

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: January 24, 2012 [X] Consent [ ] Regular  
[ ] Workshop [ ] Public Hearing

Department:  
Submitted By: Engineering & Public Works  
Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** The renewal of the Structural Engineering Annual Agreements with Alan Gerwig & Associates, Inc. (AGA), whose original Agreement was dated February 15, 2011, R2011-0173; Bridge Design Associates (BDA), whose original Agreement was dated February 15, 2011, R2011-0174 and R. J. Behar & Company, Inc. (RJB), whose original Agreement was dated February 15, 2011 R2011-0175.

**SUMMARY:** Approval of these renewal agreements will extend required professional services for one year, on a task order basis. These renewal agreements will continue for the period of February 15, 2012 through February 14, 2013. AGA, BDA and RJB 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 Agreement with AGA includes Certificate of Insurance (2)
- 2. Renewal Agreement with BDA includes Certificate of Insurance (2)
- 3. Renewal Agreement with RJB includes Certificate of Insurance (2)

Recommended By: DZ Young  
for Director

12-29-11 [Signature]  
Date

Approved By: S. T. Webb  
County Engineer

1/5/12  
Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	\$ -0-	-0-	-0-	-0-	-0-
Operating Costs	-0-	-0-	-0-	-0-	-0-
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	-0-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
<b>NET FISCAL IMPACT</b>	<b>* \$ -0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget?                      Yes                      No

Budget Acct No.: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
Program \_\_\_\_\_

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

\* Fiscal impact is indeterminable at this time. These consultants are authorized to provide services on a task order basis. Funding will be established by project as necessary.

### C. Departmental Fiscal Review:

*Alicekovalainen*

## III. REVIEW COMMENTS

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

*[Signature]* 1/9/2012  
ORMB  
1/9/12/1/6/12  
cc 2/5/12

*[Signature]* 1/17/12  
Contract Dev. and Control  
1-17-12 H. Keller

### B. Approved as to Form and Legal Sufficiency:

This item complies with current County policies.

*Paul R. [Signature]* 1/18/12  
Assistant County Attorney

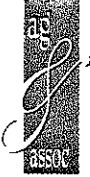
### C. Other Department Review:

\_\_\_\_\_  
Department Director

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

12798 W. Forest Hill Boulevard  
Suite 204  
Wellington, FL 33414  
Phone: (561) 792-9000  
Fax: (561) 792-9901  
www.aga-engineering.com  
CA No. 7969

**Alan Gerwig & Associates, Inc.**  
Consulting Engineers



September 22, 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 STRUCTURAL ENGINEERING ANNUAL SERVICES AGREEMENT  
DATED FEBRUARY 15, 2011 (R2011-0173)**

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 15, 2012 through February 14, 2013.

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,

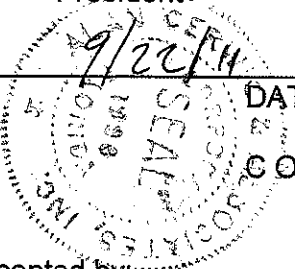
Alan Gerwig & Associates, Inc.

Alan L. Gerwig, P.E., LEED A.P.  
President

Attest:

09-22-2011

DATE



DATE

CORPORATE  
SEAL

Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: Shelley Vana, Chair

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

Approved As To Form & Legal Sufficiency:  
\_\_\_\_\_

Approved as to Terms and Conditions:

**Exhibit B**  
**Structural Engineering Services**  
**Task Order Basis - Fee Schedule**

**Alan Gerwig & Associates, Inc.**

12798 W. Forest Hill Blvd., Suite 204  
 Wellington, FL 33414  
 Contact: Alan Gerwig, P.E., President

Phone: 561-792-9000  
 Fax: 561-792-9901  
 e-mail: agerwig@aga-engineering.com

Fee Schedule - 2012				
			Raw Rate	* Burdened Rate
Chief Engineer			\$60.85	\$183.00
Sr. Engineer			\$48.00	\$144.00
Sr. Project Engineer			\$45.66	\$137.00
Project Manager			\$35.10	\$105.00
Project Engineer			\$31.25	\$94.00
Engineer			\$28.85	\$87.00
Engineer Intern			\$24.00	\$72.00
Engineering Technician			\$25.00	\$75.00
Designer			\$25.00	\$75.00

\* Rounded

**Multiplier:**  
 Salary **1.00**  
 Overhead & Fringe **1.97**  
 Subtotal **2.97**  
 12% Profit **0.36**  
 Total **3.33**

Use 3.0 Maximum Allowable

*Rates OK,  
AGW*

**CERTIFICATION STATEMENTS**

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

**CONSULTANT:** Alan Gerwig & Associates, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT/ANNUAL 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**

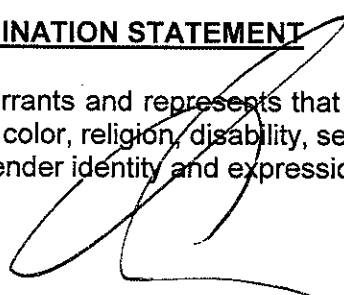
By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL 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/ANNUAL 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/ANNUAL 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, familial status sexual orientation, gender identity and expression.



\_\_\_\_\_  
Alan Gerwig, P.E., LEED A.P., President

**CONFLICT OF INTEREST DISCLOSURE FORM**

**Project:** Structural Engineering Annual Services

**Project No.:** On a Task Order Basis

CONSULTANT/ANNUAL CONSULTANT 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.)

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

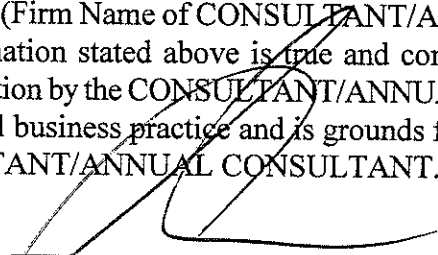
CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S 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 CONSULTANT/ANNUAL CONSULTANT 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 CONSULTANT/ANNUAL CONSULTANT.

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

**THIS DISCLOSURE** is submitted by Alan Gerwig, P.E., LEED A.P., as  
(Name of Individual)

President, of Alan Gerwig & Associates, Inc.  
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)

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

  
(Signature)

11/30/11  
(Date)

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2011

PRODUCER (305)822-7800 FAX 305-558-4294  
Collinsworth, Alter, Fowler & French, LLC.  
8000 Governors Square Blvd, Suite 301  
Miami Lakes, FL 33016  
Zoraida Gonzalez Ext 159 zgonzalez@caff11c.com

INSURED Alan Gerwig & Assoc. Inc.  
12798 W. Forest Hill Blvd.  
Ste. 204  
Wellington, FL 33414-4750

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 #
INSURER A:	Hartford Casualty Ins Co A XV	29424
INSURER B:	First Mercury Ins Co A- IX	
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> Waiver of Subrogat  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	21SBARM9558	12/09/2010	12/09/2011	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								
	<b>AUTOMOBILE LIABILITY</b> <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	21SBARM9558	12/09/2010	12/09/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
A	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	21SBARM9558	12/09/2010	12/09/2011	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
B	<b>OTHER Professional Liability</b> Claims-Made Form Retro: 8/25/98	000636700	08/25/2011	08/25/2012	\$1,000,000 Each Claim \$1,000,000 Annual Aggregate \$20,000 Deductible Each Claim								

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

For All Projects with Palm Beach County  
Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents are named as additional insured on the General Liability, excluding Professional Services. Issuing companies will provide 30 days written notice of cancellation; 10 days for non-payment.

## CERTIFICATE HOLDER

Palm Beach County  
c/o Engineering Department  
2300 N. Jog Road  
3rd Floor  
West Palm Beach, FL 33411-2745

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Meade Collinsworth/ZO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10-20-2011

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> COLLINSWORTH ALTER FOWLER/PHS 225962 P: (866) 467-8730 F: (877) 538-8526 PO BOX 29611 CHARLOTTE NC 28229		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (877) 538-8526 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
<b>INSURED</b> ALAN GERWIG & ASSOCIATES, INC 12798 W FOREST HILL BLVD STE 204 WELLINGTON FL 33414		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X	21 SBA RM9558	12/09/2011	12/09/2012	EACH OCCURRENCE \$ 1,000,000
	<input 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"/> 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
						\$
A	<b>AUTOMOBILE LIABILITY</b>		21 SBA RM9558	12/09/2011	12/09/2012	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					\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		21 SBA RM9558	12/09/2011	12/09/2012	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A				WC STATUTORY LIMITS OTHER
	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 \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Those usual to the Insured's Operations. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy. Project Name: a, -SFOR ALL PROJECTS WITH PALM BEACH COUNTY, -

<b>CERTIFICATE HOLDER</b> Palm Beach County 2300 N JOG RD STE 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 <i>Jac Maillet</i>
--	--





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10-20-2011

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**PRODUCER**  
COMPUPAY INSURANCE SERVICES INC  
250725 P: (877) 287-1316 F: (877) 287-1315  
PO BOX 33015  
SAN ANTONIO TX 78265

**CONTACT**  
NAME:  
PHONE (A/C, No, Ext): (877) 287-1316 FAX (A/C, No): (877) 287-1315  
E-MAIL:  
ADDRESS:  
PRODUCER  
CUSTOMER ID #:

**INSURED**  
ALAN GERWIG & ASSOCIATES, INC  
12798 W FOREST HILL BLVD STE 204  
WELLINGTON FL 33414

INSURER(S) AFFORDING COVERAGE  
INSURER A: Twin City Fire Ins Co  
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
	<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"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	76 WBG ZX7495	12/09/2011	12/09/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS   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

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

Those usual to the Insured's Operations. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy. Project Name: -SFOR ALL PROJECTS WITH PALM BEACH COUNTY-

**CERTIFICATE HOLDER****CANCELLATION**

Palm Beach County  
2300 N JOG RD STE 3W-33  
WEST PALM BEACH, FL 33411  
OCT 31 2011

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

© 1988-2009 ACORD CORPORATION. All rights reserved.

# BRIDGE DESIGN ASSOCIATES, INC.



BRIAN C. RHEAULT, P.E.  
President

September 29, 2011

Palm Beach County Board of County Commissioners  
c/o Engineering & Public Works  
2300 N. Jog Road  
West Palm Beach, Florida 33411-2745

Attention: Dave Young, P.E., Special Projects Manager

RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING ANNUAL SERVICES  
AGREEMENT DATED FEBRUARY 15, 2011 (R2011-0174)

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February ~~25~~<sup>15, 2011</sup> 2012 through February 14, 2013.

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,

BRIDGE DESIGN ASSOCIATES, INC.

  
\_\_\_\_\_  
Brian C. Rheault, P.E. President

9/22/11  
\_\_\_\_\_  
DATE

CORPORATE SEAL

Accepted by:  
Palm Beach County Board of Commissioners

By: \_\_\_\_\_  
Shelley Vana, Chair

Approved As To Form & Legal Sufficiency  
\_\_\_\_\_

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

9/28/2011  
\_\_\_\_\_  
DATE

Attest:  
Sharon R. Bock, Clerk and Comptroller

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

Approved As To Terms and Conditions  
  
\_\_\_\_\_

S:\PERSONNEL\Kim\Certifications RFP - RFQ - Presentations\PBC Annual Renewal 09-2011\Renewal letter.wpd  
1402 Royal Palm Beach Boulevard • Building 200 • Royal Palm Beach, Florida 33411  
(561) 686-3660 • Fax: (561) 791-1995

Rates OK,  
2/24

**PALM BEACH COUNTY ANNUAL STRUCTURAL CONTRACT**  
**Task Order Basis - Fee Schedule**

**FIRM: BRIDGE DESIGN ASSOCIATES, INC.**

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

Fee Schedule - February 15, 2011 through February 24, 2013		
Firm Name	BRIDGE DESIGN ASSOCIATES, INC.	
	Raw Rate	*Burdened Rate
Chief Engineer / BCR	65.00	195.00
Senior Engineer / JCH	50.00	150.00
Engineer / Engineer Intern / TAD - LAK - CBL	25.00	75.00
Engineering Technician / TSS	22.00	66.00
CADD / Computer Technician	31.00	93.00

**Multiplier:**

Salary      1.00

Overhead & Fringe      3.00

Subtotal      3.00

0% Profit      0.00

TOTAL      3.00

**Sub-Consultants**      N/A

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

S:\PERSONNEL\Kim\Certifications RFP - RFQ - Presentations\PBC Annual Renewal 09-2011\RATE SCHEDULE.wpd

**CERTIFICATION STATEMENTS**

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

**CONSULTANT:** Bridge Design Associates, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT/ANNUAL 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**

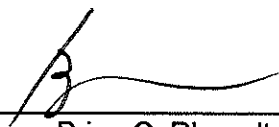
By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL 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/ANNUAL 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/ANNUAL 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, familial status sexual orientation, gender identity and expression.

 11/30/11  
\_\_\_\_\_  
Brian C. Rheault, P.E., President

**CONFLICT OF INTEREST DISCLOSURE FORM**

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

CONSULTANT/ANNUAL CONSULTANT 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.)


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

CONSULTANT/ANNUAL CONSULTANT 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 CONSULTANT'S/ANNUAL CONSULTANT'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 CONSULTANT/ANNUAL CONSULTANT 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 CONSULTANT/ANNUAL CONSULTANT.

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

**THIS DISCLOSURE** is submitted by Brian C. Rheault, P.E., as  
(Name of Individual)  
President, of Bridge Design Associates, Inc.  
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)

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

  
(Signature)

11/30/11  
(Date)

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/23/2011

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> Bridge Design Associates, Inc 1402 Royal Palm Beach Blvd., Bldg. 200 Royal Palm Beach, FL 33411		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Indemnity Co of Ameri</td> <td>25666</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER C: Travelers Casualty &amp; Surety Co</td> <td>31194</td> </tr> <tr> <td>INSURER D: Ironshore Specialty Ins. Co.</td> <td>25445</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: Travelers Indemnity Co of Ameri	25666	INSURER B: Travelers Indemnity Company	25658	INSURER C: Travelers Casualty & Surety Co	31194	INSURER D: Ironshore Specialty Ins. Co.	25445	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		6801508M36A	05/25/2011	05/25/2012	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COM/OP AGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
B	AUTOMOBILE LIABILITY		BA1401L990	05/25/2011	05/25/2012	COMBINED SINGLE LIMIT (Ea accident)	
	<input checked="" type="checkbox"/> ANY AUTO					\$1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS					\$	
	<input type="checkbox"/> SCHEDULED AUTOS					\$	
	<input checked="" type="checkbox"/> HIRED AUTOS					\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$	
DEDUCTIBLE						\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	CUP9229Y604	05/25/2011	05/25/2012	EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$3,000,000	
	DEDUCTIBLE					\$	
	<input checked="" type="checkbox"/> RETENTION \$ 10000					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB6131Y700	05/25/2011	05/25/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y				E.L. DISEASE - EA EMPLOYEE	\$500,000
		N/A				E.L. DISEASE - POLICY LIMIT	\$500,000
D	Professional Liability		001216200	11/27/2011	11/27/2012	\$1,000,000 per claim \$1,000,000 annl 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.  
(See Attached Descriptions)

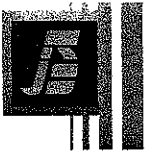
<b>CERTIFICATE HOLDER</b>  Palm Beach County Engineering & Public Works Roadway Division 2300 N. Jog Rd. West Palm Beach, FL 33411	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

## DESCRIPTIONS (Continued from Page 1)

Re: "All Projects with Palm Beach County".

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

Retroactive date for Professional Liability is 01/01/1988. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agency are listed as additional insured with respects to the General Liability and Automobile Liability where required by written contract prior to a loss per policy terms and conditions.



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

September 22, 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 STRUCTURAL ENGINEERING ANNUAL SERVICES AGREEMENT  
DATED FEBRUARY 15, 2011 (R2011-0175)**

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 15, 2012 through February 14, 2013.

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,  
R.J. Behar & Company, Inc.

Robert J. Behar, P.E. President/CEO

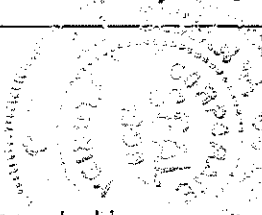
Attest:

9-23-11

DATE

9/23/2011

DATE



CORPORATE  
SEAL

Accepted by:  
Palm Beach County Board of Commissioners

Attest:  
Sharon R. Bock, Clerk and Comptroller

BY: \_\_\_\_\_  
Shelley Vana, Chair

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

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:



**Exhibit B**  
**Task Order Basis - Fee Schedule**

**R.J. BEHAR & COMPANY, INC.**

12788 Forest Hill Blvd., Suite 2003 B  
Wellington, FL 33414 Ph. (561) 333-7000 Fax (561) 333-7001  
Contact: Sean O'Keefe, P.E.

Fee Schedule - Fiscal Year 2012-2013		
R.J. Behar & Company, Inc.		
	Raw Rate	* Burdened Rate
<b>Project Manager (Sr. P.E.)</b>		
Jerry Piccolo	\$48.68	\$ 121.00
<b>Senior Engineer (P.E.)</b>		
Robert Behar	\$57.99	\$ 144.00
Juan Vazquez	\$69.71	\$ 173.00
Sean O'Keefe	\$64.90	\$ 161.00
Carlos Mazorra	\$55.55	\$ 138.00
Anthony Alfred	\$51.07	\$ 127.00
	\$48.74	\$ 121.00
<b>Engineer</b>		
Paola Riveros	\$37.65	\$ 93.40
Hans Ribbeck	\$40.94	\$ 102.00
Kelly Nowell	\$40.12	\$ 99.00
Fernando Cano Castellano	\$29.81	\$ 74.00
Richard Bolt	\$34.32	\$ 85.00
	\$43.08	\$ 107.00
<b>Engineering Intern</b>		
Rafael Urdaneta	\$32.83	\$ 81.49
Sandra Sequeira	\$38.28	\$ 95.00
Carmen Aponte	\$38.63	\$ 96.00
Claudia Lamus	\$38.59	\$ 96.00
Dalton Polanco	\$31.50	\$ 78.00
Michael Owensby	\$30.91	\$ 77.00
Rohan Punit	\$28.28	\$ 70.00
Marin Scattolini	\$28.67	\$ 71.00
	\$27.80	\$ 68.94
<b>CADD/Computer Technician</b>		
Nanette Akyaz	\$25.92	\$ 64.33
Marcel Ortner	\$36.56	\$ 91.00
Mariana Urdaneta	\$22.89	\$ 57.00
	\$18.30	\$ 45.00

**Multiplier:**  
Salary 1.00  
Overhead & Fringe 1.2140  
Subtotal 2.2140  
12% Profit 0.2657  
Total 2.4797

\* Rounded

Note: Rates are effective from February 5, 2012 through February 4, 2013.

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

**CERTIFICATION STATEMENTS**

**Project:** Structural Engineering Annual Services  
**Project No.:** On A Task Order Basis

**CONSULTANT:** R. J. Behar & Company, Inc.

**TRUTH-IN-NEGOTIATION STATEMENT**

By entering into this Agreement, the **CONSULTANT/ANNUAL 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/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL 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/ANNUAL 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/ANNUAL 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/ANNUAL 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, familial status sexual orientation, gender identity and expression.



Robert J. Behar, P.E., President

**CONFLICT OF INTEREST DISCLOSURE FORM**

**Project:** Structural Engineering Annual Services

**Project No.:** On A Task Order Basis

CONSULTANT/ANNUAL CONSULTANT 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.)

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

CONSULTANT/ANNUAL CONSULTANT 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 CONSULTANT'S/ANNUAL CONSULTANT'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 CONSULTANT/ANNUAL CONSULTANT 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 CONSULTANT/ANNUAL CONSULTANT.

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

**THIS DISCLOSURE** is submitted by Robert J. Behar, P.E., as

(Name of Individual)

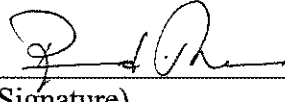
President

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

(Title/Position)

(Firm Name of CONSULTANT/ANNUAL CONSULTANT)

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



(Signature)

11-29-11

(Date)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/16/2011

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> Greyling Insurance Brokerage 450 Northridge Parkway Suite 102 Atlanta GA 30350		<b>CONTACT NAME:</b> Jerry Noyola <b>PHONE (A/C No. Ext):</b> (770) 552-4225 <b>E-MAIL ADDRESS:</b> jerry.noyola@greyling.com <b>FAX (A/C No):</b> (866) 550-4082	
<b>INSURED</b> R.J. Behar & Company, Inc. 6861 S.W. 196th Avenue Suite 302 Pembroke Pines FL 33332		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sentinel Insurance Company, LTD <b>INSURER B:</b> Continental Casualty Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 11000 20443	

**COVERAGES** CERTIFICATE NUMBER: 11-12 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	ADOL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		20SBMAC0037	11/17/2011	11/17/2012	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
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		20UBCNG0289	11/17/2011	11/17/2012	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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		20SBMAC0037	11/17/2011	11/17/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<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	Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> Professional Liability		AQH 28 836 36 39	11/17/2011	11/17/2012	Per Claim \$2,000,000 Aggregate \$3,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder Includes Palm Beach County Officers, Employees & Agents Re: For all projects with Palm Beach County Full Prior Acts Coverage					

### CERTIFICATE HOLDER

### CANCELLATION

Palm Beach County Board of  
 County Commissioners, a Political  
 Subdivision of the State of Florida  
 2300 North Jog Road  
 West Palm Beach, FL 33411

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

Joshua Howell/JERRY

**CERTIFICATE OF INSURANCE**

This certifies that

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

insures the following policyholder for the coverages indicated below:

Name of policyholder R J BEHAR & COMPANY  
 Address of policyholder 6861 SW 196TH AVENUE STE 302 PEMBROKE PINES, FL 33332-1633  
 Location of operations SAME  
 Description of operations \_\_\_\_\_

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

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-LB-6491-2 This insurance includes:	Comprehensive Business Liability <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>	10/01/10	10/01/11	BODILY INJURY AND PROPERTY DAMAGE  Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
98-QV-3031-7	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	04/20/10	04/20/11	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ 3,000,000 Aggregate \$
98-BE-G250-5	Workers' Compensation and Employers Liability	01/01/11	01/01/12	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 1,000,000 Disease Each Employee \$ 1,000,000 Disease - Policy Limit \$ 1,000,000
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)

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

Name and Address of Certificate Holder

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

FOR ALL PROJECTS WITH PALM BEACH COUNTY

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

KS Nava  
 Signature of Authorized Representative  
 AGENT  
 Title  
 Date 12/23/10

Agent's Code Stamp

AFO Code 2684