

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: April 5, 2011

Consent     Regular  
 Workshop     Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** The renewal of the Civil Engineering Annual Agreements with Civil Design, Inc. (CDI), whose original Agreement was dated April 20, 2010, R2010-0576; Last Devenport, Inc. (LDI), whose original Agreement was dated April 20, 2010, R2010-0592 and Michael B. Schorah & Associates, Inc. (Schorah), whose original Agreement was dated May 4, 2010, R2010-0693.

**SUMMARY:** Approval of these Renewal Agreements will extend required professional services for one year, on a task order basis. The Renewal Agreement with CDI will continue for the period of April 20, 2011 through April 19, 2012. The Renewal Agreement with LDI will continue for the period of April 20, 2011 through April 19, 2012. The Renewal Agreement with Schorah will continue for the period of May 4, 2011 through May 3, 2012. CDI, LDI and Schorah are Palm Beach County companies.

Countywide (PK)

**Background and Justification:** In accordance with Board of County Commissioners adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under agreement with the County on an annual contractual basis. This is the first renewal of these firms' Agreements. It is the consensus of the user departments that these consulting firms have, within the provisions of their Agreements, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their Agreements, the County agrees to renew their Agreements for one year.

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

**Attachments:**

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

Recommended By: *[Signature]* Director      2/8/11 Date

Approved By: *[Signature]* County Engineer      3/1/11 Date





**CIVIL DESIGN, INC.**  
ENGINEERING CONSULTANTS

January 27, 2011

Palm Beach County Board of Commissioners  
c/o: Engineering & Public Works Department  
2300 North Jog Road  
West Palm Beach, FL 33411-2745  
Attention: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR CIVIL ENGINEERING ANNUAL AGREEMENT  
DATED APRIL 20, 2010 (R2010-0576)**

Dear Sir:

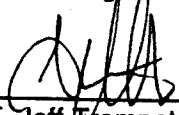
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of April 20, 2011 through April 19, 2012.


We are in agreement that all provisions in the original Agreement remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

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

Sincerely,

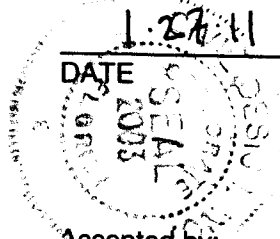
Civil Design, Inc.

  
\_\_\_\_\_  
T. Jeff Trompeter, P.E., President

Attest:   
\_\_\_\_\_  
Denise A. Bas-Arzuaga, Secretary

1-27-11  
\_\_\_\_\_  
DATE

1-27-11  
\_\_\_\_\_  
DATE



CORPORATE  
SEAL

Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

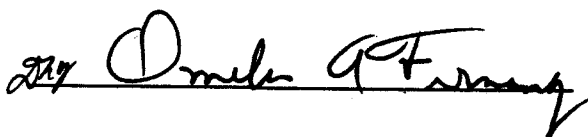
BY: \_\_\_\_\_  
Karen T. Marcus, Chair

BY: \_\_\_\_\_  
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:

\_\_\_\_\_

  
\_\_\_\_\_



**CIVIL DESIGN, INC.**  
ENGINEERING CONSULTANTS

*Rates OK.  
2/24*

**TASK ORDER BASIS - FEE SCHEDULE**

**AGREEMENT FOR CIVIL ANNUAL SERVICES ON A TASK ORDER BASIS  
PALM BEACH COUNTY**

**EFFECTIVE APRIL 20, 2011 THROUGH APRIL 19, 2012**

**HOURLY RATES:**

<u>Personnel Classification:</u>	<u>Hourly Rate</u>
1. Principal Engineer.....	\$166.06
2. Project Manager.....	\$132.92
3. Project Engineer.....	\$71.96
3. AutoCAD Technician.....	\$57.57

**MULTIPLIER CALCULATIONS:**

Salary	1.00
Fringe Benefits	0.21
Fringe Benefits/General Operations	<u>1.36</u>
Subtotal	2.57
Profit @ 12%	<u>0.31</u>
<b>TOTAL</b>	<b><u>2.88</u></b>

**ADDITIONAL SERVICES:**

Any additional services required will be as authorized and approved by the Owner, Palm Beach County.

**REIMBURSABLE EXPENSES:**

Reimbursement for Direct Project Expenses will be determined for each Project, as required.

**CERTIFICATION STATEMENT**

**Project:** Civil Engineering Annual Services  
**Project No.:** On a Task Order Basis  
**CONSULTANT:** Civil Design, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

**PROHIBITION AGAINST CONTINGENT FEES STATEMENT**

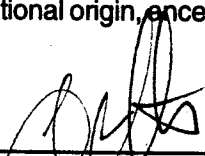
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

**PUBLIC ENTITY CRIMES STATEMENT**

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

**NON-DISCRIMINATION STATEMENT**

The **CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression.

 1-27-11  
\_\_\_\_\_  
T. Jeff Trompeter, P.E., LEED AP, President

**CONFLICT OF INTEREST DISCLOSURE FORM**

Project: Civil Engineering Annual Services  
Project No.: On a Task Order Basis

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

\_\_\_\_\_

None

\_\_\_\_\_

(Attach additional sheets as needed.)

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

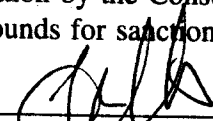
ENGINEER shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence ENGINEER'S judgment or quality of services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

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

**THIS DISCLOSURE** is submitted by T. Jeff Trompeter, P.E., LEED AP, as  
(Name of Individual)

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

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

  
(Signature) 1-27-11  
(Date)

Client#: 9256

CIVIDES31

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/05/2010

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

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

**INSURED**  
Civil Design, Inc.  
312 9th Street  
West Palm Beach, FL 33401

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Phoenix Insurance Company	25623
INSURER B: Travelers Casualty and Surety C	19038
INSURER C: XL Specialty Insurance Company	37885
INSURER D: Travelers Property Cas Co of Am	25674
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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6605883L455	10/01/10	10/01/11	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
D		<b>AUTOMOBILE LIABILITY</b> <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  <b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO  <b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	BA6731L783	10/01/10	10/01/11	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$ \$ \$ \$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB5408Y719	10/01/10	10/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C		<b>OTHER Professional Liability</b>	DPR9686783	10/01/10	10/01/11	\$1,000,000 per claim \$1,000,000 annl aggr.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Professional Liability is written on a claims made and reported basis.

Certificate Holder Cont: Engineering & Public Works Ops/Roadway Production Division.  
 (See Attached Descriptions)

**CERTIFICATE HOLDER**

Palm Beach County Board of County Commissioners  
 c/o  
 2300 North Jog Road  
 Suite #3W-33  
 West Palm Beach, FL 33411-2745

**CANCELLATION 10 Days for Non-Payment**

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  


**DESCRIPTIONS (Continued from Page 1)**

**RE: " For All Projects with Palm Beach County"**  
**Professional Liability has a 10/1/2003 Retroactive Date**  
**Palm Beach County Board of County Commissioners, a political subdivision**  
**of the State of Florida, its officers, employees and agents are**  
**additionally insured with respect to the General and Auto Liability**  
**policies.**



**LDi** Last Devenport, Inc.  
**PROFESSIONAL CONSULTING SERVICES**

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January 31, 2011

Palm Beach County Board of Commissioners  
C/O: Engineering & Public Works Department  
2300 N. Jog Road  
West Palm Beach, FL 33411-2745  
Attn: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR CIVIL ENGINEERING SERVICES ANNUAL AGREEMENT  
DATED APRIL 20, 2010 (R2010-0592)**

Dear Sir:

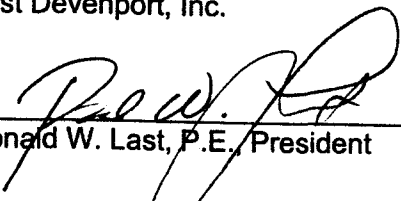
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of April 20, 2011 through April 19, 2012.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

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

Sincerely,

Last Devenport, Inc.

  
\_\_\_\_\_  
Ronald W. Last, P.E., President

Attest:   
\_\_\_\_\_

2/1/11

DATE

2/1/11

DATE



Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

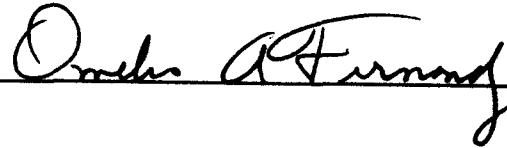
BY: \_\_\_\_\_  
Karen T. Marcus, Chair

BY: \_\_\_\_\_  
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:

\_\_\_\_\_

534  \_\_\_\_\_

**Agreement For Annual Civil Engineering Services On A Task Order Basis**

*Rates OK,  
02/14*

**Last Devenport, Inc.**

<u>Employee Category</u>	<u>Hourly Pay</u>	<u>Salary</u>	<u>Fringe</u>	<u>Overhead</u>	<u>Subtotal</u>	<u>12% Profit</u>	<u>Multiplier</u>	<u>Hourly Rate</u>
Sr. Engineering AUTOCAD Technician	\$23.50	1.00	0.18	1.48	2.66	0.32	2.98	\$70.01
Project Engineer	\$34.65	1.00	0.18	1.48	2.66	0.32	2.98	\$103.23
Sr. Project Manager	\$46.20	1.00	0.18	1.48	2.66	0.32	2.98	\$137.64

Salary =	1.00
Fringe =	0.18
Overhead =	1.48
<b>Subtotal =</b>	<b>2.66</b>
12% Profit =	0.32
<b>Multiplier =</b>	<b>2.98</b>

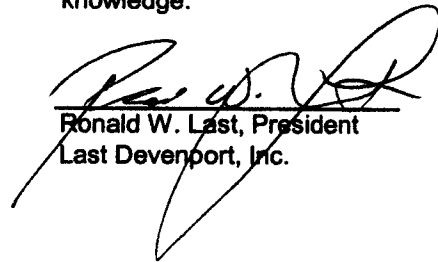
Salary includes: W-2 wages.

Fringe includes: health insurance premiums, payroll taxes, and company matching retirement contributions.

Overhead includes: licenses, permits, office expenses, supplies, rent, vacation, holiday, sick time, and other general operating costs.

**CERTIFICATION:**

I certify that the above figures represent the salary, fringe and overhead costs for the firm during fiscal year 2010 (Jan 1 through Dec 31). The above information is true and correct to the best of my knowledge.

  
 Ronald W. Last, President  
 Last Devenport, Inc.

2/1/2011  
 Date

**CERTIFICATION STATEMENT**

Project: Civil Engineering Annual Services  
Project No.: On a Task Order Basis

CONSULTANT: Last Devenport, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

**PROHIBITION AGAINST CONTINGENT FEES STATEMENT**

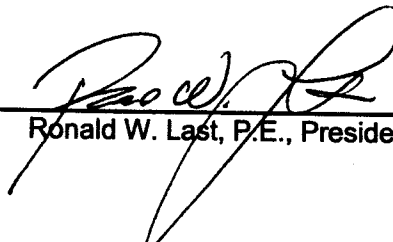
By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

**PUBLIC ENTITY CRIMES STATEMENT**

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

**NON-DISCRIMINATION STATEMENT**

The **CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression.

  
\_\_\_\_\_  
Ronald W. Last, P.E., President

**CONFLICT OF INTEREST DISCLOSURE FORM**

Project: Civil Engineering Services Annual Services  
Project No.: On a Task Order Basis

ENGINEER represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:  
NONE

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(Attach additional sheets as needed.)

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

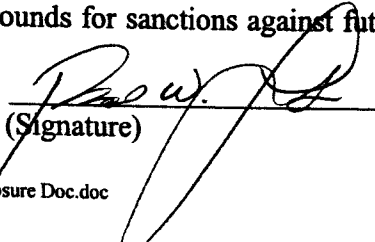
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If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of ENGINEER would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the ENGINEER shall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

THIS DISCLOSURE is submitted by Ronald W. Last, P.E., President, as  
(Name of Individual)

President, of Last Devenport, Inc.  
(Title/Position) (Firm Name of ENGINEER)

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

  
(Signature) 1/31/11  
(Date)

Client#: 10237

LASTDEV3

ACORD™

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/29/2010

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).

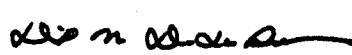
<b>PRODUCER</b> ISU Suncoast Insurance Assoc P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 813 289-5200 FAX (A/C, No): 813-289-4561 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																						
<b>INSURED</b> Last Devenport, Inc. 901 Northpoint Parkway Suite 120 West Palm Beach, FL 33407		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Casualty and Surety C</td> <td>19038</td> </tr> <tr> <td>INSURER C:</td> <td>XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Phoenix Insurance Company	25623	INSURER B:	Travelers Casualty and Surety C	19038	INSURER C:	XL Specialty Insurance Company	37885	INSURER D:			INSURER E:			INSURER F:		
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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 BUBR NSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		6806691L178	12/01/2010	12/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input 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		6806691L178	12/01/2010	12/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	UB7872Y561	12/10/2010	12/10/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Professional Liability		DPS9681850	12/01/2010	12/01/2011	\$1,000,000 per claim \$1,000,000 anni aggr.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Professional Liability coverage is written on a claims-made and reported basis.  
 RE: FOR ALL PROJECTS WITH PALM BEACH COUNTY.  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Palm Beach County 2300 North Jog Road Suite 3W-33 West Palm Beach, FL 33411	<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 
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**DESCRIPTIONS (Continued from Page 1)**

**Palm Beach County Board of County Commissioners, a political subdivision of the state of Florida, its officers, employees and agents are listed as additional insureds with respects to the General Liability and Auto Liability policy. Professional Liability Retroactive Date is 12/01/2003.**



**Michael B. Schorah and Associates, Inc.**

ENGINEERS • SURVEYORS • DEVELOPMENT CONSULTANTS

SUITE 206  
1850 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406  
PHONE (561) 968-0080  
FAX (561) 642-9726  
EB 2438 LB 2438

Palm Beach County Board of County Commissioners  
C/O Engineering & Public Works Department  
2300 N. Jog Road  
West Palm Beach, FL 33411-2745

January 31, 2011

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

Re: **Renewal Agreement for Civil Engineering Services Annual Agreement  
Dated May 4, 2010 (R2010-0693)**

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of May 4, 2011 through May 3, 2012.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

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

Sincerely,

Michael B. Schorah and Associates, Inc.

Michael B. Schorah  
Michael B. Schorah, President

FEB. 2011  
Date

Corporate Seal

Accepted by  
Palm Beach County Board of County Commissioners

BY: \_\_\_\_\_  
Karen T. Marcus, Chair

Approved As To Form and Legal Sufficiency

Attest: Sharon R. Myers

February 1, 2011  
Date

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: \_\_\_\_\_  
Deputy Clerk

Approved As To Terms and Conditions

Sharon R. Bock



*Rates OK.  
2/2/12*

**EXHIBIT "B"**

**CONSULTANT RATE SCHEDULE (VALID 2011/2012)**

**CLASSIFICATION**

• ENGINEERING	RAW RATE / HOUR
Sr. Engineer (P.E.) .....	\$44.70
Project Engineer (P.E.).....	\$35.00
Engineer (P.E.).....	\$30.25
CADD Tech .....	\$23.50
• SURVEYING	RAW RATE / HOUR
Professional Surveyor & Mapper (P.S.M.).....	\$35.00
CADD Tech .....	\$23.50
Two-Man Field Crew .....	\$34.00
Three-Man Field Crew.....	\$38.00

Direct Salary Dollar	1.0000
Payroll Overhead/Fringe	.5110
Overhead	<u>1.3566</u>
DIRECT SALARY COST	2.8676
PROFIT @ 12%	<u>.3441</u>
TARGET MULTIPLIER	3.2117
MAXIMUM MULTIPLIER	<u>3.0000</u>

**CERTIFICATION STATEMENT**

**Project:** Civil Engineering Annual Services  
**Project No.:** On a Task Order Basis  
**CONSULTANT:** Michael B. Schorah & Associates, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

**PROHIBITION AGAINST CONTINGENT FEES STATEMENT**


By entering into this Agreement the **CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

**PUBLIC ENTITY CRIMES STATEMENT**

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

**NON-DISCRIMINATION STATEMENT**

The **CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression.

  
Michael B. Schorah, President

1, FEB. 2011

**CONFLICT OF INTEREST DISCLOSURE FORM**

Project: Civil Engineering Annual Services  
Project No.: On a Task Order Basis

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

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets as needed.)

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

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

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

THIS DISCLOSURE is submitted by Michael B. Schorah, as  
(Name of Individual)

President, of Michael B. Schorah & Associates, Inc.  
(Title/Position) (Firm Name of ENGINEER)

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

Michael B. Schorah 1, FEB. 2011  
(Signature) (Date)



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KB

DATE (MM/DD/YYYY)  
02/03/11

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> Handerson Brothers, Inc. 920 Ft Duquesne Blvd Pittsburgh, PA 15222 James L. Conn		412-261-1842  412-261-4149	<b>CONTACT NAME:</b> <b>PHONE (AG, No. Ext):</b> <b>FAX (AG, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> MICH-21
<b>INSURED</b> Michael B. Schorah & Associates, Inc. Michael B. Schorah 1850 Forest Hill Blvd Ste 205 West Palm Beach, FL 33408		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Hartford Casualty Company	<b>NAC #</b> 29424
		<b>INSURER B:</b> Sentinel Insurance Company	11000
		<b>INSURER C:</b> Twin City Fire Insurance Co.	29459
		<b>INSURER D:</b> Beazley Insurance Co., Inc.	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

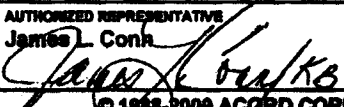
REVISION NUMBER:

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.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	40SBMN06128	12/03/10	12/03/11	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 - COMPROP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <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			40UECKB1988	12/03/10	12/03/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			40SBMN06128	12/03/10	12/03/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	40WECZM3339	01/27/11	01/27/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<b>Professional</b> Full Prior Acts			V15WM4100301	11/06/10	11/06/11	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**

<b>PBCBCC</b>  Palm Beach County c/o Dept. of Engineering & Public Works 2300 N. Jog Rd., 3rd FL West Palm Beach, FL 33411-2745	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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **POLICY CHANGE**

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

**Policy Number:** 40 SBM NO6128

**Named Insured and Mailing Address;** MICHAEL B. SCHORAH & ASSOC INC

1850 FOREST HILL BLVD STE 205  
WEST PALM BEACH FL 33406

**Policy Change Effective Date:** 12/03/10

**Effective hour is the same as stated in the  
Declarations Page of the Policy.**

**Policy Change Number:** 007

**Agent Name:** HENDERSON BROTHERS INC

**Code:** 520813

#### **POLICY CHANGES:**

IN CONSIDERATION OF A CHANGE IN PREMIUM, IT IS HEREBY AGREED AND UNDERSTOOD THAT WAIVER OF SUBROGATION APPLIES FOR THE FOLLOWING:

LOC 001/002

Palm Beach County, a political subdivision of the State of Florida, Its officers, employees and agents, additional insured applies to all projects with Palm Beach County.

C/O Dept. of Engineering and Public Works  
2300 N. Jog Road, 3rd Floor

West Palm Beach, FL 33411-2745

\* DOES NOT INCLUDE SURCHARGE AP

FLORIDA FC SURCHARGE .01AP

FL FIGA REG 2006 .35AP

FL FIGA REG 2008 .15AP

<b>Installment Payment Premiums</b>	<b>Total Additional or Return Premium</b>		<b>\$ 18 AP*</b>	
<b>Dates of Subsequent Installments if payable in three</b>				
<b>Installments:</b>	<b>Previous Installments</b>	<b>Additional Premium</b>	<b>Return Premium</b>	<b>Revised Installments</b>
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
<b>PREMIUM DUE AT EFFECTIVE DATE OF ENDORSEMENT</b>				
	\$	\$	\$	\$
<b>Total for remainder of policy term:</b>				
	\$	\$	\$	\$

## **POLICY CHANGE (Continued)**

**Policy Number:** 40 SBM NO6128

**Policy Change Number:** 007

continued....  
FHCF ASSESS CL 1.00AP

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE FORM #SS1220 08/10 NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED IS HEREBY MADE PART OF POLICY AS PER ATTACHED FORM.  
ADDITIONAL NAMED INSURED PERSON/ORGANIZATION ADDED:  
Palm Beach County, a political subdivision of the State of Florida, its officers, employees and agents, additional insured applies to all projects with Palm Beach County.

C/O Dept. of Engineering and Public Works

2300 N. Jog Road, 3rd Floor

West Palm Beach, FL 33411-2745



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

### **BUSINESS LIABILITY COVERAGE FORM**

We waive any right of recovery we may have against:

1. Any person or organization shown in the Declarations, or
2. Any person or organization with whom you have a contract that requires such waiver.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTICE OF CANCELLATION OR NON-RENEWAL TO  
DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER  
THAN THE NAMED INSURED**

This policy is subject to the following conditions.

<b>SCHEDULE</b>	
<b>Number of Days Notice</b> <u>30</u>	
<b>Name of Person(s) or Organization(s)</b> Palm Beach County, a political subdivision of the State of Florida, Its officers, employees and agents C/O Dept. of Engineering and Public	<b>Mailing Address</b> 2300 N. Jog Road, 3rd Floor West Palm Beach, FL 33411-2745 Works

If this policy is cancelled or non-renewed, we agree that the person(s) or organization(s) listed in the Schedule above will be notified at least:

- a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
- b. The number of days shown in the Schedule above before the effective date of cancellation or non-renewal if we cancel or non-renew for any other reason.

In no event, however, will notice of cancellation or non-renewal be less than the minimum number of days required by the jurisdiction to which this endorsement applies. Also, please note that failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.



POLICY NUMBER: 40 SBM NO6128



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - PERSON-ORGANIZATION

HYPOWER, INC.  
5913 NW 31ST AVENUE  
FORT LAUDERDALE, FL 33309

MINTO COMMUNITIES, LLC AND MINTO TOWNPARK LLC  
4400 W. SAMPLE ROAD,  
COCONUT CREEK, FL 33073

LENNAR CORPORATION-including all of its divisions, subsidiaries, partners,  
partnerships, shareholders, affiliated companies, successors and assigns, officers,  
directors and employees are included as additional insured.  
P. O . BOX 12010-LC  
HEMET, CA 92546

Palm Beach County, a political subdivision of the State of Florida, Its officers,  
employees and agents, additional insured applies to all projects with Palm Beach County.  
C/O Dept. of Engineering and Public Works  
2300 N. Jog Road, 3rd Floor  
West Palm Beach, FL 33411-2745