

3A-6

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: November 16, 2010 [X] Consent [ ] Regular  
[ ] Workshop [ ] Public Hearing

Department:

Submitted By: Administration  
Submitted For: Administration

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Amendment No. 1 to Agreement with the Lester Family Investment L.P., Richard Thall, Robert Thall, Peter L. Briger, Paul H. Briger and the David Minkin Florida Realty Trust.

**Summary:** On November 6, 2007, the Board of County Commissioners approved Agreement (R2007-1888) to jointly fund professional services related to a joint application for a Development of Regional Impact, Future Land Use Amendment, Concurrency Approval, Planned Community Development and a Conceptual Environmental Resource Permit for the 683 acre Briger Site, including 70 acres for Scripps (1.6 Million SF) and 100 acres for 2.4 Million SF of Bioscience use, in the amount of \$716,662. Amendment No. 1 provides for an additional \$750,868 in additional services. In accordance with the Agreement, \$510,590 (68%) will be paid for by the Lesters and \$240,278 will be paid for by the County. The additional costs are partially attributable to petitions being filed challenging the State's intent to find the City of Palm Beach Gardens Comprehensive Plan Amendment in compliance and the issuance of the South Florida Water Management Environmental Resource Permit. This Amendment also incorporates the Inspector General Language pursuant to Ordinance No. 2009-049. Funds for the Amendment will come from the County's 2007 \$6.5 Million Bond Issuance for Scripps on Briger. Countywide (RPB)

**Background and Policy Issues:** On February 28, 2006, the Board of County Commissioners approved an Agreement (R2006-0433) for the donation and purchase and sale with the Lester Family Investments L.P. for 70 acres of Property within the Briger Parcel.

**Attachments:**

1. Amendment No. 1
2. Revised Exhibit B

Recommended By:  11-1-10  
Assistant County Administrator Date

Approved By:  11-1-10  
Assistant County Administrator Date

# I. FISCAL IMPACT ANALYSIS

## A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	<u>750,868</u>	_____	_____	_____	_____
Grant Expenditure	_____	_____	_____	_____	_____
Operating Revenues	<u>(510,590)</u>	_____	_____	_____	_____
Program Income (PBC)	_____	_____	_____	_____	_____
In-Kind Match (PBC)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	* <u>240,278</u>	_____	_____	_____	_____
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Proposed Budget? Yes X No

Budget Account No: Fund 3052 Department 429 Unit B349 Object 6505

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

\* Source of funding - 98.0M NAV CTC CTF, Scripps/Briger  
(3052-429-B349-6505)

## C. Departmental Fiscal Review: \_\_\_\_\_

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]  
OFMB  
AJT  
11/2/2010  
SW  
11/2/10  
11/2/10

[Signature] 11/3/10  
Contract Administration  
Edwards 11/3/10  
This Amendment complies  
with our review requirements.

### B. Legal Sufficiency:

[Signature]  
Assistant County Attorney

### 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 by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as "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 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.

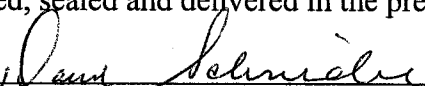
Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Ordinance No. 2009-049, and punishable pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.


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

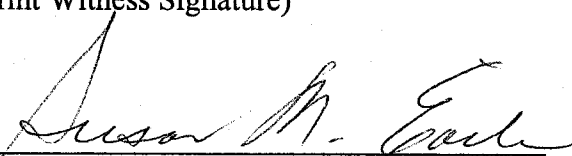
**THE REMAINDER OF THE PAGE LEFT BLANK INTENTIONALLY**

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:

  
(Witness Signature)

  
(Print Witness Signature)

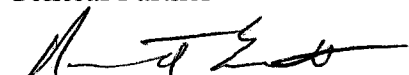
  
(Witness Signature)

SUSAN M. EARLE  
(Print Witness Signature)

Landowner:

THE LESTER FAMILY INVESTMENTS L.P.,  
a Delaware limited partnership

By: PHL Financial Consulting Co., Inc., as  
General Partner

By:   
(Signature)

Prescott E. Lester  
(Print Signatory's Name)

Its: President

Signed, sealed and delivered in the presence of:

Sherrill Sklar

(Witness Signature)

SHERRILL SKLAR

(Print Witness Signature)

E Arastehmanesh

(Witness Signature)

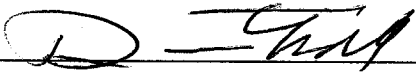
Elvin Arastehmanesh

(Print Witness Signature)


Richard Thall

Richard Thall

Signed, sealed and delivered in the presence of:

  
(Witness Signature)

David Thall  
(Print Witness Signature)

  
(Witness Signature)

MARY LOU THALL  
(Print Witness Signature)

  
Robert Thall

Signed, sealed and delivered in the presence of:

Erika Soldano  
(Witness Signature)

Erika Soldano  
(Print Witness Signature)

Peter L. Briger  
Peter L. Briger

Johanna Velazquez  
(Witness Signature)

Johanna Velazquez  
(Print Witness Signature)



Signed, sealed and delivered in the presence of:

Susan M. Earle

(Witness Signature)

SUSAN M. EARLE

(Print Witness Signature)

Paul H. Briger

Paul H. Briger

Dawn Schneider

(Witness Signature)

Dawn Schneider

(Print Witness Signature)

Signed, sealed and delivered in the presence of:

Charles Lubitz  
(Witness Signature)

CHARLES LUBITZ  
(Print Witness Signature)

Susan M. Earle  
(Witness Signature)

SUSAN M. EARLE  
(Print Witness Signature)

THE DAVID MINKIN FLORIDA REALTY TRUST

By: [Signature]  
(Signature)

(Print Signatory's Name)

Its: Trustee

**ATTEST BY**

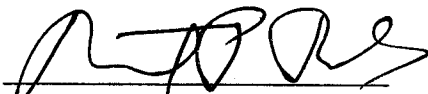
**SHARON R. BOCK, CLERK &  
COMPTROLLER**

By: \_\_\_\_\_  
Deputy Clerk

**PALM BEACH COUNTY, FLORIDA,  
BY ITS BOARD OF COUNTY  
COMMISSIONERS**

By: \_\_\_\_\_  
Chair

**APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY**

By:   
County Attorney

**APPROVED AS TO TERMS AND  
CONDITIONS**

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
<b>Proposed Budgets</b>		<b>TOTAL \$2,239,568.00</b>	<b>TOTAL \$750,868.00</b>

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.

### Contract – October 27, 2007

Palm Beach County Share (32%) = \$716,662.00

Lester Family Investments Share (68%) = \$1,522,906.00

### Amendment #1 – August 2, 2010

Palm Beach County Share (32%) = \$240,278.00

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



# 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 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).

<b>PRODUCER</b> WILLIS OF FL INC/PHS SOUTH FL 229522 P: (888) 474-5843 F: (877) 538-8526 PO BOX 29611 CHARLOTTE NC 28229	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 474-5843 FAX (A/C, No): (877) 538-8526 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
<b>INSURED</b> ARCHAEOLOGICAL & HISTORICAL CO NSERVANCY, INC. 4800 S.W. 64TH AVE. STE 107 DAVIE FL 33314	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Hartford Casualty Ins Co</td><td></td></tr><tr><td>INSURER B: Hartford Underwriters Ins Co</td><td></td></tr><tr><td>INSURER C: Twin City Fire Ins Co</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	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:	
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INSURER E:															
INSURER F:															

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			21 SBM NG6247	04/29/2010	04/29/2011	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> General Liab						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			21 UEC UU6414	09/10/2010	09/10/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			21 WEC RW1771	12/05/2010	12/05/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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.

<b>CERTIFICATE HOLDER</b> The Lester Family Investment L.P. Howard Lester 44 COCOANUT ROW PALM BEACH, FL 33480	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
--	---

Client#: 5239

ARCHI

ACORD™

# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER  
Willis of Florida  
201 Alhambra Circle, Suite 1100  
P O Box 141308  
Coral Gables, FL 33114-1308

CONTACT  
NAME:  
PHONE (A/C, No, Ext): 305 854-1330 FAX (A/C, No): 3055773993  
E-MAIL:  
ADDRESS:  
PRODUCER  
CUSTOMER ID #:

INSURED  
Archaeological & Historical  
Conservancy, Inc.  
4800 SW 64 Avenue, Suite 107  
Davie, FL 33314

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Evanston Insurance Co	B2055
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>				EACH OCCURRENCE \$
	DEDUCTIBLE					AGGREGATE \$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
A	Professional Liab		EO844876	10/01/2010	10/01/2011	E.L. DISEASE - POLICY LIMIT \$
	Claims Made Basis					\$1,000,000/\$1,000,000
						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  
44 Coconut 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

*Beverly Weed*

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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

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# CERTIFICATE OF LIABILITY INSURANCE

SXM  
R045

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

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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	<input checked="" type="checkbox"/> General Liab	X	PERSONAL & ADV INJURY \$ 1,000,000				
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B	<b>AUTOMOBILE LIABILITY</b>			21 UEC UU6414	09/10/2010	09/10/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>		AGGREGATE \$				
	<input type="checkbox"/> OCCUR		\$				
	<input type="checkbox"/> CLAIMS-MADE		\$				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			21 WEC RW1771	12/05/2010	12/05/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	E.L. EACH ACCIDENT \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

**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)

<b>CERTIFICATE HOLDER</b> Palm Beach County Board of County Commissioners 301 N OLIVE AVE FL 11 WEST PALM BEACH, FL 33401	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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ACORD™

Client#: 5239

ARCHI

## CERTIFICATE OF LIABILITY INSURANCE

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

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).

PRODUCER Willis of Florida 201 Alhambra Circle, Suite 1100 P O Box 141308 Coral Gables, FL 33114-1308	CONTACT NAME: PHONE (A/C, No, Ext): 305 854-1330 FAX (A/C, No): 3055773993 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED 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

## COVERAGES

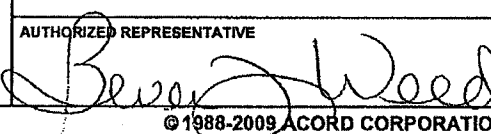
CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL NSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						IWC STATU- TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH- ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Professional Liab Claims Made Basis			EO844876	10/01/2010	10/01/2011	\$1,000,000/\$1,000,000 Deductible: \$2,500

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

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners 301 N Olive Ave, FL 11 West Palm Beach, FL 33401	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. AUTHORIZED REPRESENTATIVE 
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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

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Additional Certholder Text

Certificate Holder is an Additional Insured per the Business Liability Coverage  
Form SS0008 attached to this policy.

ACORD<sup>TM</sup>

## 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).

PRODUCER Insurance Office of America, Inc. 2700 University Blvd. West Building B Jacksonville, FL 32217	CONTACT NAME: PHONE (A/C, No, Ext): 904.448.9777 FAX (A/C, No): 904.448.9788 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED Environmental Services, Inc. 7220 Financial Way Suite # 100 Jacksonville, FL 32256	INSURER(S) AFFORDING COVERAGE INSURER A: Steadfast Ins Co NAIC # 26387 INSURER B: Zurich American Ins Company 16535 INSURER C: INSURER D: INSURER E: INSURER F:

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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"/> Contractor Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC			GPL 9029408-05 ACCORDING TO PROVISIONS OF THE POLICY	09/01/2010	09/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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 <input checked="" type="checkbox"/> \$500 Com. Ded.			BAP 9029411-05	09/01/2010	09/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			SEO 9029410-05 "UMBRELLA FORM"	09/01/2010	09/01/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
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 DESCRIPTION OF OPERATIONS below		N/A	WC 9029413-05	09/01/2010	09/01/2011	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Contractor Pollution Liab			GPL 9029408-05	09/01/2010	09/01/2011	Each Claim-\$1,000,000 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"

## CERTIFICATE HOLDER

## 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  
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

Donald Poag/KATHY

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Insurance Office of America, Inc.</b>		NAMED INSURED <b>Environmental Services, Inc.</b>	
POLICY NUMBER		Suite # 100	
CARRIER	NAIC CODE	Jacksonville, FL 32256	
		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 NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$

**Automobile Liability**

INSR ADD'L LTR INSRD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)
B X \$1,000 Coll Ded			

**Excess/Umbrella Liability**

INSR ADD'L LTR INSRD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A				\$

**Other Liability**

INSR LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

11-04-10:01:12PM;

# 3004

**Additional Coverages and Factors**

09/01/2010

**Line of Business Coverages for Business Auto**

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
Combined single limit	1,000,000				
Medical payments	5,000				
Uninsured motorist combined single limit	100,000				
Comprehensive		500			
Underinsured motorist combined single limit	100,000				
Collision		1,000			

**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			
Fire Damage	100,000				
Medical Expense	10,000				

Basis: Per Claim; Applies: Both BI &amp; PD

**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 liability				2,340.00	1.40000
Adjst. to reconcile-exp mod. premium				0.00	1.00000
Premium discount				-19,607.00	11.10000
Expense constant				200.00	
Stop Gap Premium				1,000.00	
Ga Insurers Insolvency				748.00	

11-04-10;01:12PM;

# 4 004

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

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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 Compension.



DATE (MM/DD/YYYY)

11/09/10

**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).

PRODUCER <b>Henderson Brothers, Inc.</b> <b>920 Ft Duquesne Blvd</b> <b>Pittsburgh, PA 15222</b> <b>James L. Conn</b>		412-261-1842 412-261-4149		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>MICH-21</b>	
INSURED <b>Michael B. Schorah &amp; Associates, Inc.</b> <b>Michael B. Schorah</b> <b>1850 Forest Hill Blvd Ste 205</b> <b>West Palm Beach, FL 33406</b>		INSURER(S) AFFORDING COVERAGE <b>INSURER A : The Hartford</b> <b>INSURER B : Sentinel Insurance Company</b> <b>INSURER C : Beazley Insurance Co., Inc.</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>			NAIC # <b>22357</b>

## 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.

INSR LTR	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			X		40SBMN06128	12/03/09	12/03/10	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						\$	
B	AUTOMOBILE LIABILITY					40UECKB1988	12/03/10	12/03/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS								\$
	<input checked="" type="checkbox"/>	NON-OWNED AUTOS								\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			40SBMN06128	12/03/09	12/03/10	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DEDUCTIBLE									\$
	RETENTION \$ 10,000									\$
										\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		40WECZM3339	01/27/10	01/27/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
C	Professional					V15WM4100301	11/06/10	11/06/11	E.L. EACH ACCIDENT	\$ 500,000
									E.L. DISEASE - EA EMPLOYEE	\$ 500,000
									E.L. DISEASE - POLICY LIMIT	\$ 500,000
									Aggregate	3,000,000

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

**CERTIFICATE HOLDER**

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

## 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.

AUTHORIZED REPRESENTATIVE  
James L. Conn



# 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.

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PRODUCER	412-261-1842	CONTACT NAME:	
Henderson Brothers, Inc.	412-261-4149	PHONE (A/C, No, Ext):	FAX (A/C, No):
920 Ft Duquesne Blvd		E-MAIL ADDRESS:	
Pittsburgh, PA 15222		PRODUCER CUSTOMER ID #:	MICH-21
James L. Conn		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Michael B. Schorah & Associates, Inc.	INSURER A:	Beazley Insurance Co., Inc.
	Michael B. Schorah	INSURER B:	
	1850 Forest Hill Blvd Ste 205	INSURER C:	
	West Palm Beach, FL 33406	INSURER D:	
		INSURER E:	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBH WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	HIRE AUTOS <input type="checkbox"/>						\$
	NON-OWNED AUTOS <input type="checkbox"/>						\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DEDUCTIBLE <input type="checkbox"/>						\$
	RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
A	Professional Liab			V15WM4100301	11/06/10	11/06/11	E L DISEASE - POLICY LIMIT \$
							Aggregate 1,000,000 3,000,000

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.  
44 Coconut 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  
James L. Conn

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**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.

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/9/2010
<b>PRODUCER</b> TAYLOR ASHLEY AGENCY, INC. PO BOX 987 Stuart, FL 34995 (772) 287-2440		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
<b>INSURED</b> SUSAN E O'ROURKE PE, INC O'ROURKE, Susan 428 Sw Akron Ave Suite 1a Stuart, FL 34994 (772) 781-7918		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC#</b>
INSURER A: STATE AUTO		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		


## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
REF LTR	ADSL INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GLP2106836	4/19/10	4/19/11	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		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				MED EXP (Any one person) \$ 5,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				PERSONAL & ADV INJURY \$ 1,000,000
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				GENERAL AGGREGATE \$ 2,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/DIRECTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				PRODUCTS - COMPO AGG \$ 2,000,000
						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 \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
						WC STATUTORY LIMITS OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

The Lester Family Investments L.P., 44 Coconut Row Palm Beach, FL 33480	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 
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NOV-09-2010 16:24

RV JOHNSON INS.

772 287 4255

P.02

## CERTIFICATE OF LIABILITY INSURANCE

OP ID CR

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.

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).

PRODUCER	CONTACT NAME:
R.V. Johnson Insurance	PHONE (A/C, No, Ext):
2041 SE Ocean Blvd	FAX (A/C, No):
Stuart FL 34996	ADDRESS:
Phone: 772-287-3366 Fax: 772-287-4439	PRODUCER CUSTOMER ID #: SUSAN-4
INSURED	INSURER(S) AFFORDING COVERAGE
Susan E. O'Rourke, PE, Inc.	INSURER A: Landmark Insurance Company
428 SW Akron Ave Ste 1A	INSURER B:
Stuart FL 34994	INSURER C:
	INSURER D:
	INSURER E:
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR	WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	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						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Professional Liab			LHR716313	01/23/10	01/23/11	Limit \$1,000,000
	Retro: 1-20-1990						Deduct \$10,000

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

## CERTIFICATE HOLDER

## CANCELLATION

The Lester Family Investments LP 44 Coconut 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 
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03-30-2006

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      SUSAN E O'ROURKE PE INC  
AND ADDRESS: 229 SE VILLAS ST  
STUART      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.

QUESTIONS? (850) 413-1609

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION NON-CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 03/30/2006 ** EXPIRATION DATE: N/A</p> <p>PERSON: SUSAN E O'ROURKE FEIN: 900191359</p> <p>BUSINESS NAME      SUSAN E O'ROURKE PE INC AND ADDRESS: 229 SE VILLAS ST STUART, FL 34994</p> <p>SCOPE OF BUSINESS OR TRADE: 1- ENGINEERING</p>	<p style="text-align: center;"><b>IMPORTANT</b></p> <p>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.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1609</p>
--	---

CUT HERE

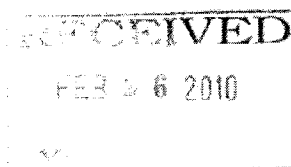
\* Carry bottom portion on the job, keep upper portion for your records.

**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)



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.

COVERAGES	COVERED AUTOS	LIMIT- THE MOST WE WILL PAY FOR	PREMIUM
LIABILITY INS.	07 08 09	ANY ONE ACCIDENT OR LOSS	
Bodily Injury		\$500,000 Each Person	\$770
Property Damage		\$500,000 Each Accident	
		\$100,000 Each Accident	
PERS. INJURY PROT.	05	No Deductible	\$91
MEDICAL PAYMENTS	07	\$5,000 Per Person	\$15
UNINSURED MOTORIST	02	\$100,000 Bodily Injury Each Person	\$101
Non-Stacked Cov.		\$300,000 Bodily Injury Each Accident	
PHYSICAL DAMAGE INS.		Actual Cash Value or Cost of Repair Whichever is Less, Minus Deductible Shown	
Comprehensive	07	\$1000 Deductible	\$93
Collision	07	\$1000 Deductible	\$272
Estimated Total Premium			\$1,342

FL Hurricane Catastrophe Fund Emergency Assessment \$13.42

Estimated Policy Total \$1,355.42

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

Unit(s)	Year	Description	Serial Number	Stated Amount
012	2009	CHEV TRAVERSE	1GNER33D49S102227	

\*\*\* continued on back \*\*\*

Refer inquires to:

*David R. Curfman* LUTCF

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

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



**POLICY DECLARATION**

Premiums- Unit(s)	Liab	WC PIP	No WC PIP	Med Pay	Unins Mtrst	Comp	Coll	Deductible Comp Coll	Total Premium
012	\$620		\$91	\$15	\$101	\$93	\$272	1000 1000	\$1192

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

State	Estimated Cost of Hire IF ANY	Premium
FL		\$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 Of Employees	Liability Premium
	1	\$79

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](http://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, LUTC

Account Number: 1735284479-02

Membership Number: 802801

County: 43-0

Agent Code: 15633

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Cert ID 86143

DATE (MM/DD/YYYY)

11/9/2010

## PRODUCER

Wells Fargo Insurance Services USA, Inc  
2054 Vista Parkway, Suite 400  
West Palm Beach FL 33411-2718  
(561) 655-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURED

Urban Design Studio, LLC., dba Urban Design  
Kilday Studios  
477 South Rosemary Avenue, #225  
West Palm Beach FL 33401

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Continental Casualty Company

20443

INSURER B: American Casualty Company of R

20427

INSURER C: Transportation Insurance Compa

20494

INSURER D: 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	2097206782	4/1/2010	4/1/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	2097206782	4/1/2010	4/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS/UMBRELLA LIABILITY	2097206829	4/1/2010	4/1/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
					\$
	DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC283833515	4/1/2010	4/1/2011	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
B	OTHER Contents	2097206782	4/1/2010	4/1/2011	\$210,120. Special, RC, Ded \$500
D	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

The Lester Family Investments, LP, and  
Palm Bch Cnty Board of Cnty Commissioners  
44 Coconut Row

Palm Beach FL 33480

## 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



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 alter the coverage afforded by the policies listed thereon.



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.

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PRODUCER  Leatzow Insurance 2301 W. 22nd Street Suite 208 Oak Brook, IL 60523	CONTACT NAME RICH PIVARCYK	
	PHONE (630) 468-6060	FAX (630) 928-0595
	EMAIL ADDRESS rich@leatzowinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New Hampshire Insurance Company	
INSURED  Urban Design Studio, LLC d/b/a: Urban Design Kilday Studios 477 S. Rosemary Avenue Suite 225 West Palm Beach, FL 33401	NAIC # 23841	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL AND ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Hired Autos	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A	<input type="checkbox"/>	DOES NOT APPLY			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	020398610	3/17/2010	3/17/2011	1,000,000 each claim 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. PBCBCC 44 Coconut 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  LEATZOW INSURANCE



# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> Leatzow Insurance 2301 W. 22nd Street Suite 208 Oak Brook, IL 60523	<b>CONTACT NAME</b> RICH PIVARCYK	
	<b>PHONE</b> (630) 468-6060	<b>FAX</b> (630) 928-0595
	<b>EMAIL ADDRESS</b> rich@leatzowinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> New Hampshire Insurance Company	
	<b>INSURER B:</b>	
<b>INSURED</b> Urban Design Studio, LLC d/b/a: Urban Design Kilday Studios 477 S. Rosemary Avenue Suite 225 West Palm Beach, FL 33401	<b>NAIC #</b> 23841	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

SR TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL AND ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Hired Autos	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	020398610	3/17/2010	3/17/2011	1,000,000 each claim 1,000,000 aggregate

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

<b>CERTIFICATE HOLDER</b> The Lester Family Investments L.P. BCBCC 4 Coconut Row West Palm Beach, FL 33480	<b>CANCELLATION</b> 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  LEATZOW INSURANCE
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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).

PRODUCER Leatzow Insurance 2301 W. 22nd Street Suite 208 Oak Brook, IL 60523	CONTACT NAME RICH PIVARCYK PHONE (630) 488-6060 FAX (630) 928-0595 EMAIL ADDRESS rich@leatzowinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: New Hampshire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 23841
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INSURED  
Urban Design Studio, LLC  
d/b/a: Urban Design Kilday Studios  
477 S. Rosemary Avenue  
Suite 225  
West Palm Beach, FL 33401

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.

SR TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL AND ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Hired Autos	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	DOES NOT APPLY			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A	<input type="checkbox"/>	DOES NOT APPLY			WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	020398610	3/17/2010	3/17/2011	1,000,000 each claim 1,000,000 aggregate

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

CERTIFICATE HOLDER The Lester Family Investments L.P. BCBCC 4 Coconut Row West Palm Beach, FL 33480	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.  AUTHORIZED REPRESENTATIVE <i>Rich Pivarcyk</i> LEATZOW INSURANCE
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2010

INSURER  
Fargo Insurance Services USA, Inc  
4 Vista Parkway, Suite 400  
Palm Beach FL 33411-2718  
(1) 655-5500

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
Urban Design Studio, LLC., dba Urban Design  
Day Studios  
7 South Rosemary Avenue, #225  
Palm Beach FL 33401

INSURER A: Continental Casualty Company  
INSURER B: American Casualty Company of R  
INSURER C: Transportation Insurance Compa  
INSURER D: 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.

ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<div><div>GENERAL LIABILITY</div><div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div><input type="checkbox"/> CLAIMS MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div></div></div>	<div><div>GEN'L AGGREGATE LIMIT APPLIES PER:</div><div><div><input type="checkbox"/> POLICY</div><div><input checked="" type="checkbox"/> PRO- JECT</div><div><input type="checkbox"/> LOC</div></div></div>	2097206782	4/1/2010	4/1/2011	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	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
<div><div>AUTOMOBILE LIABILITY</div><div><div><input type="checkbox"/> ANY AUTO</div><div><input type="checkbox"/> ALL OWNED AUTOS</div><div><input type="checkbox"/> SCHEDULED AUTOS</div><div><input checked="" type="checkbox"/> HIRED AUTOS</div><div><input checked="" type="checkbox"/> NON-OWNED AUTOS</div></div></div>	2097206782	4/1/2010	4/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
				BODILY INJURY (Per person)	\$	
				BODILY INJURY (Per accident)	\$	
				PROPERTY DAMAGE (Per accident)	\$	
<div><div>GARAGE LIABILITY</div><div><div><input type="checkbox"/> ANY AUTO</div></div></div>				AUTO ONLY - EA ACCIDENT	\$	
				OTHER THAN EA ACC	\$	
				AUTO ONLY: AGG	\$	
<div><div>EXCESS/UMBRELLA LIABILITY</div><div><div><input checked="" type="checkbox"/> OCCUR</div><div><input type="checkbox"/> CLAIMS MADE</div></div><div><div><input type="checkbox"/> DEDUCTIBLE</div><div><input checked="" type="checkbox"/> RETENTION \$ 10,000</div></div></div>	2097206829	4/1/2010	4/1/2011	EACH OCCURRENCE	\$ 1,000,000	
				AGGREGATE	\$ 1,000,000	
					\$	
					\$	
					\$	
<div><div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div><div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below</div></div>	WC283833515	4/1/2010	4/1/2011	<div><input checked="" type="checkbox"/> WC STATU- TORY LIMITS</div> <div><input type="checkbox"/> OTH- ER</div>		
				E.L. EACH ACCIDENT	\$ 500,000	
				E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
				E.L. DISEASE - POLICY LIMIT	\$ 500,000	
<div><div>OTHER Contents</div><div>Commercial Wind</div></div>	2097206782 1451870	4/1/2010 5/21/2009	4/1/2011 5/21/2010	\$210,120. Special, RC, Ded \$500 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

the Lester Family Investments, LP, and  
Palm Bch Cnty Board of Cnty Commissioners  
4 Coconut Row  
Palm Beach FL 33480

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

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 alter the coverage afforded by the policies listed thereon.