(Signature)
CHAR/es Lub, to (Print Witness Signature)		(Print Signatory's Name)
Susan M. Carle	Its:	1/25/00
(Witness Signature)		
SUSAN M. FARLE		
(Print Witness Signature)		

SHARON R. BOCK, CLERK &	PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS
COMPTROLLER	
By:	By:
Deputy Clerk	Chair
APPROVED AS TO FORM AND LEGAL	APPROVED AS TO TERMS AND
SUFFICIENCY	CONDITIONS
By: County Attorney	By: Assistant County Administrator

EXHIBIT B - BRIGER DRI/PCD BUDGET SUMMARY

Team Member	Field of Study	Contract October 27, 2007	Amendment #1* August 2, 2010
Urban Design Studio	Planning/Landscape Architecture	\$660,406.00	\$246,748.00
Susan E. O'Rourke, P.E., Inc.	Transportation	\$246,300.00	\$117,753.00
Michael B. Schorah & Assoc., Inc.	Civil Engineering	\$609,300.00	\$46,625.00
Environmental Services, Inc.	Environmental	\$118,000.00	\$92,500.00
Thompson Consulting, Inc.	Economics	\$85,000.00	n/a
Archaeological and Historic Conservancy, Inc.	Archeology	\$9,500.00	\$21,225
To Be Determined	Soil Engineering	\$10,000.00	n/a
To Be Determined	Hydro Engineering	\$15,000.00	n/a
To Be Determined	I.Q. Water	\$15,000.00	n/a
Reimbursable Expenses (Estimated)		\$132,639.00	\$5,000.00
Government Review Fee (Estimated)		\$250,000.00	\$137,692.00
Contingency Fee (Estimated)		\$88,423.00	\$43,325.00
	Proposed Budgets	TOTAL \$2,239,568.00	TOTAL \$750,868.00

Note: Numbers rounded to the nearest dollar amount

*Allocation by subconsultant is an estimate only. Prime (Urban Design Studio) will allocate based on task requirement.

<u>Contract – October 27, 2007</u> Palm Beach County Share (32%) = \$716,662.00 Lester Family Investments Share (68%) = \$1,522,906.00

<u>Amendment #1 – August 2, 2010</u> Palm Beach County Share (32%) = \$240,278.00

Lester Family Investments Share (68%) = \$510,590.00

ACORD

CERTIFICATE OF LIABILITY INSURANCE

SXN

R045 DATE (MM/DD/YYYY)
11-08-2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONALINSURED, the policy(ies) must be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such endorsement(s).		_
PRODUCER WILLIS OF FL INC/PHS SOUTH FL 229522 P: (888)474-5843 F: (877)538-8526 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME: PHONE (A/C, No, Ext): (888) 474 – 5843 FAX (A/C, No): (877) E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:) 538-8526
	INSURER(S) AFFORDING COVERAGE	NAIC#
MSURED ARCHAEOLOGICAL & HISTORICAL CO NSERVANCY, INC. 4800 S.W. 64TH AVE. STE 107 DAVIE FL 33314	INSURER A: Hartford Casualty Ins Co INSURER B: Hartford Underwriters Ins Co INSURER C: Twin City Fire Ins Co INSURER D:	
	INSURER E :	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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

INSR LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	00
Α	X General Liab			21 SBM NG6247	04/29/2010	04/29/2011	MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,00	
	AUTOMOBILE LIABILITY X ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00	00
	ALL OWNED AUTOS			ı			BODILY INJURY (Per person) \$	
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
В	X HIRED AUTOS			21 UEC UU6414	09/10/2010	09/10/2011	PROPERTY DAMAGE (Per accident) \$	·
	X NON-OWNED AUTOS						\$	
							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE			· ·			AGGREGATE \$	
	DEDUCTIBLE			, ,			\$	
	RETENTION \$ WORKERS COMPENSATION						\$	
	AND EMPLOYERS' LIABILITY Y/N						X WC STATU- OTH- TORY LIMITS OTH- ER	
ر	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$ 1,000,00	
٦	(Mandatory in NH) If yes, describe under			21 WEC RW1771	12/05/2010	12/05/2011	E.L. DISEASE - EA EMPLOYEE \$ 1,000,00	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,00	00
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Atta	ch AC	ORD 101. Additional Remarks School-le	if more snace is ma	nuired		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations. Re.: Scripps-Briger Project.

CERTIFICATE HOLDER

CANCELLATION

The Lester Family Investment L.P. Howard Lester 44 COCOANUT ROW PALM BEACH, FL 33480

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tax Maellor

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Client#: 5239

ARCHI

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/03/2010

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RODUCER

VIIIs of Florida

O1 Alhambra Circle, Suite 1100

Willis of Florida 201 Alhambra Circle, Suite 1100 P O Box 141308 Coral Gables, FL 33114-1308	NAME: PHONE (A/C, No, Ext): 305 854-1330 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	3055773993
Archaeological & Historical Conservancy, Inc. 4800 SW 64 Avenue, Suite 107 Davie, FL 33314	INSURER(S) AFFORDING COVERAGE INSURER A: EVANSTON INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # B2055

CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre COMMERCIAL GENERAL LIABILITY urrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PROPOLICY LOC PRODUCTS - COMP/OP AGG AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DEDUCTIBLE RETENTION \$
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) \$ WC STATU-TORY LIMITS E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ Professional Liab E0844876 \$1,000,000/\$1,000,000 10/01/2010 10/01/2011 Claims Made Basis Deductible: \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
The Lester Family Investment L.P. Howard Lester	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
44 Cocoanut Row	AUTHORIZED REPRESENTATIVE
Palm Beach, FL 33480	13000

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WILLIS OF FL INC/PHS SOUTH FL PO BOX 29611 CHARLOTTE NC, 28229

> The Lester Family Investment L.P. Howard Lester 44 COCOANUT ROW PALM BEACH, FL 33480



CERTIFICATE OF LIABILITY INSURANCE

SXM R045

DATE (MM/DD/YYYY) 11-04-2010

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certificate holder in lieu of such endorsement(s).		ogo to the
PRODUCER	CONTACT	
WILLIS OF FL INC/PHS SOUTH FL 229522 P: (888) 474-5843 F: (877) 538-8526		(877)538-8526
PO BOX 29611	E-MAIL ADDRESS:	
CHARLOTTE NC 28229	PRODUCER CUSTOMERID #:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
ADCUAROLOGICAL CHICARODICAL CO	INSURER A: Hartford Casualty Ins Co	
ARCHAEOLOGICAL & HISTORICAL CO NSERVANCY, INC.	INSURER B: Hartford Underwriters Ins Co	
4800 S.W. 64TH AVE. STE 107	INSURER C: Twin City Fire Ins Co	
DAVIE FL 33314	INSURER D:	
	INSURER E :	
	INSURER F :	

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	1	IN WAT HAVE BE	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	
17/1	GENERAL LIABILITY	INSR	WVD	POLI	ICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
A	CLAIMS-MADE X OCCUR				,			MED EXP (Any one person)	\$ 10,000
	X General Liab	X		21 SBM	NG6247	04/29/2010	04/29/2011	PERSONAL & ADV INJURY	\$ 1,000,000
						}		GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,000
 	AUTOMOBILE LIABILITY	┿	├						\$
	X ANY AUTO						ı	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ALL OWNED AUTOS							BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
В	X HIRED AUTOS			21 UEC	UU6414	09/10/2010	09/10/2011	PROPERTY DAMAGE (Per accident)	\$
	X NON-OWNED AUTOS								\$
<u> </u>		1							\$
	UMBRELLA LIAB OCCUR	İ				ļ		EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
	DEDUCTIBLE								\$
	RETENTION \$	ļ							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X WC STATU- OTH-	
ا ا	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		_				E.L. EACH ACCIDENT	\$ 1,000,000
`	(Mandatory in NH) If yes, describe under			21 WEC	RW1771	12/05/2010	12/05/2011	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	<u> </u>	1	1 1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.Certificate Holder reads as-Palm Beach County Board of County Commissioners, Attn: Shannon Larocque, Asst.County Administrator, 301 North Olive Avenue, 11th Floor, WEST PALM BEACH FL 33401-4703. (See cover page for additional wordings)

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board of County Commissioners 301 N OLIVE AVE FL 11 WEST PALM BEACH, FL 33401 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Max Maillow

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Client#: 5239

ARCHI

ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2010

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	llis of Florida				PHONE	305 85	4-1330	FAX NO.	3055	773993
201 Alhambra Circle, Suite 1100			PHONE (A/C, No, Ext); 305 854-1330 FAX (A/C, No): 3055773993 E-MAIL ADDRESS;							
	D Box 141308				PRODUC	CER		7-1-11-11-11-11-11-1-1-1-1		
Co	ral Gables, FL 33114-1308				CUSTON	AER ID#:		455000M0 00V50405		T
INSI	IRED			***************************************	HIGHIOT	Fvanst	on Insuran	AFFORDING COVERAGE		NAIC #
	💮 🛊 Archaeological & Historic	al					On modian			DZUJJ
	Conservancy, Inc.				INSURE			**************************************		
	4800 SW 64 Avenue, Suite	107	,		INSURE			*******		ļ
	5 Davie, FL 33314				INSURE					
	€ 3:				INSURE					
CO	VERAGES CER	TIEI	`ATE	NUMBER:	INSURE	RF:		REVISION NUMBER:	,	<u> </u>
Jr	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED, NOTWITHSTANDING ANY REQU	INSU	JRAN ENT.	CE LISTED BELOW HAVE BEE	IY CONTE	RACT OR OTH	SURED NAME	ABOVE FOR THE POLICY	SHTHIS)
=	ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH P	OLICI	ES. L	IMITS SHOWN MAY HAVE BEI	EN REDL	JCES DESCR	ibed Herein I Claims,	S SUBJECT TO ALL THE TE	RMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT		
	GENERAL LIABILITY	1	1.44				(minue)[[[[]]	EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR			,				MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY	-	+-			<u> </u>		COMBINED SINGLE LIMIT	 	
	ANYAUTO							(Ea accident)	\$	
	ALL OWNED AUTOS		1					BODILY INJURY (Per person)	\$	***************************************
	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	*************************
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS	1	1					· · · · · · · · · · · · · · · · · · ·	\$	
			l						\$	
	UMBRELLA LIAB OCCUR		T					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DEDUCTIBLE]	- 5		1				ŝ	······
	RETENTION \$							**************************************	•	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	T		T				WC STATU- OTH-	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				. 1			TORY LIMITS LER	s	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	 	*****************
	If yes, describe under DESCRIPTION OF OPERATIONS below				1			E.L. DISEASE - POLICY LIMIT	\ <u>*</u>	
Α	Professional Liab		1	E0844876		10/01/2010	10/01/2011		00	
	Claims Made Basis				ľ	.0,01,2010	.0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Deductible: \$2,500		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	Attach	ACORD 101, Additional Remarks	Schodula	H more enges	ie remiterali			***************************************
	*					, ii iiiota apaca i	e tadaman)			
CE	RTIFICATE HOLDER				041101	F1 1 4710**				
	THE MAIL HARDER				CANC	ELLATION				
				,	SHO	II D ANY OF T	HE AROVE DE	SCRIBED POLICIES BE CA	NCE: 1	ED REEOPE
	Dalm Dearly Ossess	1			THE	EXPIRATION I	DATE THEREO	F, NOTICE WILL BE DELIVE		
	Palm Beach County Boa			ļ	ACCO	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	of County Commissione	rs -			I					

ACORD 25 (2009/09) #S80423/M80402

301 N Olive Ave, FL 11

West Palm Beach, FL 33401

1 of 1

PRODUCER
Willis of Florida

AUTHORIZED REPRESENTATIVE

WILLIS OF FL INC/PHS SOUTH FL PO BOX 29611 CHARLOTTE NC, 28229

> Palm Beach County Board of County Commissioners 301 N OLIVE AVE FL 11 WEST PALM BEACH, FL 33401

Additional Certholder Text

Certificate Holder is an Additional Insured per the Business Liability Coverage Form ${\sf SS0008}$ attached to this policy.

	1104	4-10;	01:	12PM;
AC	;OKI	D		

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/01/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

The state of the s							
PRODUCER	CONTACT NAME:						
Insurance Office of America, Inc.		904.448.9788					
2700 University Blvd.	E-MAIL ADDRESS:						
West Building B	PRODUCER CUSTOMER ID #:						
Jacksonville, FL 32217	INSURER(S) AFFORDING COVERAGE	NAIC #					
NSURED	INSURER A: Steadfast Ins Co	26387					
Environmental Services, Inc.	INSURER B: Zurich American Ins Company	16535					
7220 Financial Way	INSURER C:						
Suite # 100	INSURER D:	·					
Jacksonville, FL 32256	INSURER E :						
	MINIST F.	ł					

COVERAGES

CERTIFICATE NUMBER: 2010-2011

REVISION NUMBER:

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

INSF LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY			GPL 9029408-05			EACH OCCURRENCE	s 1,000,000
	X COMMERCIAL GENERAL LIABILITY			-			DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
	CLAIMS-MADE X OCCUR			2			MED EXP (Any one person)	\$ 10,000
A	X Contractor Liab		A	CORDING TO PROVISIONS			PERSONAL & ADV INJURY	s 1,000,000
				OF THE POLICY	1		GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
<u></u>	POLICY PRO- JECT LOC							\$
	X ANY AUTO			BAP 9029411-05	09/01/2010	09/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ALL OWNED AUTOS				<u> </u>		BODILY INJURY (Per person)	\$
В	SCHEDULED AUTOS					1	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS					·	PROPERTY DAMAGE (Per accident)	\$
	X NON-OWNED AUTOS		ļ					\$
	X \$500 Com. Ded.							\$
	UMBRELLA LIAB OCCUR			SEO 9029410-05	09/01/2010	09/01/2011	EACH OCCURRENCE	\$ 5,000,000
A	EXCESS LIAB CLAIMS-MADE	}		"UMBRELLA FORM"			AGGREGATE	s 5,000,000
''	DEDUCTIBLE				ĺ			\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC 9029413-05	09/01/2010	09/01/2011	X WC STATU- OTH- TORY LIMITS ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s 1,000,000
-	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s 1,000,000
<u></u>	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability			GPL 9029408-05	09/01/2010	09/01/2011	Each Claim-S	1,000,000
<u> </u>	Contractor Pollution Liab	<u> </u>					Aggregate -	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Lester Family Investments,L.P., Richard Thall,Robert Thall,Peter L Bringer,Paul H Briger and the David Minkin Florida Realty Trust and Urban Design Studio are Additional Insured regarding
"SEE NOTES"

CER	TIFIC	ATE	HOL	DER

CANCELLATION

Palm Beach County Board of County Commissioners,a Political Subdivision of the State of Florida,its officers,employees and agents 301 N.Olive Ave #601 WestPalm Beach, FL 33401 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dull H. Roy J.

Donald Poag/KATHY

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-04-10;01:12PM; ACORD AGENCY CUSTOMER ID: LOC#: _ Page of ADDITIONAL REMARKS SCHEDULE AGENCY NAMED INSURED Insurance Office of America, Inc. Environmental Services, Inc. POLICY NUMBER Suite # 100 Jacksonville, FL 32256 CARRIER NAIC CODE EFFECTIVE DATE: ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: ACORD Certificate of Liability Insurance **Garage Liability** INSR ADD'L LTR INSRD POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY)

DATE (MM/DD/YY) POLICY NUMBER LIMITS AUTO ONLY - EA ACCIDENT \$ ANY AUTO EA ACC \$ OTHER THAN AUTO ONLY:

Automobile Liability

X \$1,000 Coll Ded

POLICY NUMBER

POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY)

Excess/Umbrella Liability

INSR ADD'L LTR INSRD

POLICY NUMBER

POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY)

AGG \$

Other Liability

Α

POLICY NUMBER

POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY)

LIMITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

ACORD 101 (2008/01)

Additional Coverages and Factors

09/01/2010

Line of Business Coverage	es for Business Aut	to			
Coverage Combined single limit Medical payments Uninsured motorist combined single limit	Limits 1,000,000 5,000 100,000	Ded/Ded Type	Rate	Premium	Factor
Comprehensive Underinsured motorist combined single limit Collision	100,000	1,000	÷		<i>)</i>

Line of Business Coverages for General Liability

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000				
Products/Completed Ops Aggregate	2,000,000	•			
Personal & Advertising Injury	1,000,000				
Each Occurrence	1,000,000	25,000/Flat Basis: Per Claim;	Annlies: Roth F	et & pn	
Fire Damage	100.000	busist fer craim,	Applies: both i	ZI Q ID	
Medical Expense	10,000				

Line of Business Coverages for Workers Compensation

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
WC & Employer's liability	1,000,000/1,000,000/				
•	1,000,000				
FELA				23,586.00	
Terrorism				4.035.00	
Schedule Modification				22,518.00	10.00000
Increased employer's				2,340.00	1.40000
liability				.,	
Adjst. to reconcile-exp				0.00	1.00000
mod. premium				****	
Premium discount				-19.607.00	11,10000
Expense constant				200.00	
Stop Gap Premium				1,000.00	
Ga Insurers Insolvency				748.00	
,	•			. 10.00	

11-04-10;01:12PM;

4D×D4

Palm Beach County Board of County Certificate issued to Palm Beach County Board of County Insurance Office of America, Inc.

09/01/2010

11/04/2010

General Liability STFESP 101 B CW (01/05) written contract. Coverage is primary basis . Waiver of Subrogation is granted regarding Workers Compenstion.

OP ID: DM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER	ch endorsement(s). 412-261-1842	CONTACT NAME:					
Henderson Brothers, Inc. 920 Ft Duquesne Blvd Pittsburgh, PA 15222 James L. Conn	412-261-4149	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MICH-21					
INSURED Michael B. Schol	ah &	INSURER(S) AFFORDING COVER INSURER A: The Hartford	AAGE NAIC # 22357				
Associates, Inc. Michael B. Scho 1850 Forest Hill		INSURER B: Sentinel Insurance Companionsurer c: Beazley Insurance Co., Inc.	·				
West Palm Beach		INSURER D :					
		INSURER F :					

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

TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
GENERAL LIABILITY						EACH OCCURRENCE	s	1,000,000
X COMMERCIAL GENERAL LIABILITY	х		40SBMN06128	12/03/09	12/03/10	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
				ł		MED EXP (Any one person)	\$	10,000
X Contractual Liab				[· .		PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
							\$	
<u> </u>			4011ECKB4699	12/02/10	42/02/44	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
			400ECKB 1986	12/03/10	12/03/11	BODILY INJURY (Per person)	\$	
					,	BODILY INJURY (Per accident)	\$	
X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
X NON-OWNED AUTOS							\$	- 1
							\$	~~
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
EXCESS LIAB CLAIMS-MADE]		AOSEMNIOCA SO	12/02/00	40/00/40	AGGREGATE	\$	1,000,000
DEDUCTIBLE] .		40301411406126	12/03/09	12/03/10		\$	
X RETENTION \$ 10,000							\$	
AND EMPLOYERS' LIABILITY						X WCSTATU- OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		40WECZM3339	01/27/10	01/27/11	E.L. EACH ACCIDENT	\$	500,000
(Mandatory in NH)	N A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
DESCRIPTION OF OPERATIONS below							\$	500,000
Professional			V15WM4100301	11/06/10	11/06/11		<u> </u>	1,000,000
						Aggregate		3,000,000
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CONTractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CONTRACTUAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROLUCY JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X CONTRACTUAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE V/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X CONTractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, despribe under DESCRIPTION OF OPERATIONS below Professional V15WM4100301	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CONTRACTUAL LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X LIMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Wandatory in Nt) If yes, describe under Professional V15WM4100301 11/06/10	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CONTRACTUAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X HOWNED AUTOS DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER/EXECUTIVE Y/N (Mandatory in NH) [Iyes, described under DESCRIPTION OF OPERATIONS below V15WM4100301 11/06/10 11/06/11	AUSBMN06128 12/03/09 12/03/10 12/03/	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CONTractual Liab X OCCUR X CONTROL PEO LOC AUTOMOBILE LIABILITY X ANY AUTO SCHEDULED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS DEDUCTIBLE X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETORE/PARTINER/EXECUTIVE OFFICE ARMS PROPRIETORE/PARTINER/EXECUTIVE OFFICER-MIRMERE EXCLUDED? (Mandatory in NH) (Inc.) AUTOMOBILE LIABILITY ANY PROPRIETORE/PARTINER/EXECUTIVE OFFICER-MIRMERE EXCLUDED? (Mandatory in NH) (Inc.) AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY ANY PROPRIETORE/PARTINER/EXECUTIVE OFFICER-MIRMERE EXCLUDED? (Mandatory in NH) (Inc.) AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY ANY PROPRIETORE/PARTINER/EXECUTIVE OFFICER-MIRMERE EXCLUDED? (Mandatory in NH) (Inc.) AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY ANY PROPRIETORE/PARTINER/EXECUTIVE OFFICER-MIRMERE EXCLUDED? (Mandatory in NH) (Inc.) AUTOMOBILE LIABILITY AUTOMOBILE LIABILI

CERTIFICATE HOLDER

CANCELLATION

PBCBCC- A Political Subdivsion of the State of FL its officer **Employees and Agents** 301 N. Olive Ave. Ste 601 West Palm Beach, FL 33401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE James L. Conn

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: DM DATE (MM/DD/YYYY)

11/03/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). 412-261-1842 CONTACT NAME: PHONE (A/C, No, Ext); E-MAIL FAX (AJC, No): Henderson Brothers, Inc. 412-261-4149 920 Ft Duquesne Blvd ADDRESS: Pittsburgh, PA 15222 PRODUCER CUSTOMER ID # MICH-21 James L. Conn NAIC # INSURER(S) AFFORDING COVERAGE Michael B. Schorah & INSURER A : Beazley Insurance Co., Inc. Associates, Inc. INSURER B: Michael B. Schorah INSURER C : 1850 Forest Hill Blvd Ste 205 INSURER D : West Palm Beach, FL 33406 INSURER E : INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Sa occurrence) GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE MED EXP (Any one person) OCCUR PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY PRO- LOC COMBINED SINGLE LIMIT (Ea accident) 4 BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per acadent) SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS \$ NON-OWNED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE DECUCTIBLE RETENTION RETENTION \$
WORKERS COMPENSATION.
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) WC STATU-TORY LIMITS E.L. EACH ACCIDENT NIA E L DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OP Professional Liab EL DISEASE - POLICY LIMIT | \$ 1.000.000 V15WM4100301 11/06/10 11/06/11 Aggregate 3,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. The Lester Family Investments L.P. 44 Coconut Row AUTHORIZED REPRESENTATIVE Palm Beach, FL 33480 James L. Conn

NOTEPAD:

HOLDER CODE INSURED'S NAME Michael B. Schorah &

MICH-21 OP ID: DM

PAGE 2 DATE 11/03/10

The Lester Family Investments, L.P., Richard Thall, Robert Thall, Peter L. Briger, Paul H. Briger and The David Minkin Florida Realty Trust, PBCBCC, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents and Urban Design Kilday Studios are listed as certificate holder.

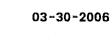
TAYLOR ASHLEY AGENCY

PAGE 02/02

ACORD. CERTIFICATE OF LIABILITY INSURANCE 0ATE (MANODITY 11/9/20)											
PRO			VEIVIII IVI	TIE OF EMPIRE			ED AS A MATTER OF II	11/9/2010			
			ASHLEY AGENCY, I	NC	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE						
			987	MŲ,	HOLDER.	HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
			FL 34995		ALIEN (III	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELLIW					
			37-2440		INSURERS A	FFORDING COV	ERAGE	NAIC#			
INSU			SUSAN E O'ROURKE	PE. INC		TATE AUTO					
			O'ROURKE, Susan	,	INSURER 9:	-112 - 114 1 V					
			428 Sw Akron Ave	Suite la	INSURER C:	Piolitichico Politica de La Carron pour esta en <u>en est</u> e en esta en e					
			Stuart, FL 34994		INSURER D:						
COVERAGES											
T	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSYANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR										
l MV	Y PE	RIA	IN. THE INSURANCE AFFORDED	D BY THE POLICIES DESCRIBED HEI HAVE BEEN REDUCED BY PAID CLA	RFIN IS SUBJECT T	RESPECT TO WHICE TERMS	H THIS CERTIFICATE MAY I, EXCLUSIONS AND CONDIT	BE ISSUED OR TIONS OF SUCH			
MER LTR	ADOL	.0.7	TYPE OF INSURANCE	POLICY NUMBER		POUCY EXPIRATION DATE (MANDDYYY)	LMT				
		GEN	ERAL LIABILITY		JANUS DE BARRETTI	UNIE (MANULITY)	EACH OCCURRENCE	* 1,000,000			
		x	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea accurance)	100,000			
			CLAIMSMADE X OCCUR				MED EXP (Any one person)	5,000			
A				GLP2106836	4/19/10	4/19/11	PERSONAL & ADV INJURY	1,000,000			
					-,,	,,,,,,,,	GENERAL AGGREGATE	1 2,000,000			
		GEN	rl aggregate limit applies per:				PRODUCTS - COMP/OP AGG	\$ 2,000,000			
		X	POLICY JECT LOC								
		AUT	OMOBILE LIABILITY ANYAUTO				COMBINED SINGLE LIMIT (En accident)	•			
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
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	Stuart FL 34996			CUSTOWER ID #: 91	ISAN-4	· · · · · · · · · · · · · · · · · · ·		
	Phone: 772-287-3366 Fa	x:772-2	187-4439			ADING COVERAGE		NAIC #
INSU	RED			INSURER A: Lar	dmark In	surance Company		
	Susan E. O'Rourke 428 SW Akron Ave Stuart FL 34994	ste la	inc.	INSURER B:				
	Stuart FL 34994			INSURER C:				
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERAMEMBER EXCLUDED? (Mandatory in NH)	NIA				E.L. EACH ACCIDENT	1	
	(Mundatory In NP) If yes, describe under	']]				e.l. disease - ea employee	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DIBEASE - POLICY LIMIT	\$	
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CEF	ITIFICATE HOLDER			CANCELLATION				
					TE THEREOF, NO	ibed folicies be cancelled Troe will be delivered in Ovisions,) BEFOR	E
	The Lester Family LP 44 Coconut Row	Invest	ments	AUTHORIZED REPRESI	ENTATIVE			
	Palm Beach FL 3348	30		11.12	A CL	Lu		
)RD 25 (2009/09)	The ACO		61988-20	09 ACHRD C	ORPORATION: All right	\$ 1950/	ved,

ACORD 25 (2009/09)



TOM GALLAGHER CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW * *

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE:

03/30/2006

* * EXPIRATION DATE: N/A

PERSON:

O'ROURKE

SUSAN

E

FEIN:

900191359

BUSINESS NAME AND ADDRESS:

SUSAN E O'ROURKE PE INC 229 SE VILLAS ST STUART FL 3

FL 34994

SCOPES OF BUSINESS 1- ENGINEERING OR TRADE:

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
NON-CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 03/30/2006

* * EXPIRATION DATE: N/A

PERSON:

SUSAN E O'ROURKE 900191359

BUSINESS NAME

SUSAN E O'ROURKE PE INC 229 SE VILLAS ST STUART, FL 34994

AND ADDRESS:

SCOPE OF BUSINESS OR TRADE:

1- ENGINEERING

0 D

IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

Page: 2 of 3



Florida Farm Bureau Casualty Insurance Company

5700 S.W. 34th Street Gainesville, Florida 32608-5300



POLICY DECLARATION RENEWAL AND NOTICE OF RENEWAL PREMIUM

Policy Number: 1199081

Policy Type: BUSINESS AUTO POLICY

Policy Period: From: 04/19/2010

To: 04/19/2011

(12:01 a.m. Standard time)

FEB 2 6 2010

Form of Named Insureds Business - INDIVIDUAL

ITEM TWO -

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the covered auto section of the business auto coverage form next to the name of the coverage.

COVERAGE	S	COVERED	LIMIT- T ANY ONE		WE WILL PA	Y FOR	PREMIUM
LIABILITY I	NS.	07 08 09		ROOTDERAT	OK LOSS		\$770
Bodily Inju			\$500,000 \$500,000				Ş17 0
Property Da	mage		\$100,000				
PERS. INJUR		05	No Deduc				\$91
MEDICAL PAY	MENTS	07	\$5,000 P		n		\$15
UNINSURED M	OTORIST	02			Injury Eac	h Person	\$101
Non-Stacked	Cov.					h Accident	
PHYSICAL DA	MAGE INS.	F			e or Cost s. Minus D	of Repair eductible Si	10wn
Comprehensi	ve	07	\$1000 De				\$93
Collision		07	\$1000 De				\$272
				Est	imated Tot	al Premium	\$1,342
FL Hurrican	e Catastro	phe Fund 1	Emergency	Assessm	ent		\$13.42
				Est	imated Pol	icy Total	\$1,355.42
ITEM THREE	- s	CHEDULE O	F COVERED	AUTOS Y	OU OWN		
: }							Stated
Unit(s) 012	Year 2009	Descrip CHEV TI	ption RAVERSE		Serial Nu 1GNER33D4		Amount
		*** conf	tinued on	back	***		

Refer inquires to:

Change Effective: 04/19/2010 Process Date: 02/16/2010 FFB-DEC-AB (Ed. 08/04)

Agent: DAVID R CURFMAN, PA, LUTCF Stuart Office: (772) 286-1038

00020

Page: 3 of 3

Florida Farm Bureau Casualty Insurance Company 5700 S.W. 34th Street Gainesville, Florida 32608-5300

POLICY DECLARATION



Premiums		WC	No WC	Med	Unins			Deduc	tible	Total
Unit(s) 012	Liab \$620	PIP	PIP \$91	Pay \$15	Mtrst \$101	Comp \$93	Coll \$272	Comp	Coll	Premium \$1192

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS
Liability Insurance - Rating Basis, Cost of Hire

Estimated
State Cost of Hire Premium
FL IF ANY \$71

Total Premium \$71
Cost of Hire Means the Total Amount You Incur for the Hire of "Autos" You Do Not
Own (Not Including "Autos" You Borrow or Rent from Your Partners or Employees or
Their Family Members). Cost of Hire Does Not Include Charges for Services
Performed by Motor Carriers of Property or Passengers.

ITEM FIVE - SCHEDULE FOR EMPLOYERS NON-OWNERSHIP LIABILITY
Covered Autos Borrowed From Your Employees or Members of Their Households

Rating Basis-Number of Employees Estimated Number Liability
Of Employees Premium
1 \$79

Page: 1 of 3



Florida Farm Bureau Casualty Insurance Company 5700 S.W. 34th Street Gainesville, Florida 32608-5300



POLICY DECLARATION RENEWAL AND NOTICE OF RENEWAL PREMIUM

IMPORTANT MESSAGES

THIS IS NOT A BILL. Any premium change for this policy will be reflected on your next billing statement. Please do not disregard your current billing statement.

Your new Auto Identification Cards are on the next page. Please remove and place in your vehicle(s).
Report claims anytime at www.FloridaFarmBureau.com or call 1-866-275-7322.

SEE BACK FOR UNINSURED MOTORIST COVERAGE OPTIONS.

Policy Number: 1199081

Policy Type: BUSINESS AUTO POLICY

Policy Period: From: 04/19/2010

To: 04/19/2011

(12:01 a.m. Standard time)

FORMS AND ENDORSEMENTS:

BJP8056(0)-X-B (ED. 1-87) (REV. 08-94) - BUSINESS AUTO POLICY JACKET FBIL0005 (ED 01/95) ADDITIONAL CONDITION - COUNTY FARM BUREAU MEMBERSHIP FFB CA 0128 (ED. 07/04) - AMENDMENT OF POLICY PROVISIONS - FLORIDA CA 00 45 03 03 - FLORIDA WAR EXCLUSION CA 9917 (ED. 12/93) - INDIVIDUAL NAMED INSURED

INFORMATIONAL NOTICES (not part of policy):

93-7-4223 (ED. 10-03) - NOTICE OF FLORIDA NO-FAULT (PIP) LAW OPTIONS 93-7-4228 (REV. 07-89) - CANCELLATION OR NON-RENEWAL INFORMATION 93-7-4229 (ED. 01-89) - RISK MANAGEMENT PROGRAM NOTICE IL-UM-02 (02 06) - NOTICE OF UNINSURED MOTORISTS COVERAGE OPTIONS 93-7-4396 (REV. 05/02) - A JOINT PRIVACY NOTICE 93-7-4414 (01/06) - ADVISORY NOTICE TO POLICYHOLDERS

Named Insured and Mailing Address:

SUSAN O'ROURKE 229 SE VILLAS ST STUART FL 34994-3432

Agent:

DAVID R CURFMAN, PA, LUTCF Account Number: 1735284479-02 Membership Number: 802801

County: 43-0 Agent Code: 15633

Cert ID 86143 ACORD, CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 11/9/2010 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. Wells Fargo Insurance Services USA, Inc 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718 (561) 655-5500 INSURERS AFFORDING COVERAGE NAIC # INSURED INSURER A: Continental Casualty Company 20443 Urban Design Studio, LLC., dba Urban Design INSURER 8: American Casualty Company of R 20427 Kilday Studios INSURER C: Transportation Insurance Compa 477 South Rosemary Avenue, #225 20494 West Palm Beach PL 33401 INSURERD: Citizens Property Ins Company 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 POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) 1,000,000 COMMERCIAL GENERAL LIABILITY 2097206782 4/1/2010 4/1/2011 300,000 CLAIMS MADE X OCCUR MED EXP (Any one person) 10,000 PERSONAL & ADV INJURY 5 1,000,000 GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG 2,000,000 POLICY X PRO-AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) s н ANY AUTO 2097206782 4/1/2010 4/1/2011 1,000,000 ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS x HIRED AUTOS BODILY INJURY (Per accident) x NON-OWNED AUTOS s PROPERTY DAMAGE (Per accident) **GARAGE LIABILITY AUTO DNLY - EA ACCIDENT** OTUA YAA EA ACC AGG \$ EXCESS/UMBRELLA LIABILITY **EACH OCCURRENCE** 5 1,000,000 C X OCCUR CLAIMS MADE 2097206829 4/1/2010 4/1/2011 AGGREGATE 1,000,000 S DEDUCTIBLE X RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC283833515 x WC STATU-4/1/2010 4/1/2011 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 500,000 If yes, describe under SPECIAL PROVISIONS belo E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT 5 500,000 В OTHER Contents 2097206782 4/1/2010 4/1/2011 \$210,120. Special, RC, Ded \$500 Commercial Wind 1451870 5/21/2009 5/21/2010 Contents \$200,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 10 days notice of cancellation for non payment of premium. GL - Blanket Additional Insured Endorsement with Products-Completed Operations Coverage & Blanket Waiver of Subrogation. The Lester Family Investments L.P., Richard Thail, Robert Thail, Peter L. Briger, Paul L. Briger and David Minkin Florida Realty Trust. PBCBCC, A Political Subdivision of the State of Florida, its officers, employees and agents. All listed as additional insured with respect to General Liability. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION The Lester Family Investments, LP, and Palm Bch Cnty Board of Cnty Commissioners 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 44 Coconut Row IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR

Palm Beach PL 33480

ACORD 25 (2001/08)

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

San & Elington

© ACORD CORPORATION 1988

11/9/2010

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.

ACORD	•

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/08/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME RICH PIVARCYK **PRODUCER** PHONE FAX Leatzow Insurance (630) 468-6060 (630) 928-0595 2301 W. 22nd Street Suite 208 **EMAIL ADDRESS** rich@leatzowinsurance.com Oak Brook, IL 60523 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A New Hampshire Insurance Company 23841 INSURED INSURER B Urban Design Studio, LLC INSURER C d/b/a: Urban Design Kilday Studios 477 S. Rosemary Avenue INSURER D: Suite 225 INSURER E West Palm Beach, FL 33401 INSURER F: CERTIFICATE NUMBER: COVERAGES **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDUSUBE **POLICY EFF** TYPE OF INSURANCE **POLICY EXP POLICY NUMBER** LIMITS LTR INSR WVD (MM/DD/YYYY) (MM/DD/YYYY) GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurre COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR MED EXP (Any one person) **DOES NOT APPLY** PERSONAL AND ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PROJECT POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO Scheduled BODILY INJURY (Per person) Autos DOES NOT APPLY ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE Hired Autos (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE **DOES NOT APPLY EXCESS LIAB** CLAIMS-MADE AGGREGATE DED **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **DOES NOT APPLY** N/A E.L. DISEASE - EA EMPLOYEE DISEASE - POLICY LIMIT 1,000,000 each claim PROFESSIONAL LIABILITY 020398610 3/17/2010 3/17/2011 1,000,000 aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION The Lester Family Investments L.P. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE **PBCBCC** EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH 44 Coconut Row THE POLICY PROVISIONS. Palm Beach, FL 33480 AUTHORIZED REPRESENTATIVE

IVINCIN

LEATZOW INSURANCE

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Leatzow Insurance

2301 W. 22nd Street Suite 208

RODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/08/2010

(630) 928-0595

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT FFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT ONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PHONE

CONTACT NAME

EMAIL ADDRESS

RICH PIVARCYK

(630) 468-6060

rich@leatzowinsurance.com

FAX

PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the blicy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Oak Brook, IL 60523					INSURER(S) AFFORDING COVERAGE			
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vsured Urban Design Studio, Li	<u></u>			INSURER	В:			
d/b/a: Urban Design Kile		dine		INSURER	C;			
477 S. Rosemary Aven		uios		INSURER	D:			
Suite 225				INSURER	E:	MARKET CO.		
West Paim Beach, FL	33401			INSURER	E.		***************************************	
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SR TYPE OF INSURANCE		DDL SUBR	POLICY NUMBER	₹	POLICY EFF	POLICY EXP	LIMITS	
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CTAIL ACCOUNTS AND ACCOUNTS	-						GENERAL AGGREGATE	\$
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AUTOS Autos	au						BODILY INJURY (Per accident)	\$
Hired Autos						,	PROPERTY DAMAGE (Per accident)	\$
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							E.L. DISEASE - POLICY LIMIT	<u> \$</u>
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ESCRIPTION OF OPERATIONS / LOC	ATIONS / \	VEHICLE	S (Altach ACORD 101, Ad	dditlonal Re	emarks Schedul	e, if more space	e is required)	
ERTIFICATE HOLDER				CANCELL	ATION			
he Lester Family Investme BCBCC 4 Coconut Row alm Beach, FL 33480	nts L.P.			THE POLIC		OF, NOTICE W	D POLICIES BE CANCELLED (ILL BE DELIVERED IN ACCO	
				Riunf) <i>VWM</i> 1988-201	<u>r</u>	EATZOW INSURANG	

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COR	

RODUCER

Leatzow Insurance

Oak Brook, IL 60523

2301 W. 22nd Street Suite 208

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/08/2010

NAIC #

(630) 928-0595

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT FFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT ONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PHONE

CONTACT NAME

EMAIL ADDRESS

RICH PIVARCYK

(630) 468-6060

rlch@leatzowinsurance.com

INSURER(S) AFFORDING COVERAGE

FAX

PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	·			INSURER	A: New Ham	pshire Insuran	ce Company	23841
NSI	JRED		4	INSURER				
	Urban Design Studio, LLC			INSURER	C:	· · · · · · · · · · · · · · · · · · ·		
	d/b/a: Urban Design Kilday St 477 S. Rosemary Avenue	ludios		INSURER D:				
	Suite 225			INSURER	FYA			
	West Palm Beach, FL 33401	1		MANUAL MA				
DV.		IFICATE NU	IMPED:	INSURER		"CION NI DADE	D.	
HS DIC	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQUI FIFICATE MAY BE ISSUED OR MAY PERTA USIONS AND CONDITIONS OF SUCH PO	INSURANCE REMENT, TO AIN, THE IN:	E LISTED BELOW HAVE ERM OR CONDITION OF SURANCE AFFORDED B	ANY CONT	ED TO THE INSI	ER DOCUMENT	BOVE FOR THE POLICY PE	ITHIS
SR TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	र	POLICY EFF	POLICY EXP	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS MADEOCCUR		DOCO HOT LOOK	-			MED EXP (Any one person)	\$
			DOES NOT APPLY				PERSONAL AND ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
					·		PRODUCTS - COMP/OP AGG	\$
	POLICY PROJECT LOC				,		COMBINED SINGLE LIMIT	3
	AUTOMOBILE LIABILITY ANY AUTO Scheduled						(Ea accident)	\$
	Autos ALL OWNED Non-owned		DOES NOT APPLY				BODILY INJURY (Per person)	\$
	AUTOS						BODILY INJURY (Per accident)	\$
	Hired Autos				·	i	PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR		Soro Nor Apply		1870		EACH OCCURRENCE	S
	EXCESS LIAB CLAIMS-MADE		DOES NOT APPLY				AGGREGATE	\$
	OED RETENTION \$							\$
	WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY Y/N				-		TORY LIMITS ER E.L. EACH ACCIDENT	is
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	DOES NOT APPLY	'			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	s
_							1,000,000 each cla	alm
4	PROFESSIONAL LIABILITY		020398610		3/17/2010	3/17/2011	1,000,000 aggrega	ite
ES	CRIPTION OF OPERATIONS / LOCATIONS	/ VEHICLE	S (Attach ACORD 101, Ad	iditional R	emarks Schedul	e, if more space	e is required)	
ER	TIFICATE HOLDER			CANCELL	ATION			
he	Lester Family Investments L.I	P.			· ·			·
B(CBCC Coconut Row			EXPIRATION		OF, NOTICE W	D POLICIES BE CANCELLED I'LL BE DELIVERED IN ACCC	
alı	m Beach, FL 33480			AUTHOR	ZED REPRESENTA	ATIVE		
				0:40) WUMAA	LI	EATZOW INSURAN	CE
_				I MUVI I		M ACOBD CO	ORPORATION. All rights	rocomod
					@ 1900-20]	y ACCRUCE	ARONATION, All rights	i epai Agg'

ICORD™ CERTIFICATE OF LIABILITY INSURANCE									
HUCER 18 Fargo Insurance Services USA, Inc 14 Vista Parkway, Suite 400 1t Palm Beach FL 33411-2718	THIS CERTIFICATE IS ISSUED AS A MATTER OF CONLY AND CONFERS NO RIGHTS UPON THE HOLDER, THIS CERTIFICATE DOES NOT AME ALTER THE COVERAGE AFFORDED BY THE P	IE CERTIFICATE ND. EXTEND OR							
(1) 655-5500	INSURERS AFFORDING COVERAGE	NAIC#							
RED	INSURER A: Continental Casualty Company	20443							
an Design Studio, LLC., dba Urban Design	INSURER B: American Casualty Company of R	20427							
lday Studios	INSURER C: Transportation Insurance Compa	20494							
/ South Rosemary Avenue, #225 st Palm Beach FL 33401	INSURER D: Citizens Property Ins Company								
1	INSURER E:								
VERAGES									
HE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING MY 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 DLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
14 Popul I	L DOLLAW EFFECTIVE DOLLAY EVALUATION								

ADD'I	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/QD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE \$	1,000,000
1	X COMMERCIAL GENERAL LIABILITY	2097206782	4/1/2010	4/1/2011	DAMAGE TO RENTED PREMISES (Ea occurence) \$	300,000
1	CLAIMS MADE X OCCUR				MED EXF (Any one person) \$	10,000
		<i>*</i>			PERSONAL & ADV INJURY \$	1,000,000
					GENERAL AGGREGATE \$	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$	2,000,000
	POLICY X PRO-					
T	AUTOMOBILE LIABILITY			4/1/2011	COMBINED SINGLE LIMIT	
	ANY AUTO	2097206782	4/1/2010		(Ea accident)	1,000,000
1	ALL OWNED AUTOS				BODILY INJURY	
	SCHEDULED AUTOS		\$.	,	(Per person) 5	
	X HIRED AUTOS				BODILY INJURY	
	X NON-OWNED AUTOS				(Per accident) \$	
				-	PROPERTY DAMAGE	
					(Per accident)	
T	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
1	ANY AUTO				OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
T	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE 5	1,000,000
	X OCCUR CLAIMS MADE	2097206829	4/1/2010	4/1/2011	AGGREGATE 5	1,000,000
ļ					S	
	DEDUCTIBLE				· S	
	X RETENTION \$ 10,000				S	
W	ORKERS COMPENSATION AND	WC283833515	4/1/2010	4/1/2011	X WC STATU- OTH-	
1	IPLOYERS' LIABILITY	1		1	E.L. EACH ACCIDENT \$	500,000
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	· ·			E.L. DISEASE - EA EMPLOYEE \$	500,000
lf y SP	es, describe under ECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT 5	500,000
	HER Contents	2097206782	4/1/2010	4/1/2011	\$210,120. Special, RC,	
	Commercial Wind	1451870	5/21/2009	5/21/2010	Ded \$500 Contents \$200,000	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						

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

10 days notice of cancellation for non payment of premium. GL - Blanket Additional Insured Endorsement with Products-Completed Operations Coverage & Blanket Waiver of Subrogation. The Lester Family Investments L.P., Richard Thail, Robert Thail, Peter L. Briger, Paul L. Briger and David Minkin Florida Realty Trust. PBCBCC, A Political Subdivision of the State of Florida, its officers, employees and agents. All listed as additional insured with respect to General Liability.

ERTIFICATE HOLDER	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
he Lester Family Investments, LP, and alm Bch Cnty Board of Cnty Commissioners	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALI
4 Coconut Row	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF
	REPRESENTATIVES.
alm Beach FL 33480	AUTHORIZED REPRESENTATIVE 0
	Lange throughon

11/9/2010

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.