

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures					
Operating Costs	11,267	135,200	135,200	123,933	
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>11,267</u>	<u>135,200</u>	<u>135,200</u>	<u>123,933</u>	

ADDITIONAL FTE

POSITIONS (Cumulative)	0	0	0	0	0
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Is Item Included In Current Budget? Yes X No _____

Budget Account Exp No: Fund 5011 Department 700 Unit 7245 Object 3103
 Rev No: Fund _____ Department _____ Unit _____ Object _____

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

Risk Management Fund - 5011

Departmental Fiscal Review: Jessica Kalls

III. REVIEW COMMENTS

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

[Signature] 7/20/2012
 OFMB
 7/20/12
 7/19/12

[Signature] 7/24/12
 Contract Administration
 7-24-12 B Wheeler

B. Legal Sufficiency:

[Signature] 7/25/12
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Background and Justification:

An advertisement for the clinic's contracted physician position was placed on the Palm Beach County Human Resources web page, the Palm Beach and Broward County Risk and Insurance Management Society (RIMS) web pages and the Public Risk and Insurance Management Association (PRIMA) web page for the period of June 25 through June 29, 2012. Two applications were received and reviewed by a selection committee consisting of the occupational health clinic manager, workers' compensation manager, and the director of Risk Management. The applications were evaluated and scored, with Dr. Campazzi unanimously selected with a composite score of 81, as compared to alternative candidate Dr. Anubha Jairam, MD with a composite score of 36. The large scoring differential was mainly due to the fact that Dr. Jairam had no occupational medicine or workers' compensation experience. Dr. Campazzi has extensive experience in occupational medicine and public health. He is also certified in occupational medicine by the American Board of Preventive Medicine.

Since the inception of its on-site Occupational Health Clinic, the County has contracted with various physicians to provide occupational medical services. Those services include pre-employment and periodic physical examinations, evaluation and treatment of work-related injuries or illnesses, and evaluation and interpretation of Occupational Safety and Health Administration (OSHA) screening tests.

CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES

This Contract is made as of the _____ day of _____, 2012, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Island Medical Care LLC authorized to do business in the State of Florida, hereinafter referred to as the PHYSICIAN, whose Federal I.D. is 16-1760288.

In consideration of the mutual promises contained herein, the COUNTY and the PHYSICIAN agree as follows:

ARTICLE 1 - SERVICES

The PHYSICIAN'S responsibility under this Contract is to provide professional/consultation services in the area of Occupational Health, as more specifically set forth in the Scope of Work detailed in Exhibit "A".

The COUNTY'S representative/liaison during the performance of this Contract shall be Director of Risk Management & Manager of Occupational Health Clinic, telephone number (561) 233-5450. The PHYSICIAN'S representative/liaison during the performance of this Contract shall be Island Medical Care LLC., telephone no. (561) 779-8600.

ARTICLE 2 - SCHEDULE

The PHYSICIAN shall commence services on September 1, 2012 and complete all services by August 31, 2015.

Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in Exhibit "A".

ARTICLE 3 - PAYMENTS TO PHYSICIAN

A. The total amount to be paid by the COUNTY under this Contract for all services and materials including, if applicable, "out of pocket" expenses (specified in paragraph C below) shall not exceed a total contract amount of Four Hundred Five Thousand Six Hundred Dollars (\$405,600.00) The PHYSICIAN shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The PHYSICIAN will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit "B" for services

rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items is permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date

B. Invoices received from the PHYSICIAN pursuant to this Contract will be reviewed and approved by the COUNTY's representative, to verify that services have been rendered in conformity with the Contract. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally be paid within thirty (30) days following the COUNTY representative's approval.

C. "Out-of-pocket" expenses will be reimbursed up to an amount not to exceed _____ N/A _____ Dollars (\$0.00), and in accordance with the list of the types and amounts of expenditures eligible for reimbursement as set forth in Exhibit "B". All requests for payment of "out-of-pocket" expenses eligible for reimbursement under the terms of this Contract shall include copies of paid receipts, invoices, or other documentation acceptable to the Palm Beach County Finance Department. Such documentation shall be sufficient to establish that the expense was actually incurred and necessary in the performance of the Scope of Work described in this Contract. Any travel, per diem, mileage, meals, or lodging expenses which may be reimbursable under the terms of this Contract will be paid in accordance with the rates and conditions set forth in Section 112.061, Florida Statutes.

D. Final Invoice: In order for both parties herein to close their books and records, the PHYSICIAN will clearly state "final invoice" on the PHYSICIAN'S final/last billing to the COUNTY. This shall constitute PHYSICIAN'S certification that all services have been properly performed and all charges and costs have been invoiced to Palm Beach County. Any other charges not properly included on this final invoice are waived by the PHYSICIAN.

ARTICLE 4 - TRUTH-IN-NEGOTIATION CERTIFICATE

Signature of this Contract by the PHYSICIAN shall also act as the execution of a truth-in negotiation certificate certifying that the wage rates, over-head charges, and other costs used to determine the compensation provided for in this Contract are accurate, complete and current as of the date of the Contract and no higher than those charged the

PHYSICIAN'S most favored customer for the same or substantially similar service. The said rates and costs shall be adjusted to exclude any significant sums should the COUNTY determine that the rates and costs were increased due to inaccurate, incomplete or noncurrent wage rates or due to inaccurate representations of fees paid to outside consultants. The COUNTY shall exercise its rights under this Article 4 within three (3) years following final payment.

ARTICLE 5 - TERMINATION

This Contract may be terminated by the PHYSICIAN upon sixty (60) days' prior written notice to the COUNTY's representative in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Contract through no fault of the PHYSICIAN. It may also be terminated, in whole or in part, by the COUNTY, with or without cause, immediately upon written notice to the PHYSICIAN. Unless the PHYSICIAN is in breach of this Contract, the PHYSICIAN shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice and except as otherwise directed by the COUNTY the PHYSICIAN shall:

- A. Stop work on the date and to the extent specified.
- B. Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- C. Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- D. Continue and complete all parts of the work that have not been terminated.

ARTICLE 6 - PERSONNEL

The PHYSICIAN represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

All of the services required hereinunder shall be performed by the PHYSICIAN or under its supervision, and all personnel engaged in performing the services shall be fully qualified and, if required, authorized or permitted under state and local law to perform such services.

Any changes or substitutions in the PHYSICIAN'S key personnel, as may be listed in Exhibit "A", must be made known to the COUNTY'S representative and written approval must be granted by the COUNTY's representative before said change or substitution can become effective.

The PHYSICIAN warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field.

All of the PHYSICIAN'S personnel (and all Subcontractors) while on County premises will comply with all COUNTY requirements governing conduct, safety and security.

ARTICLE 7 - SUBCONTRACTING

The COUNTY reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. The PHYSICIAN is encouraged to seek additional small business enterprises for participation in subcontracting opportunities. If the PHYSICIAN uses any subcontractors on this project the following provisions of this Article shall apply:

If a subcontractor fails to perform or make progress, as required by this Contract, and it is necessary to replace the subcontractor to complete the work in a timely fashion, the

PHYSICIAN shall promptly do so, subject to acceptance of the new subcontractor by the COUNTY.

The Palm Beach County Board of County Commissioners has established a minimum goal for SBE participation of 15% on all County solicitations.

The PHYSICIAN agrees to abide by all provisions of the Palm Beach County Code establishing the SBE Program, as amended, and understands that failure to comply with any of the requirements will be considered a breach of contract.

The PHYSICIAN understands that each SBE firm utilized on this Contract must be certified by Palm Beach County in order to be counted toward the SBE participation goal.

The PHYSICIAN shall provide the COUNTY with a copy of the PHYSICIAN'S contract with any SBE subcontractor or any other related documentation upon request.

The PHYSICIAN understands the requirements to comply with the tasks and proportionate dollar amounts throughout the term of this Contract as it relates to the use of SBE firms.

The PHYSICIAN will only be permitted to replace a certified SBE subcontractor who is unwilling or unable to perform. Such substitutions must be done with another certified SBE in order to maintain the SBE percentages established in this Contract. Requests for substitutions of SBE's must be submitted to the COUNTY's representative and to the Office of Small Business Assistance.

The PHYSICIAN shall be required to submit to the COUNTY Schedule 1 (Participation of SBEM/WBE Contractors) and Schedule 2 (Letter of Intent) to further indicate the specific participation anticipated, where applicable.

The PHYSICIAN agrees to maintain all relevant records and information necessary to document compliance pursuant to Palm Beach County Code, Chapter 2, Article III, Sections 2-71 through 2-80.13 and any revisions thereto, and will allow the COUNTY to inspect such records.

ARTICLE 8 - FEDERAL AND STATE TAX

The COUNTY is exempt from payment of Florida State Sales and Use Taxes. The COUNTY will sign an exemption certificate submitted by the PHYSICIAN the PHYSICIAN

shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the COUNTY, nor is the PHYSICIAN authorized to use the COUNTY'S Tax Exemption Number in securing such materials.

The PHYSICIAN shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this contract.

ARTICLE 9 - AVAILABILITY OF FUNDS

The COUNTY'S performance and obligation to pay under this contract for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.

ARTICLE 10 - INSURANCE

A. PHYSICIAN shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverages and limits (including endorsements), as described herein. PHYSICIAN shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY'S review or acceptance of insurance maintained by PHYSICIAN are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by PHYSICIAN under the contract.

B. Commercial General Liability PHYSICIAN shall maintain Commercial General Liability at a limit of liability not less than \$500,000 Each Occurrence.

Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department.

PHYSICIAN shall provide this coverage on a primary basis.

C. Business Automobile Liability PHYSICIAN shall maintain Business Automobile

Liability at a limit of liability not less than \$500,000 Each Accident for all owned, non-owned and hired automobiles. In the event PHYSICIAN doesn't own any automobiles, the Business Auto Liability requirement shall be amended allowing PHYSICIAN to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form PHYSICIAN shall provide this coverage on a primary basis.

D. Worker's Compensation Insurance & Employers Liability PHYSICIAN shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. PHYSICIAN shall provide this coverage on a primary basis.

E. Professional Liability PHYSICIAN shall maintain Professional Liability, or equivalent Errors & Omissions Liability at a limit of liability not less than \$1,000,000 Each Claim. When a self-insured retention (SIR) or deductible exceeds \$10,000, COUNTY reserves the right, but not the obligation, to review and request a copy of PHYSICIAN'S most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, PHYSICIAN shall maintain a Retroactive Date prior to or equal to the effective date of this Contract. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims -made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, PHYSICIAN shall purchase a SERP with a minimum reporting period not less than 3 years. PHYSICIAN shall provide this coverage on a primary basis.

Additional Insured PHYSICIAN shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization

endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." PHYSICIAN shall provide the Additional Insured endorsements coverage on a primary basis.

- F. Waiver of Subrogation PHYSICIAN hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then PHYSICIAN shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which a condition to the policy specifically prohibits such an endorsement, or voids coverage should PHYSICIAN enter into such an agreement on a pre-loss basis.
- G. Certificate(s) of Insurance Prior to execution of this Contract, PHYSICIAN shall deliver to the COUNTY'S representative as identified in Article 26, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Contract have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to

Palm Beach County

c/o Occupational Health Clinic

100 Australian Avenue Room 100

West Palm Beach, Fl 33406

- H. **Umbrella or Excess Liability** if necessary, PHYSICIAN may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.
- I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Contract. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

ARTICLE 11 - INDEMNIFICATION

PHYSICIAN shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Contract or due to the acts or omissions of PHYSICIAN.

ARTICLE 12 - SUCCESSORS AND ASSIGNS

The COUNTY and the PHYSICIAN each binds itself and its partners, successors, executors, administrators and assigns to the other party and to the partners, successors, Executors, administrators and assigns of such other party, in respect to all covenants of

this Contract. Except as above, neither the COUNTY nor the PHYSICIAN shall assign, sublet, convey or transfer its interest in this Contract without the prior written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the PHYSICIAN.

ARTICLE 13 - REMEDIES

This Contract shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Contract will be held in Palm Beach County. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

ARTICLE 14 - CONFLICT OF INTEREST

The PHYSICIAN represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes. The PHYSICIAN further represents that no person having any such conflict of interest shall be employed for said performance of services.

The PHYSICIAN shall promptly notify the COUNTY's representative, in writing, by certified mail, of all potential conflicts of interest of any prospective business association, interest or other circumstance which may influence or appear to influence the PHYSICIAN'S judgement or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the PHYSICIAN 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 a conflict of interest if entered into by the PHYSICIAN. The

COUNTY agrees to notify the PHYSICIAN of its opinion by certified mail within thirty (30) days of receipt of notification by the CONSULTANT. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by the PHYSICIAN, the COUNTY shall so state in the notification and the PHYSICIAN shall, at its option, enter into said association, interest or circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by the PHYSICIAN under the terms of this Contract.

ARTICLE 15 - EXCUSABLE DELAYS

The PHYSICIAN shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the PHYSICIAN or its subcontractors and without their fault or negligence. Such causes include, but are not limited to, acts of God, force majeure, natural or public health emergencies, labor disputes, freight embargoes, and abnormally severe and unusual weather conditions.

Upon the PHYSICIAN'S request, the COUNTY shall consider the facts and extent of any failure to perform the work and, if the PHYSICIAN'S failure to perform was without it or its subcontractors fault or negligence, the Contract Schedule and/or any other affected provision of this Contract shall be revised accordingly, subject to the COUNTY'S rights to change, terminate, or stop any or all of the work at any time.

ARTICLE 16 - ARREARS

The PHYSICIAN shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgement, lien, or any form of indebtedness. The PHYSICIAN further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Contract.

ARTICLE 17 - DISCLOSURE AND OWNERSHIP OF DOCUMENTS

The PHYSICIAN shall deliver to the COUNTY's representative for approval and acceptance, and before being eligible for final payment of any amounts due, all documents and materials prepared by and for the COUNTY under this Contract.

To the extent allowed by Chapter 119, Florida Statutes, all written and oral information not in the public domain or not previously known, and all information and data obtained, developed, or supplied by the COUNTY or at its expense will be kept confidential by the PHYSICIAN and will not be disclosed to any other party, directly or indirectly, without the COUNTY'S prior written consent unless required by a lawful court order. All drawings, maps, sketches, programs, data base, reports and other data developed, or purchased, under this Contract for or at the COUNTY'S expense shall be and remain the COUNTY'S property and may be reproduced and reused at the discretion of the COUNTY.

All covenants, agreements, representations and warranties made herein, or otherwise made in writing by any party pursuant hereto, including but not limited to any representations made herein relating to disclosure or ownership of documents, shall survive the execution and delivery of this Contract and the consummation of the transactions contemplated hereby.

Notwithstanding any other provision in this Contract, all documents, records, reports and any other materials produced hereunder shall be subject to disclosure, inspection and audit, pursuant to the Palm Beach County Office of the Inspector General, Palm Beach County Code, Sections 2-421 - 2-440, as amended.

ARTICLE 18 - INDEPENDENT CONTRACTOR RELATIONSHIP

The PHYSICIAN is, and shall be, in the performance of all work services and activities under this Contract, an Independent Contractor, and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Contract shall at all times, and in all places, be subject to the PHYSICIAN'S sole direction, supervision, and control. The PHYSICIAN shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the PHYSICIAN'S relationship and the relationship of its employees to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The PHYSICIAN does not have the power or authority to bind the COUNTY in any promise, agreement or representation.

ARTICLE 19 - CONTINGENT FEES

The PHYSICIAN warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the PHYSICIAN to solicit or secure this Contract and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the PHYSICIAN, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this Contract.

ARTICLE 20 - ACCESS AND AUDITS

The PHYSICIAN shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least three (3) years after completion or termination of this Contract. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the PHYSICIAN'S place of business.

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 – 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the PHYSICIAN, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 – 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

ARTICLE 21 - NONDISCRIMINATION

The PHYSICIAN 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, familial status, marital status, sexual orientation, or gender identity or expression.

ARTICLE 22 - AUTHORITY TO PRACTICE

The PHYSICIAN hereby represents and warrants that it has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY's representative upon request.

ARTICLE 23 - SEVERABILITY

If any term or provision of this Contract, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Contract, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Contract shall be deemed valid and enforceable to the extent permitted by law.

ARTICLE 24- PUBLIC ENTITY CRIMES

As provided in F.S. 287.132-133, by entering into this contract or performing any work in furtherance hereof, the PHYSICIAN certifies that it, its affiliates, suppliers, subcontractors 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).

ARTICLE 25 - MODIFICATIONS OF WORK

The COUNTY reserves the right to make changes in Scope of Work, including alterations, reductions therein or additions thereto. Upon receipt by the PHYSICIAN of the COUNTY'S notification of a contemplated change, the PHYSICIAN shall, in writing: (1) provide a detailed estimate for the increase or decrease in cost due to the contemplated change, (2) notify the COUNTY of any estimated change in the completion date, and (3) advise the COUNTY if the contemplated change shall affect the PHYSICIAN'S ability to meet the completion dates or schedules of this Contract.

If the COUNTY so instructs in writing, the PHYSICIAN shall suspend work on that portion of the Scope of Work affected by a contemplated change, pending the COUNTY'S decision to proceed with the change. If the COUNTY elects to make the change, the COUNTY shall initiate a Contract Amendment and the PHYSICIAN shall not commence work on any such change until such written amendment is signed by the PHYSICIAN and approved and executed on behalf of Palm Beach County.

ARTICLE 26 - NOTICE

All notices required in this Contract shall be sent by certified mail, return receipt requested, hand delivery or other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

Director of Risk Management
100 Australian Ave, Suite 200
West Palm Beach, FL 33406

With copy to:

Palm Beach County Attorney's Office
301 North Olive Ave.
West Palm Beach, Florida 33401

If sent to the PHYSICIAN, notices shall be addressed to:

Island Medical Care, LLC
C/O Dr. Earl Campazzi
131 Costello Road
West Palm Beach, FL 33405

ARTICLE 27 - ENTIRETY OF CONTRACTUAL AGREEMENT

The COUNTY and the PHYSICIAN agree that this Contract sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Contract may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto in accordance with Article 25- Modifications of Work.

ARTICLE 28 - CRIMINAL HISTORY RECORDS CHECK

The PHYSICIAN shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance (Ordinance), if PHYSICIAN'S employees or subcontractors are required under this contract to enter a Acritical facility as identified in Resolution R-2003-1274.

The PHYSICIAN acknowledges and agrees that all employees and subcontractors who are to enter a Acritical facility will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history record checks, the PHYSICIAN shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

ARTICLE 29 - REGULATIONS; LICENSING REQUIREMENTS:

The PHYSICIAN shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. PHYSICIAN is presumed to be familiar with all federal, state and local laws, ordinances, codes and regulations that may in any way affect the services offered.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and PHYSICIAN has hereunto set its hand the day and year above written.

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:

By: _____
Deputy Clerk

By: _____
Chairperson

WITNESS:

PHYSICIAN:

LLC

Elisa de Jongh
Signature

ISLAND MEDICAL CARE, LLC

Elisa de Jongh
Name (type or print)

Company Name
Earl J. Campazzi, Jr. M.D.
Signature

Jennifer Quinto
Signature

EARL J. CAMPAZZI, JR., M.D.
Typed Name

Jennifer Quinto
Name (type or print)

President
Title

(corp. seal)

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By _____
County Attorney

By Nancy L. Bolton
Risk Management

SCOPE OF WORK

The PHYSICIAN agrees to perform the following duties:

In cooperation with the Director of Risk Management and the Manager of the Occupational Health Clinic, the **PHYSICIAN** will plan and conduct occupational health services for Palm Beach County employees including employees of Palm Tran, Inc. (a County owned corporation).

The **PHYSICIAN** will perform pre-placement physical examinations, annual and periodic physical examinations for employees, examine work connected injuries for employees covered under the County's Self-Insured Workers Compensation Program, and treat such employees on an as needed basis within the allocated contract time.

The **PHYSICIAN** shall provide two eight (8) hour days and one four (4) hour day each week. In the event the **PHYSICIAN** is unable to perform services on dates mutually agreed upon, he/she agrees to perform additional coverage on subsequent dates.

PHYSICIAN agrees to provide such services at the County's Occupational Health Clinic, currently located at 100 Australian Avenue, West Palm Beach, or such other location(s) as the parties may agree upon from time to time. County shall be responsible for all non-physician staff at the clinic and furnishing all necessary furniture, equipment and supplies.

Additionally, in periods of prolonged absences, the **PHYSICIAN** shall make arrangements (at the **PHYSICIAN'S** expense) for a substitute physician satisfactory to the Director of Risk Management or the Manager of the Occupational Health Clinic.

SCHEDULE OF PAYMENTS

The Scope of Work to be completed by PHYSICIAN as defined in Exhibit "A" consists of specific completion phases which shall be clearly identified on a phase-by-phase basis upon submission to the COUNTY of certain "deliverables" as expressly indicated below. Compensation for the work tasks stated herein shall be in accordance with the following Schedule of Payments:*

September 1, 2012 Through August 31, 2015

Dr Earl Campazzi	80 Hours per month @	\$	11,266.67
Contact total		\$	405,600
Out-of packet Expense		\$	0.00

Earl J. Campazzi, Jr., M.D., M.P.H.
Island Medical Care, LLC
2309 Cherokee Circle
West Palm Beach, FL 33409
Phone: 561-779-8600

June 25, 2012

Annie Brewer, B.S.N., R.N., Manager
Palm Beach County Occupational Health Clinic
100 Australian Avenue, Suite 100
West Palm Beach, FL 33406

Dear Annie,

Enclosed please find my application and related documentation in consideration for the upcoming contract as Medical Director of the Palm Beach County Occupational Health Clinic.

Please note that I meet or exceed all of the minimum requirements. My qualifications include:

- Licensed Medical Doctor in Florida (clear and active status with no disciplinary actions and no public complaints) – copy enclosed
- Board Certification in Occupational Medicine – copy enclosed
- 17 years of experience practicing Occupational Medicine
- 6 years of experience treating patients under Worker's Compensation in the State of Florida
- Certified Health Care Provider by the Florida Division of Worker's Compensation – copy enclosed
- Residence in Palm Beach County at 2309 Cherokee Circle, West Palm Beach, FL 33409
- No medical malpractice complaints

In addition to the above referenced documents, enclosed also are my resume and letters of reference from Dr. Robert Lorello and Dr. Gregory Merti. The compensation I seek is \$135,200 per year. It reflects no increase in the rate of compensation I have received from the county for this work for the past 4 years.

It has been a pleasure to work with you and serve the Palm Beach County Employees. It is my sincere hope that I will be chosen to continue as Medical Director.

Respectfully submitted,



Earl J. Campazzi, Jr., M.D., M.P.H., M.B.A.

Enclosures (6)

Earl J. Campazzi, Jr., M.D., M.B.A., M.P.H.

2309 Cherokee Circle
West Palm Beach, FL 33409
(561) 779-8600
ejcampazzimd@msn.com

Professional Experience:

- 2006 - Present Island Medical Care - Palm Beach, Florida
President and Medical Director
- 2006 - Present Palm Beach County - Florida
Occupational Health Clinic Medical Director, serving 10,000 employees
- 2005 - 2006 MountainView Occupational Medicine - Las Cruces, New Mexico
Medical Director
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Senior Associate Consultant, Preventive and Occupational Medicine
Chairman, Operations Research Committee, Preventive and Occupational Medicine
Associate Consultant, Preventive and Occupational Medicine
Instructor, Medical School
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Occupational Medicine Attending Physician
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Master of Health Sciences (MHS), Immunology and Infectious Diseases
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Bachelor of Arts (BA), Natural Science Area Major

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Baltimore, Maryland
Resident Physician, General Preventive Medicine Residency Program
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Resident Physician, Internal Medicine

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Active Medical Licenses

- 7/00 Florida

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- 10/09 Certified by the National Board of Public Health Examiners
- 4/94 Issued DEA Certificate to Prescribe Controlled Substances

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- Member, JFK Medical Center Medical Staff
- Affiliated Physician, Cleveland Clinic Florida
- Member, Good Samaritan Medical Staff

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(elected)
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Listed, 1996-2000: *Who's Who in America*

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Listed, 1996-1997 Version of *Faulkner and Grays Managed Care 1500*

Council Member, The Johns Hopkins University Alumni Executive Committee
(elected and re-elected)

Memberships:

American College of Occupational and Environmental Medicine

The American College of Physician Executives

Palm Beach County Medical Society

Publications:

Available upon request



CONFIRMATION OF COVERAGE
MEDICAL PROFESSIONAL LIABILITY
CLAIMS MADE POLICY FORM

EMPLOYEE/INSURED: Earl J Campazzi Jr, M. D
340 Royal Poinciana Way
Suite 315
Palm Beach, FL 33480

INSURANCE COMPANY: Physicians Insurance Company

STATUS: Active

POLICY NUMBER: 132763

CONFIRMATION DATE: June 22, 2012

EXPIRATION DATE: June 22, 2013

RETROACTIVE DATE: May 15, 2006

LIMITS: 1,000,000 per CLAIM; 3,000,000 POLICY aggregate.

CONFIRMATION PROVIDED FOR:

There are no claims under this policy.

THIS CONFIRMATION OF COVERAGE IS PROVIDED ON BEHALF OF THE NAMED INSURED. THIS DOCUMENT IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE DOCUMENT HOLDER. THIS DOCUMENT DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, CONDITIONS, OR OTHER PROVISIONS AFFORDED BY THE POLICIES REFERENCED HEREIN. SHOULD THIS POLICY BE CANCELLED THE COMPANY WILL MAIL THE CERTIFICATE HOLDER A NOTICE OF CANCELLATION WITHIN 30 DAYS; HOWEVER, FAILURE TO ISSUE SUCH NOTICE TO ANY LISTED ENTITY SHALL NOT OBLIGATE THE COMPANY TO ANY LIABILITY.

361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2011

PRODUCER
 THE PHYSICIANS ADVOCATE, LLC
 6301 NW 5TH WAY
 SUITE 2800
 FORT LAUDERDALE, FL 33309
 954-491-8052

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INSURED
 ISLAND MEDICAL CARE, LLC
 340 ROYAL POINCIANA WAY, SUITE 315
 PALM BEACH, FL 33480
 561-832-8300

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: MOUNT VERNON FIRE INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CL2600353	07/24/2011	07/24/2012	EACH OCCURRENCE: 500,000 DAMAGE TO RENTED PREMISES (EA. OCCURRENCE): 100,000 MED EXP (Any one person): 5,000 PERSONAL & ADV INJURY: 500,000 GENERAL AGGREGATE: 500,000 PRODUCTS - COMPIOP AGG: Included
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		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)
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

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

ADDITIONAL INSURED

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
 C/O NANCY BOLTON, RISK MANAGEMENT DIRECTOR
 160 AUSTRALIAN AVENUE, SUITE 401
 WEST PALM BEACH, FL 33406

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AUTHORIZED REPRESENTATIVE

Christy Bolton

Earl J. Campazzi, Jr., M.D., M.P.H.

Island Medical Care, LLC
2309 Cherokee Circle
West Palm Beach, FL 33409
Phone: 561-779-8600

June 25, 2012

Annie Brewer, B.S.N., R.N., Manager
Palm Beach County Occupational Health Clinic
100 Australian Avenue, Suite 100
West Palm Beach, FL 33406

Dear Annie,

Enclosed please find my application and related documentation in consideration for the upcoming contract as Medical Director of the Palm Beach County Occupational Health Clinic.

Please note that I meet or exceed all of the minimum requirements. My qualifications include:

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It has been a pleasure to work with you and serve the Palm Beach County Employees. It is my sincere hope that I will be chosen to continue as Medical Director.

Respectfully submitted,



Earl J. Campazzi, Jr., M.D., M.P.H., M.B.A.

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Chief Resident, General Preventive Medicine Residency Program
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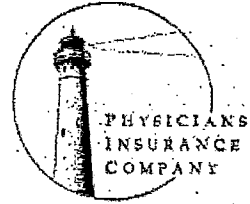
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EMPLOYEE/INSURED: Earl J Campazzi Jr, M. D
340 Royal Poinciana Way
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Palm Beach, FL 33480

INSURANCE COMPANY: Physicians Insurance Company

STATUS: Active

POLICY NUMBER: 132763

CONFIRMATION DATE: June 22, 2012

EXPIRATION DATE: June 22, 2013

RETROACTIVE DATE: May 15, 2006

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361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

6/13/2012 - 11:02:40

Phone 954-788-5453

Fax 954-428-1175

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2011

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		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA. OCCURRENCE) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 500,000 GENERAL AGGREGATE 500,000 PRODUCTS - COM/PROP AGG Included
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AUTHORIZED REPRESENTATIVE

Christy Peterson


 **Island Medical Care**
Earl J. Campazzi, Jr., M.D.

June 24, 2010


To Whom It May Concern:

Island Medical Care, LLC has less than four employees which, make us exempt from having worker's compensation insurance. Currently, Island Medical Care does not carry worker's compensation insurance.

Sincerely,



Earl J. Campazzi, Jr., M.D.

By  **APPROVED**
RISK MANAGEMENT DEPT.
DATE 7/8/10

Nationwide®
On Your Side

Your Policy Declarations

Personal Auto Policy
Policy Period: Mar 3, 2012 - Sep 3, 2012
Policy Number: **PPDM0023384841-6**
Account Number: **888003551**

Policyholder (Named Insured):
Julia Campazzi
Earl Campazzi
2309 Cherokee Cir
West Palm Beach, FL 33409-7410

Keep these Declarations for your records.

Your carrier is Depositors Insurance Company, NAIC #42587.

General Policy Information

Issued: January 19, 2012

These Declarations are a part of the policy named above and identified by the policy number above. They supersede any Declarations issued earlier. Your policy provides the coverages and limits shown in the schedule of coverages. They apply to each insured vehicle as indicated. Your policy complies with the motorist's financial responsibility laws of your state only for vehicles for which Property Damage and Bodily Injury Liability coverages are provided.

Policy Period: March 3, 2012 - September 3, 2012 but only if the required premium for this period has been paid and only for six month renewal periods if renewal premiums have been paid as required. This policy is initially effective at (1) the time the application for insurance is completed, or (2) 12:01 a.m. on the first day of the policy period, whichever is later. Each renewal period begins and ends at 12:01 a.m. Standard time at the address of the named insured stated herein. This policy term expires at 12:01 a.m. at the address of the named insured stated herein.

How You Saved on this Policy with Nationwide

- Accident Free
- Air Bag Discount
- Multi-Car Discount
- Anti-Theft Device
- Financial Stability Discount
- Safe Driver
- Anti-Lock Brakes Discount
- New Vehicle Discount
- Homeowner

Thank you for being a long-term customer.

Insured Drivers

Name	Date of Birth	Marital Status	License Number
Julia Campazzi	02/14/61	Married	XXXXXXXXXX5540
Earl Campazzi	03/25/62	Married	XXXXXXXXXX1050

Changes Made to Your Policy

- Removed Multiple Policy Discount
- Rating Adjustment For Change In Auto Rating Symbol - 10 Benz

Effective date for all changes March 03, 2012

29766000264037



A1501 (07-10)

Continued on the next page

Your Policy Declarations

Personal Auto Policy
Policy Period: Mar 3, 2012 - Sep 3, 2012
Policy Number: **PPDM0023384841-6**
Account Number: **888003551**

For coverage definitions and descriptions,
visit www.nationwideonourside.com

Insured Vehicles and Schedule of Coverages

1999 Mercedes Benz E320 Awd

VIN WDBJF82H0XX015926

Coverages	Limits of Liability	Premium
Bodily Injury Liability	\$250,000 Per Person \$500,000 Per Occurrence	\$258.32
Property Damage Liability	\$100,000 Per Occurrence	\$54.15
Uninsured Motorist Bodily Injury	\$250,000 Per Person \$500,000 Per Occurrence Non-Stacked	\$235.70
Comprehensive	Actual Cash Value Less A \$500 Deductible	\$42.62
Collision	Actual Cash Value Less A \$500 Deductible	\$93.15
Loss Of Use	\$30 Per Day/\$ 900 Maximum	\$12.60
Personal Injury Protection	\$10,000 Full Coverage Named Insured And Resident Relatives Work Loss Included	\$60.06
Total for this Vehicle		\$756.60

2010 Mercedes Benz MI350

VIN 4JGBB5GB8AA560685

Coverages	Limits of Liability	Premium
Bodily Injury Liability	\$250,000 Per Person \$500,000 Per Occurrence	\$324.44
Property Damage Liability	\$100,000 Per Occurrence	\$71.34
Uninsured Motorist Bodily Injury	\$250,000 Per Person \$500,000 Per Occurrence Non-Stacked	\$235.70
Comprehensive	Actual Cash Value Less A \$500 Deductible	\$51.04
Collision	Actual Cash Value Less A \$500 Deductible	\$106.21
Loss Of Use	\$30 Per Day/\$ 900 Maximum	\$12.60
Personal Injury Protection	\$10,000 Full Coverage Named Insured And Resident Relatives Work Loss Included	\$66.91
Total for this Vehicle		\$868.24

Loss Payee - Mercedes Benz Financial

Policy Level Schedule of Coverages

Accident Forgiveness Feature		Included
Currently Eligible to Use		
Roadside Assistance	Up to 15 Miles/\$100 Lockout	\$10.00
Total for Policy Coverages		\$10.00

Continued on the next page

Nationwide®
On Your Side

Your Policy Declarations

Personal Auto Policy

Policy Period: Mar 3, 2012 - Sep 3, 2012

Policy Number: **PPDM0023384841-6**Account Number: **888003551**

Premium Summary

1999 Mercedes Benz E320 Awd	\$756.60
2010 Mercedes Benz MI350	\$868.24
Florida Hurricane Catastrophe Fund Emergency Fee	\$21.25
Total For Policy Coverages	\$10.00
Total Policy Premium	
	\$1,656.09

Policy Form and Endorsements

A1001FL (1009)	Florida - Your Auto policy
A2002 (0707)	Leased Auto - Additional Interest and Loss Payable Provisions
A2030 (1208)	Roadside Assistance
A2031FL (0609)	Automobile Insurance Guarantee (Florida)
A2041FL (0710)	Uninsured Motorists - Non-Stacked
A2063FL (0711)	Loss of Use Comprehensive or Collision Coverages - Rental Days Plus

29766000264044

For Office Use Only:



03/03/05

Terr: 101

\$0.00

Issued By: Depositors Insurance Company, Des Moines, IA
Countersigned at: Columbus, OH
By: Shelley & Associates Inc

How to Contact Us

Your Nationwide Agent
Customer Service

Internet

24-Hour Claims Reporting

SHELLEY & ASSOCIATES INC 561.969.7100**1.800.282.1446****www.nationwideonyourside.com****1.800.282.1446**

A1501 (07-10)