

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: September 11, 2012 Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Department of Airports

Submitted For:

I. EXECUTIVE BRIEF

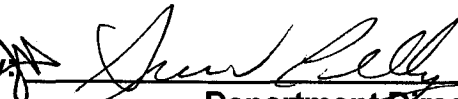
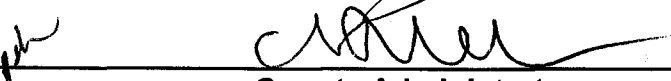
Motion and Title: Staff recommends motion to: Delegate authority to the County Administrator or his designee to accept and approve a Google Online Agreement with Google, Inc. to collect location information for work associated with Google Indoor Maps at Palm Beach International Airport (PBIA).

Summary: The Department of Airports (Department) would like to bring Google Indoor Maps to PBIA to assist passengers traveling at PBIA. Several airports in the United States are already participating in this new program which uses WiFi (wireless Internet signals) inside a building which detects where you are and what's around you. This indoor mapping program will guide travelers around the terminal to find public areas such as stores and restaurants (by name), locating restrooms, ticket counters, escalators, exits and emergency defibrillators. It does not show secure areas of the airport not open to the public such as ramps or baggage handling areas. The Department is requesting approval of the delegation of authority to the County Administrator or his designee to accept and approve the Google Online Agreement with Google, Inc. for PBIA at no cost. **Countywide (AH)**

Background and Justification: Delegation of authority to accept and approve the Google Online Agreement is requested pursuant to PPM CW-O-051. Once the Google Online Agreement with Google, Inc. is accepted and approved, the agreement will be presented to the Board as a receive and file item.

Attachments:

- 1. Google Online Agreement

Recommended By:		7/19/12
	_____ Department Director	_____ Date
Approved By:		8/4/12
	_____ County Administrator	_____ Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u><i>* See below</i></u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes _____ No _____
 Budget Account No: Fund _____ Department _____ Unit _____ Object _____
 Reporting Category _____ Revenue Source _____

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

☞ There is No Fiscal Impact for this item.

C. Departmental Fiscal Review: *CM Simon*

III. REVIEW COMMENTS

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

[Signature] 8/13/12
 OFMB 8/21/12
Barbara Wheeler 8-17-12
 for Contract Dev. and Control 8/21/12

B. Legal Sufficiency:

This item complies with current County policies.

Anne Abbeant 8/21/12
 Assistant County Attorney

C. Other Department Review:

 Department Director

Google Online Agreements

Background Information

Google is collecting Location Information. If your organization is interested in participating in this program, please verify that the Signatory Information below is correct and that the person listed is a qualified representative from your organization. That person needs to read and electronically sign this Agreement to initiate the Location Information collection process.

Check All Applicable Categories:

Note: Please check all categories of content below that you would like to provide to Google as "Licensed Content" under the Agreement. Please note that you may provide more or less content than what is checked off below, at any time, at your discretion, but that the actual content you provide to Google will be considered the "Licensed Content" under the Agreement.

Properties covered by this permission

- All properties owned or operated by the Property Owner, Property Manager, or Property Operator.
- The list of propert(ies) provided to Google in writing by our designated contact person.

Agreement

We (the "Property Owner", "Property Manager", or "Property Operator") hereby permit Google Inc. (through its employees, affiliates or agents) to enter the publicly accessible areas of the properties described above, at a time and in the manner directed by our designated contact person listed in the Signatory Information area below, to collect Location Information.

For the purposes of this agreement, "Location Information" means Wi-Fi access point MAC addresses (also known as BSSIDs); Wi-Fi access point properties (including signal strength); mobile handset-generated compass, gyroscope and accelerometer measurements; and other related information.

Google will abide by the property access rules specified by our designated contact person.

Google must have suitable insurance coverage or self-insure for all of Google's activities on the propert (ies). Google will be responsible for all costs of its data collection, and will be the exclusive owner of all right, title and interest in all data collected on the proper(ties).

This letter does not give Google any intellectual property rights to our trademarks or logos. Neither party will use the other's name, trademark or logo in any public statement without the other's permission.

We affirm that we are either the Property Owner, the Property Manager, or the Property Operator, and that we have full power and authority to grant you the permission above.

Signatory Information

Note: Please review your company details and amend accordingly. If the legal name of your company is incorrect, please advise your Google contact who will arrange for this to be amended. PLEASE DO NOT ACCEPT THIS ONLINE CONTRACT AGREEMENT IF YOUR DETAILS ARE INCORRECT.

Contracting Entity: Palm Beach International Airport

Url:

Name:*

You will be the signatory to the following agreement

Title:*

Email:*

Address:*

Country:*

Phone:

Fax: _____

Accept Agreement

Note: If you are accepting on behalf of your employer or another entity, you represent and warrant that you have full legal authority to bind your employer or such entity to these terms and conditions. If you don't have the legal authority to bind, please do not click the "Accepted and Agreed" button below.

By checking this box, I am accepting this Agreement on behalf of the entity **Palm Beach International Airport**. I represent and warrant that (a) I have full legal authority to bind the entity to this Agreement, (b) I have read and understand this Agreement, and (c) I agree to all terms and conditions of this Agreement on behalf of the entity that I represent.

Accepted

© 2011 Google



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/29/2011

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

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

PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office 199 Fremont Street Suite 1500 San Francisco CA 94105 USA	CONTACT NAME: PHONE (A/C, No. Ext): (415) 486-7000 FAX (A/C, No.): (415) 486-7029	
	E-MAIL ADDRESS:	
INSURED Adecco USA, Inc. 175 Broad Hollow Road Melville NY 11747-4902 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New Hampshire Ins Co	NAIC # 23841
	INSURER B: National Union Fire Ins Co of Pittsburgh	19445
	INSURER C: XL Insurance America Inc	24554
	INSURER D: Continental Casualty Company	20443
	INSURER E: Chartis Casualty Company	40258
	INSURER F: Illinois National Insurance Co	23817

COVERAGES **CERTIFICATE NUMBER: 570044864672** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY			GL2705074	01/01/2012	01/01/2013	EACH OCCURRENCE \$2,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) EXCLUDED
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
							PRODUCTS - COMP/OP AGG \$4,000,000
							Empl Benefit Liab \$2,000,000
X	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY			CA 4309751 AOS CA 4309752 MA	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
X	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)
	HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)
		<input type="checkbox"/>	<input type="checkbox"/>				
C	UMBRELLA LIAB			US00045047L112A	01/01/2012	01/01/2013	EACH OCCURRENCE \$5,000,000
X	EXCESS LIAB			SIR applies per policy terms & conditions			AGGREGATE \$5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000						
G	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC019736716	01/01/2012	01/01/2013	X WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	CA WC019736717 FL	01/01/2012	01/01/2013	E.L. EACH ACCIDENT \$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE \$2,000,000
							E.L. DISEASE-POLICY LIMIT \$2,000,000
D	E&O-ProfLiabPri			167112912	01/01/2012	01/01/2013	Each Wrongful Act \$1,000,000
	E&O Professional Liab			SIR applies per policy terms & conditions			General Aggregate \$1,000,000

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

Branch Location: Adecco USA Inc., 175 Broad Hollow Rd., Melville, NY 11747.
 Google Inc. shall be included as an Additional Insured on General Liability and Umbrella Liability policies with respect to the provision of services under agreement, excluding the negligence of such Additional Insured(s).

CERTIFICATE HOLDER Google Inc. 1600 Amphitheater Parkway Mountain View CA 94043 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>

Holder Identifier : 175

Certificate No : 570044864672

Attachment to ACORD Certificate for Adecco USA, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Adecco USA, Inc.
175 Broad Hollow Road
Melville NY 11747-4902 USA

INSURER G : Insurance Company of the State of PA	19429
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER/ POLICY DESCRIPTION	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
G		N/A		WC019736718 OR	01/01/2012	01/01/2013		
E		N/A		WC019736714 AOS- 1 (29 states)	01/01/2012	01/01/2013		
G		N/A		WC019736719 MA,ND,WA,WI,WY	01/01/2012	01/01/2013		
A		N/A		WC019736715 AOS -2 (12 states)	01/01/2012	01/01/2013		
F		N/A		WC019736720 MN	01/01/2012	01/01/2013		
	OTHER							
B	Misc Liab cvg			014237713 Crime	01/01/2012	01/01/2013	Crime Coverage	\$1,000,000

Certificate No : 570044864672