



2047 Vista Parkway, Suite 201
 West Palm Beach, FL 33411
 Phone (561) 659-0041
 Fax (561) 659-3733

June 29, 2012

Palm Beach County Board of Commissioners
 Department of Environmental Resources Management
 2300 North Jog Road, 4th Floor
 West Palm Beach, FL 33411-2743

Attention: Mr. Robert Robbins, Director

**RE: RENEWAL AGREEMENT FOR COASTAL AND MARINE ENGINEERING SERVICES
 ANNUAL, DATED AUGUST 17, 2010 (R2010-1296)**

Dear Mr. Robbins:

This Renewal Agreement serves as our official notification of interest in continuing our Contract with Palm Beach County for professional services, as specified in Article 2 of the contract, for the period of August 17, 2012 through August 16, 2013. We are in agreement that all provisions in the original Contract, as amended, shall remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificate(s), 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,
 Applied Technology & Management, Inc.

Consultant: [Signature]
 Michael Jenkins, Ph.D., P.E.
 Coastal Engineering Team Leader

6/29/12
 Date

CORPORATE
 SEAL

Accepted by:
 Palm Beach County Board of Commissioners

By: [Signature]
 Shelley Vana, Chair

Approved as to Form and Legal Sufficiency:

By: [Signature]
 Assistant County Attorney

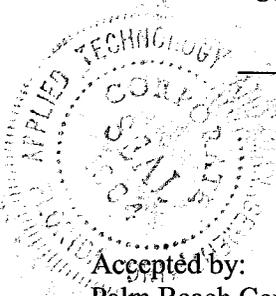
Attest: [Signature]
 John Duchock, P.E.
 Staff Engineer
6/29/12
 Date

Attest: Sharon R. Bock, Clerk & Comptroller

By: _____
 Deputy Clerk

Approved as to Terms and Conditions:

By: [Signature]
 Robert Robbins, Director
 Dept. of Environmental Resources Mgmt.



Rates OK
JC 9/29

**EXHIBIT B
APPLIED TECHNOLOGY AND MANAGEMENT, INC.
2012 WAGE AND EQUIPMENT RATES
rev. 6/28/12**

WAGE RATES

EMPLOYEE CLASS	HOURLY WAGE RATE (AVG)	BILLABLE RATES
Coastal Team Leader	\$54.59	\$155.58
Coastal Engineer	\$43.24	\$123.23
Senior Scientist	\$70.00	\$133.00
Senior Scientist (SCUBA rate)	\$120.00	\$160.50
Junior Engineer / Engineering Tech.	\$26.82	\$76.44
Professional Surveyor & Mapper	\$65.00	\$105.30
Construction Manager	\$45.00	\$85.50
Sr. CAD/GIS	\$25.16	\$71.71
Jr. CAD	\$16.15	\$46.02
Sr. Admin./Tech. Editor	\$25.67	\$73.16
Administrative/Clerical	\$15.38	\$43.84

EQUIPMENT RATES

EQUIPMENT TYPE	RATE	RATE UNIT
ATM Survey Vessel w/DGPS ¹	\$850	DAY
RTK GPS	\$450	DAY
Trimble Pro-XR	\$125	DAY
Survey Vehicle	\$100	DAY
Tide Gauge	\$75	DAY
Turbidity Meter	\$50	DAY
Underwater Still Camera w/Strobe	\$75	DAY
SCUBA Gear	\$25	DAY
Photocopies (8.5 x 11)	\$0.12	COPY
Color Copies	\$0.75	COPY
Standard Paper Plots (24 x 36)	\$1.00	COPY
Heavy Duty Plots	\$7.50	COPY

1. Survey Vessel Rate includes Hypack and Fathometer Systems
2. Billable Rate based on a 2.85 Multiplier applied to the Hourly Wage Rate for non-hourly staff.

State of Florida

Board of Professional Engineers

Applied Technology & Mgmt Inc



Is authorized under the provisions of Section 471, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under Chapter 471, Florida Statutes.

Certificate of Authorization

EXPIRATION: 2/28/2013
AUDIT NO: 228201301938

CA. LIC. No:
4669



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.taxcollectorpbc.com Tel: (561) 355-2272

****LOCATED AT****

2047 VISTA PARKWAY Ste 201
WEST PALM BEACH, FL 33411

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
54-0064 ENGINEER	SEIDLE PETER N	PE59493	U12.411766 - 04/10/12	\$3.30	B40122097

This document is valid only when receipted by the Tax Collector's Office.

APPLIED TECHNOLOGY & MGMT INC
APPLIED TECHNOLOGY & MGMT INC
2047 VISTA PKWY 201
WEST PALM BEACH, FL 33411



STATE OF FLORIDA
PALM BEACH COUNTY
2011/2012 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 200809571
EXPIRES: SEPTEMBER 30, 2012

This receipt does not constitute a franchise, agreement, permission of authority to perform the services or operate the business described herein when a franchise, agreement or other county commission, state or federal permission of authority is required by county, state or federal law.

CERTIFICATION STATEMENT

PROJECT: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

CONSULTANT: Applied Technology & Management, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

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

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 Contract, 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 Contract 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 contract.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Contract 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, familial status, sexual orientation, gender identity and expression.

SCRUTINIZED COMPANIES CERTIFICATION

CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities In The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by CONSULTANT, a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.



Michael Jenkins, PhD, P.E. 6/28/12
Coastal Team Leader Date

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

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

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 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 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.

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

THIS DISCLOSURE is submitted by Michael Jenkins, as
(Name of Individual)

Coastal Team Leader, of Applied Technology & Management, Inc.
(Title/Position) (Firm Name of CONSULTANT)

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)

6/28/12
(Date)



APPLTEC-01 KHARATSJ

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
7/2/2012

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

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

PRODUCER Willis of Florida, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Applied Technology & Management, Inc. 5550 NW 111th Blvd. Gainesville, FL 32653	INSURER A : Lexington Insurance Company NAIC # 19437	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/PO/AGG	\$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
	DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Prof/Cont. Poll.Liab	X	X	16017301	9/1/2011	9/1/2012	See Attached	

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

THIS CERTIFICATE VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 6/28/2012

Re: Contract for Professional Consultant Services.

Professional Liability/Contractors Pollution Liability Policy is on a claims - made basis with Retro Date of 03-27-84.

Professional/Contractors Pollution Liability Deductible: \$50,000 Each Claim

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees and agents are named as

Additional Insureds regarding Contractors Pollution Liability as per written contract.

Waiver of Subrogation in favor of Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees and agents applies to Professional Liability and Contractors Pollution Liability as per written contract.

CERTIFICATE HOLDER**CANCELLATION**
 Palm Beach County
 Attn: ERM Director
 2300 N Jog Road, 4th Floor
 West Palm Beach, FL 33411-2743

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

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<p>POLICY TYPE: Professional/Contractors Pollution Liability. CARRIER: Lexington Insurance Company POLICY TERM: 09/01/2011 – 09/01/2012 POLICY NUMBER: 16017301</p>	<p>Professional Liability: \$1,000,000/\$2,000,000 Limits Contractors Pollution Liability: \$1,000,000/\$2,000,000 Limits</p>

Applied Technology & Management
Continuing Contract for Coastal and Marine Engineering

Contract R2010-1296 dated August 17, 2010 for period of two years expires on August 16, 2012.

Contract Amendment No. 1 (R2011-0059) dated 1-11-11 changes IG Lanuage and Period of Service clause.

SBE-M/WBE Goal 15.0% (10% SBE/White; 5% MBE/Woman)

Task order summary:

TASK NUMBER	TOTAL/ SBE and/or MWBE AMOUNT	TASK DUE DATE	TASK DESCRIPTION	APPROVED BY/DATE
ATM-01	76,661.81 73,660.00	11/1/2010	2010 Regional Monitoring Beach Profiles, Ebb Shoal Surveys and SLWI Sand Trap Survey	CRC 8/18/2010
AMENDMENT NUMBER 1			Inspector General language and Period of Service clause changes	BCC 1/11/2011
1296-02	19,690.62 0.00	5/15/2011	Juno Beach - 12 Month Post-Construction Physical Monitoring Report	ERM 2/16/2011
ATM-01A	2,696.32 2,550.00	5/10/2011	2010 Regional Monitoring - SLWI Sand Trap Survey 2	ERM 5/5/2011
1296-03	60,112.59 58,640.00	10/1/2011	2011 Regional Monitoring - Beach Profiles and Ebb Shoal Surveys	CRC 6/29/2011
1296-04	5,863.61 5,490.00	9/19/2011	SLWI Sand Trap Expansion & Maintenance Dredging - Bathymetric Surveys	ERM 8/23/2011
1296-05	25,067.04 0.00	11/20/2011	SLWI Sand Trap Expansion & Maintenance Dredging - Seagrass Survey	ERM 9/6/2011
1296-03A	9,662.49 8,600.00	12/31/2011	2011 Regional Monitoring - Beach Profiles and Ebb Shoal Surveys	ERM 10/30/2011
1296-06	234,738.74 28,229.80	7/16/2013	SLWI Sand Trap Expansion & Maintenance Dredging - Design & Permitting	BCC 1/24/2012
1296-07	233,094.00 0.00	12/31/2012	Phoslock Project	BCC 4/3/2012
1296-08	20,297.10 0.00	7/31/2012	Juno Beach - 24 Month Post-Construction Physical Monitoring Report	ERM 4/13/2012
1296-09	64,569.07 63,080.00	10/5/2012	2012 Regional Monitoring - Beach Profiles and Ebb Shoal Surveys	CRC 5/16/2012

Total: 752,453.39

SBE-MBE: 240,249.80

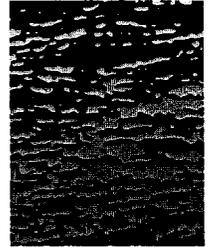
SBE-MBE Participation: 31.9%

Report Date & Filename: 06/18/12

T:\eers\engser\Consultants\Taylor_2010-2012\history_1435.xls\Sheet1

28 June 2012

Palm Beach County Board of Commissioners
Department of Environmental Resources Management
2300 North Jog Road, 4th Floor
West Palm Beach, FL 33411-2743



olsen
associates, inc.
Coastal Engineering

Attention: Mr. Robert Robbins, Director

**RE: RENEWAL AGREEMENT FOR COASTAL AND MARINE ENGINEERING SERVICES
ANNUAL, DATED AUGUST 17, 2010 (R2010-1297)**

Dear Mr. Robbins:

This Renewal Agreement serves as our official notification of interest in continuing our Contract with Palm Beach County for professional services, as specified in Article 2 of the contract, for the period of August 17, 2012 through August 16, 2013. We are in agreement that all provisions in the original Contract, as amended, shall remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificate(s), 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,

Olsen Associates, Inc.

Consultant:


Erik J. Olsen, P.E.
President

28 June 2012

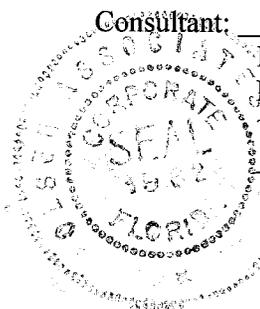
Date

Attest:


Heather Kalka
Office Manager

28 June 2012

Date

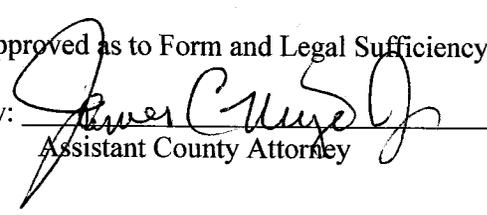


CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

By: _____
Shelley Vana, Chair

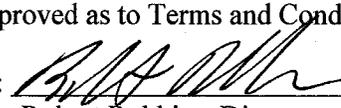
Approved as to Form and Legal Sufficiency:

By: 
Assistant County Attorney

Attest: Sharon R. Bock, Clerk & Comptroller

By: _____
Deputy Clerk

Approved as to Terms and Conditions:

By: 
Robert Robbins, Director
Dept. of Environmental Resources Mgmt.

Palm Beach County
Coastal Engineering Services Contract

EXHIBIT B

Rates OK $\text{JC } \frac{2}{3}$

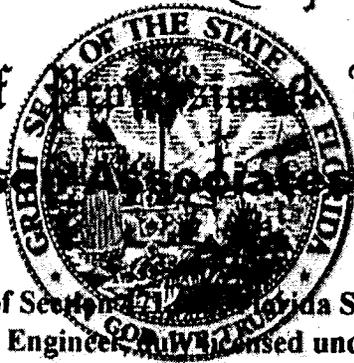
CATEGORY	SALARY PER HOUR	BURDENED RATE ¹	
Principal	\$77.21	\$210	
Principal II	\$65.44	\$178	
Sr. Engineer	\$55.15	\$150	
Coastal Eng. I	\$41.81	\$114	
Coastal Eng. II	\$34.98	\$95	
Coastal Eng. III	\$28.85	\$78	
CAD	\$21.62	\$59	
Adm. Asst. Clerical	\$23.12	\$63	

¹ Multiplier of 2.72

State of Florida

Board of Professional Engineers

Olsen Associates, Inc.



Is authorized under the provisions of Section 471, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under Chapter 471, Florida Statutes.

Certificate of Authorization

EXPIRATION: 2/28/2013

AUDIT NO: 228201301047

CA. LIC. NO:

3491



State of Florida
Board of Professional Engineers
2507 Calloway Road, Suite 200
Tallahassee, FL 32303-5268

Olsen Associates, Inc.
2618 HERSCHEL ST
JACKSONVILLE, FL 32204

Each licensee is solely responsible for notifying the Florida Board of Professional Engineers in writing the licensee's current address.

Name changes require legal documentation showing name change. An original, a certified copy, or a duplicate of an original or certified copy of a document which shows the legal name change will be accepted unless there is a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

At least 90 days prior to the expiration date shown on this license, a notice of renewal will be sent to your last known address. If you have not yet received your notice 60 days prior to the expiration date, please call (850) 521-0500, or write, Florida Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, FL 32303-5268 or e-mail board@fbpe.org. Our website address is <http://www.fbpe.org>

CERTIFICATION STATEMENT

PROJECT: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

CONSULTANT: Olsen Associates, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

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As provided in F.S. 287.132-133, by entering this Contract 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).

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SCRUTINIZED COMPANIES CERTIFICATION

CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities In The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by CONSULTANT, a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.



Erik J. Olsen, P.E. - President
28 June 2012

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

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

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 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 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.

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

THIS DISCLOSURE is submitted by Erik J. Olsen, P.E., as
(Name of Individual)

President, of Olsen Associates, Inc.
(Title/Position) (Firm Name of CONSULTANT)

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)

28 Jun
(Date)

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, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **OLSEN ASSOCIATES INC**
 Address of policyholder **2618 HERSCHEL STREET**
 Location of operations **JACKSONVILLE, FL 32204**
 Description of operations **BEACHES RENOURISHMENT**

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	
		Effective Date	Expiration Date	(at beginning of policy period)	
98BEV8031	Comprehensive Business Liability	3/15/12	3/15/13	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	\$ 1,000,000.00
<input checked="" type="checkbox"/> Products - Completed Operations Contractual Liability				General Aggregate	\$ 2,000,000.00
<input checked="" type="checkbox"/> Personal Injury				Product - Completed Operations Aggregate	\$ 2,000,000.00
<input checked="" type="checkbox"/> Advertising Injury					
<input checked="" type="checkbox"/> Watercraft Liability					
				BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	Each Occurrence	\$ 4,000,000.00
98BWB2920	<input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	6/4/12	6/4/13	Aggregate	\$ 4,000,000.00
		Policy Period		Part I - Workers Compensation - Statutory	
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
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 Certification Holder

Palm Beach County/Department of Environmental Resources Mgmt
 ATTN: ERM Director
 2300 North Jog Road, 4th Floor
 West Palm Beach, FL 33411

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

ADDITIONAL INSURED & CERTIFICATE HOLDER

Denny Doyle
 Signature of Authorized Representative
Agent 06/22/2011
 Title Date
DENNY DOYLE
 Agent Name
 Telephone Number **7373777**

Agent's Code Stamp
 Agent Code **6098**
 AFO Code **F349**

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 has coverage in force for the following Named Insured as shown below :

Named Insured OLSEN ASSOCIATES, INC.

Address of Named Insured 2618 HERSCHEL ST, JACKSONVILLE, FL 32204

BEACH RENOURISHMENT

POLICY NUMBER	L130097	0347450	1107253	
EFFECTIVE DATE OF POLICY	12/15/11-continuous	1/31/12-continuous	4/19/12-continuous	
DESCRIPTION OF VEHICLE	07 HONDA RIDGELINE VIN#0393	11 AUDI Q5 VIN#9956	ENOL	
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$1,000,000.00	\$500,000.00	\$1,000,000.00	
a. Bodily Injury Each Accident	\$1,000,000.00	\$500,000.00	\$1,000,000.00	
b. Property Damage	\$1,000,000.00	\$500,000.00	\$1,000,000.00	
c. Bodily Injury & Property Damage Single Limit Each Accident	\$			
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$100.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$100.00 Deductible	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO Deductible
a. Comprehensive				
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Dennis M Doyle Jr
 Signature of Authorized Representative

DENNIS M DOYLE JR
 Title

59-8098
 Agent's Code Number

06/25/2012
 Date

Name and Address of Certificate Holder
 Palm Beach County/Department of Environmental Resources Mgmt
 ATTN: ERM Director
 2300 North Jog Road, 4th Floor
 West Palm Beach, FL 33411

Name and Address of Agent
 DENNIS M DOYLE JR
 7607 BAYMEADOWS ROAD E
 SUITE 100
 JACKSONVILLE FL 32256

ADDITIONAL INSURED & CERTIFICATE HOLDER

Check if a permanent Certificate of Insurance for liability coverage is needed:
 Check if the Certificate Holder should be added as an Additional Insured:



CERTIFICATE OF LIABILITY INSURANCE

OLSEASS-01

VBLEHM

DATE (MM/DD/YYYY)
6/28/2012

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

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

PRODUCER TD Insurance, Inc. PO Box 406 Portland, ME 04112	CONTACT NAME: PHONE (A/C, No, Ext): (904) 450-4700		FAX (A/C, No): (877) 775-0285
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Commerce and Industry Insurance Company	19410
INSURED Olsen Associates, Inc. 2618 Herschel Street Jacksonville, FL 32204-4512	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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/A	5226918	10/29/2011	10/29/2012	<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	

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

Coverage includes United States Longshoremen & Harborworkers Act Coverage/ and State Act Workers' Compensation/ and Maritime Employers Liability. Blanket Waiver of Subrogation applies

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County
 Attn: Juan Cueto
 2300 North Jog Road, 4th Floor
 West Palm Beach, FL 33411-2743

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

Vickie L Blehm

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ACORD™

Client#: 2776 OLSEASS3
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2012

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

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

PRODUCER ISU Suncoast Insurance Assoc P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200	CONTACT NAME: PHONE (A/C, No, Ext): 813 289-5200 FAX (A/C, No): 813 289-4561 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
INSURED Olsen Associates, Inc 2618 Herschel Street Jacksonville, FL 32204-4512	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : XL Specialty Insurance Company</td> <td style="text-align: center;">37885</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : XL Specialty Insurance Company	37885	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER F :															

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

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <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 \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC STATU-TORY LIMITS</th> <th style="width: 50%;">OTH-ER</th> </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	\$													
A	Professional Liability		DPR9697044	09/01/2011	09/01/2012 ✓	\$1,000,000 per claim \$2,000,000 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.
Professional Liability deductible is \$50,000 per claim; Retroactive date is 09/01/1988.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Attn: Juan Cueto 2300 North Jog Road, 4th Floor West Palm Beach, FL 33411-2743	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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**COAST & HARBOR
ENGINEERING**

July 3, 2012

Palm Beach County Board of Commissioners
Department of Environmental Resources Management
2300 North Jog Road, 4th Floor
West Palm Beach, FL 33411-2743

Attention: Mr. Robert Robbins, Director

**RE: RENEWAL AGREEMENT FOR COASTAL AND MARINE ENGINEERING SERVICES ANNUAL, DATED
SEPTEMBER 14, 2010 (R2010-1434)**

Dear Mr. Robbins:

This Renewal Agreement serves as our official notification of interest in continuing our Contract with Palm Beach County for professional services, as specified in Article 2 of the contract, for the period of September 14, 2012 through September 13, 2013. We are in agreement that all provisions in the original Contract, as amended, shall remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificate(s), 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,

Coast & Harbor Engineering, Inc.

Consultant: _____

R. Shane Phillips, P.E.
Principal

7/3/12
Date

CORPORATE
SEAL



Attest: _____

Nancy J. Evans
Comptroller

7/3/12
Date

Accepted by:
Palm Beach County Board of Commissioners

By: _____
Shelley Vana, Chair

Attest: Sharon R. Bock, Clerk & Comptroller

By: _____
Deputy Clerk

Approved as to Form and Legal Sufficiency:

By: _____
Assistant County Attorney

Approved as to Terms and Conditions:

By: _____
Robert Robbins, Director
Dept. of Environmental Resources Mgmt.

Coast & Harbor Engineering, Inc.

Salary and Billing Rates Table
Submitted July 3, 2012

EXHIBIT B

Rates 012
271.90%

Labor Category	Hourly Rate 100%	Gross Multiplier 171.90%	Billing Rate 271.90%
Senior Principal Engineer	\$ 62.59	\$ 107.59	\$ 170.18
Senior Coastal Engineer	\$ 57.46	\$ 98.77	\$ 156.23
Principal Engineer	\$ 51.08	\$ 87.81	\$ 138.89
Coastal Scientist	\$ 37.98	\$ 65.29	\$ 103.27
Coastal Engineer	\$ 43.26	\$ 74.36	\$ 117.62
Engineer V - Project Manager	\$ 39.90	\$ 68.59	\$ 108.49
Engineer V	\$ 38.94	\$ 66.94	\$ 105.88
Engineer IV	\$ 36.06	\$ 61.99	\$ 98.05
Engineer III	\$ 32.93	\$ 56.61	\$ 89.54
Engineer I	\$ 28.85	\$ 49.59	\$ 78.44
Junior Engineer	\$ 24.00	\$ 41.26	\$ 65.26
CAD Designer	\$ 29.32	\$ 50.40	\$ 79.72
CAD Technician	\$ 28.13	\$ 48.36	\$ 76.49
Administrative	\$ 18.50	\$ 31.80	\$ 50.30

Multiplier = 2.719

State of Florida
Board of Professional Engineers



Robert Shane Phillips, P.E.

IS LICENSED AS A PROFESSIONAL ENGINEER UNDER CHAPTER 471, FLORIDA STATUTES
EXPIRATION: 2/28/2013
AUDIT NO: 228201320453

P.E. LIC. NO:
64271

10:14:29 AM 7/10/2012

Licensee Details

Licensee Information

Name: **Coast & Harbor Engineering, Inc. (Primary Name)**
(DBA Name)
Main Address: **110 MAIN STREET, #103**
EDMONDS Washington 98020
County: **OUT OF STATE**
License Mailing:
LicenseLocation:

License Information

License Type: **Certificate of Authorization**
Rank: **Cert of Auth**
License Number: **26958**
Status: **Current**
Licensure Date: **05/04/2006**
Expires: **02/28/2013**

Special Qualifications Qualification Effective

[View Related License Information](#)

[View License Complaint](#)

1940 North Monroe Street, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. [Copyright 2007-2010 State of Florida, Privacy Statement](#)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395.

CERTIFICATION STATEMENT

PROJECT: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis
CONSULTANT: Coast & Harbor Engineering, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

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

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 Contract, 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 Contract 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 contract.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Contract 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, familial status, sexual orientation, gender identity and expression.

SCRUTINIZED COMPANIES CERTIFICATION

CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities In The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by CONSULTANT, a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.

 7/3/12
R. Shane Phillips P.E., Principal Date

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

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:

N/A

(Attach additional sheets as needed.)

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

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 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 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.

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

THIS DISCLOSURE is submitted by R. Shane Phillips, as
(Name of Individual)

a Principal of Coast & Harbor Engineering, Inc.
(Firm Name of CONSULTANT)

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)

7/31/12

(Date)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED (ARCHITECTS, ENGINEERS AND SURVEYORS)

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following is added to WHO IS AN INSURED (Section II):

Any person or organization that you agree in a "contract or agreement requiring insurance" to include as an additional insured on this Coverage Part, but only with respect to liability for "bodily injury", "property damage" or "personal injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- a. In the performance of your ongoing operations;
- b. In connection with premises owned by or rented to you; or
- c. In connection with "your work" and included within the "products-completed operations hazard".

Such person or organization does not qualify as an additional insured for "bodily injury", "property damage" or "personal injury" for which that person or organization has assumed liability in a contract or agreement.

The insurance provided to such additional insured is limited as follows:

- d. This insurance does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this Coverage Part.
- e. This insurance does not apply to the rendering of or failure to render any "professional services".
- f. The limits of insurance afforded to the additional insured shall be the limits which you agreed in that "contract or agreement requiring insurance" to provide for that additional insured, or the limits shown in the Declarations for this Coverage Part, whichever are less. This endorsement does not increase the limits of insurance stated in the **LIMITS OF**

INSURANCE (Section III) for this Coverage Part.

B. The following is added to Paragraph a. of 4. Other Insurance in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

However, if you specifically agree in a "contract or agreement requiring insurance" that the insurance provided to an additional insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with the other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal injury" for which coverage is sought arises out of an offense committed;

after you have entered into that "contract or agreement requiring insurance". But this insurance still is excess over valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when the insured is an additional insured under any other insurance.

C. The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

We waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage" or "personal injury" arising out of "your work" performed by you, or on your behalf, under a "contract or agreement requiring insurance" with that person or organization. We waive these rights only where you have agreed to do so as part of the "contract or agreement requiring insurance" with such person or organization entered into by you before, and in effect when, the "bodily

COMMERICAL GENERAL LIABILITY

injury" or "property damage" occurs, or the "personal injury" offense is committed.

D. The following definition is added to **DEFINITIONS (Section V)**:

"Contract or agreement requiring insurance" means that part of any contract or agreement under which you are required to include a person or organization as an additional insured on this Cov-

erage Part, provided that the "bodily injury" and "property damage" occurs, and the "personal injury" is caused by an offense committed:

- a. After you have entered into that contract or agreement;
- b. While that part of the contract or agreement is in effect; and
- c. Before the end of the policy period.

Coast & Harbor Engineering, Inc.
Continuing Contract for Coastal and Marine Engineering

Contract R2010-1434 dated September 14, 2010 for period of two years expires on September 13, 2012.

Contract Amendment No. 1 (R2011-0061) dated 1-11-11 changes IG Lanuage and Period of Service clause.

SBE-M/WBE Goal 32.0% (15% SBE/White; 5% SBE/Asian; 2% SBE/Woman; 10% MBE/Woman)

Task order summary:

TASK NUMBER	TOTAL/ SBE and/or MWBE AMOUNT	TASK DUE DATE	TASK DESCRIPTION	APPROVED BY/DATE
1434-01	11,712.31 9,520.00	12/31/2010	SLWI Sand Transfer Plant Production Surveys	ERM 11/8/2010
AMENDMENT NUMBER 1			Inspector General language and Period of Service clause changes	BCC 1/11/2011
1434-02	21,094.00 20,009.00	11/1/2011	2011 Lake Worth Lagoon Fixed Transect Seagrass Monitoring	ERM 3/10/2011
1434-03	4,427.00 4,210.00	3/15/2011	South Cove Bathymetry Survey	ERM 3/10/2011
1434-04	4,787.00 4,570.00	5/3/2011	Ibis Isle & Lake Worth Lagoon Dredge Sites Bathymetric Surveys	ERM 4/20/2011
1434-05	10,391.00 0.00	1/2/2012	SLWI Sand Transfer Plant Performance Report	ERM 11/10/2011
1434-06	5,488.00 0.00	12/30/2011	Central PBC Comprehensive Erosion Control Project - Hardbottom Mapping	ERM 11/20/2011
1434-06A	0.00 1,064.00	3/15/2012	Central PBC Comprehensive Erosion Control Project - Hardbottom Mapping	ERM 3/9/2012
1434-07	50,592.00 17,640.00	9/15/2012	Turtle Cove Restoration Project - Hydrodynamic Sedimentation Analysis	ERM 5/29/2012
1434-08	134,054.17 51,219.40	3/15/2013	2012 Aerial Seagrass Mapping	BCC 5/1/2012
1434-09	27,270.00 25,968.00	3/15/2013	2012 Lake Worth Lagoon Fixed Transect Seagrass Monitoring	ERM 4/20/2012

Total: 269,815.48

SBE-MBE: 134,200.40

SBE-MBE Participation: 49.7%

Report Date & Filename: 06/18/12



TAYLOR ENGINEERING INC

Delivering Leading-edge Solutions

June 2, 2012

Palm Beach County Board of Commissioners
Department of Environmental Resources Management
2300 North Jog Road, 4th Floor
West Palm Beach, FL 33411-2743

Attention: Mr. Robert Robbins, Director

RE: RENEWAL AGREEMENT FOR COASTAL AND MARINE ENGINEERING SERVICES
ANNUAL, DATED SEPTEMBER 14, 2010 (R2010-1435)

Dear Mr. Robbins:

This Renewal Agreement serves as our official notification of interest in continuing our Contract with Palm Beach County for professional services, as specified in Article 2 of the contract, for the period of September 14, 2012 through September 13, 2013. We are in agreement that all provisions in the original Contract, as amended, shall remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificate(s), 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,

Taylor Engineering, Inc.

Consultant:

Kenneth R. Craig, P.E.
Vice President

7/2/12
Date

Attest:

Carla Cannon
Corporate Secretary

7/2/12
Date



CORPORATE SEAL

Accepted by:
Palm Beach County Board of Commissioners

By: Shelley Vana, Chair

Attest: Sharon R. Bock, Clerk & Comptroller

By: Deputy Clerk

Approved as to Form and Legal Sufficiency:

By: Assistant County Attorney

Approved as to Terms and Conditions:

By: Robert Robbins, Director
Dept. of Environmental Resources Mgmt.

EXHIBIT B

Taylor Engineering, Inc.

Schedule of Hourly Labor Rates and Equipment Fees and Other Direct Costs

Palm Beach County Coastal & Marine Engineering Services

Effective September 14, 2012 through September 13, 2013

*Rates OK.
JC 7/10*

Position	Rate Basis Hourly Wage	Burdened Hourly Billing Rate*
CEO	100.16	\$295.00
President	72.44	\$214.00
Vice President	62.17	\$183.00
Senior Advisor	56.31	\$166.00
Director	49.90	\$147.00
Senior Professional	40.70	\$120.00
Project Professional	34.17	\$101.00
Staff Professional	27.88	\$82.00
Technical Editor	30.06	\$89.00
Sr. Technical Editor	31.27	\$92.00
Technical Support	25.85	\$76.00
Administrative	15.95	\$47.00

Equipment Fee and Other Direct Costs	Rate	Unit
Black and White Photocopies (8-1/2 x 11)	\$0.15	/page
Black and White Photocopies (11 x 17)	\$0.20	/page
Color Photocopies (8-1/2 x 11)	\$1.25	/page
Color Photocopies (11 x 17)	\$1.50	/page
Computer Generated Glossy Plots (24" x 36" Glossy Paper)	\$65.00	/page
Computer Generated Glossy Plots (24" x 36" Standard Paper)	\$35.00	/page
14' Aluminum Jonboat	\$80.00	/day
Truck	\$85.00	/day
Trimble Differential GPS	\$100.00	/day
ADFM Velocity Profiler Pro20	\$200.00	/day
ADCP Rio Grande Current Meter	\$200.00	/day
Sokkia SET6E Total Station	\$350.00	/day
Cone Penetrometer	\$15.00	/day
YSI SCT Meter	\$50.00	/day
YSI DO Meter	\$50.00	/day
Hand-held GPS	\$10.00	/day

* The Burdened Hourly Billing Rates are based on a 2.95 multiplier, which includes 180.26% overhead and 5% profit.

State of Florida

Board of Professional Engineers

Taylor Engineering, Inc.



Is authorized under the provisions of Section 471, Florida Statutes, to offer engineering services to the public through a Professional Engineer licensed under Chapter 471, Florida Statutes.

Certificate of Authorization

EXPIRATION: 2/28/2013

AUDIT NO: 228201300516

CA. LIC. NO:

4815

CERTIFICATION STATEMENT

PROJECT: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

CONSULTANT: Taylor Engineering, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

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

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 Contract, 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 Contract 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 contract.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Contract 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, familial status, sexual orientation, gender identity and expression.

SCRUTINIZED COMPANIES CERTIFICATION

CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities In The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by CONSULTANT, a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.


Kenneth R. Craig, P.E., Vice President 7/2/12 Date

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Annual Coastal and Marine Engineering Services
Project No.: On a Task Order Basis

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:

NONE

(Attach additional sheets as needed.)

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

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 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 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.

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

THIS DISCLOSURE is submitted by Kenneth R. Craig, P.E., as
(Name of Individual)

Vice President, of Taylor Engineering, Inc.
(Title/Position) (Firm Name of CONSULTANT)

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) 7/2/12
(Date)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JMC

DATE (MM/DD/YYYY)

07/03/12

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

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

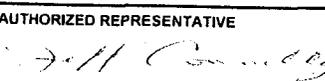
PRODUCER ACEC/MARSH 701 Market St., Ste. 1100 St. Louis, MO 63101 Sharon L. Zach		800-338-1391 888-621-3173	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TAYL-02	FAX (A/C, No):
INSURED Taylor Engineering Inc. 10151 Deerwood Park Blvd Building 300, Suite 300 Jacksonville, FL 32256		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hartford Insurance Company		22357
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			84SBWNA6176	11/01/11	11/01/12	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 - COMPIOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			84UEGLP0627	11/01/11	11/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input 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			84SBWNA6176	11/01/11	11/01/12	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	84WBGJ6000 (INCLUDES LSHA)	11/01/11	11/01/12	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS ARE INCLUDED AS ADDITIONAL INSURED'S WITH RESPECTS TO ALL COVERAGES SHOWN ABOVE EXCEPT W/C. WAIVER OF SUBROGATION IS INCLUDED IN FAVOR OF THE ADDL. INSD. LONGSHORE & HARBOR WC ACT ENDT INCL. COVERAGE IS PRIMARY & NONCONTRIBUTORY EXCEPT UMBR.

CERTIFICATE HOLDER PALM-08 PALM BEACH COUNTY ERM DIRECTOR 2300 NORTH JOG ROAD, 4TH FLOOR WEST PALM BEACH, FL 33411-2743	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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NOTEPAD:

HOLDER CODE **PALM-08**
INSURED'S NAME **Taylor Engineering Inc.**

TAYL-02
OP ID: JMC

PAGE 2
DATE **07/03/12**

OWNED WATERCRAFT LIABILITY COVERAGES AT \$1,000,000 LIMIT APPLIES TO
INSURED'S 1985 12; ALUM HULL LANDAU, VIN# L80099/H485 TC:1132347/JOHNSON
OUTBOARD (HUNER 10HP); 2006 GLC 12; LOWE ALUM BOAT, VIN# L2CJ0080F506
UNDER POLICY #84SBWNA6176

GLAI ENDT ATTACHED

POLICY NUMBER: 84SBWNA6176
INSURED: Taylor Engineering Inc.

BUSINESS LIABILITY COVERAGE

ADDITIONAL INSUREDS BY CONTRACT, AGREEMENT OR PERMIT

This is a summary of the Coverage provided under the following:

BUSINESS LIABILITY COVERAGE FORM SS 00 08

WHO IS AN INSURED (Section C) states that the following is also an additional insured:

Additional Insured by Contract, Agreement or Permit

Any person or organization is an additional insured when you have agreed, in a written contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the executive of the contract or agreement, or the issuance of the permit. A person or organization is an additional insured under the provision only for that period of time required by the contract, agreement or permit.

With respect to the insurance afforded to the additional insured, this insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specification; or
- (b) Supervisory, inspection, architectural or engineering activities.

Primary and Non-Contributory to Other Insurance When Required by Contract

If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

ACORD™

Client#: 3111 TAYLENG3
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 07/02/2012

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

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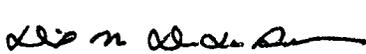
PRODUCER ISU Suncoast Insurance Assoc P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200		CONTACT NAME: PHONE (A/C, No, Ext): 813 289-5200 FAX (A/C, No): 813 289-4561 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Taylor Engineering, Inc 10151 Deerwood Park Blvd Bldg 300, Suite 300 Jacksonville, FL 32256		INSURER(S) AFFORDING COVERAGE INSURER A: XL Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 37885	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 - COMPI/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	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/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			DPR9701137	04/02/2012	04/02/2013	\$2,000,000 per claim \$2,000,000 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.
 RE: Professional Coastal and Marine Engineering Services
 Professional Liability Retro Date: 04/02/1990

CERTIFICATE HOLDER Palm Beach County Attn: ERM Director 2300 N. Jog Rd. 4th Floor West Palm Beach, FL 33411-2743	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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