

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

3H-1

AGENDA ITEM SUMMARY

Meeting Date: November 20, 2012

Consent     Regular  
 Ordinance    Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** Amendment No. 4 to Contract with RCI Electric, Inc., (R2009-2059) to implement the third renewal of the annual electrical contract with a maximum value of \$1,000,000.

**Summary:** Amendment No. 4 is a renewal to the annual electrical contract which was awarded to RCI Electric, Inc. The annual electrical contract is an indefinite-quantity contract and this renewal has a maximum value of \$1,000,000. The maximum value is shared and work orders are awarded based on competitive quotes/bids issued to all five (5) participating contractors. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued in this term. Staff is bringing forward the amendment at this time based on expiration of the term. All terms of the original contract remain in effect. This is the third of four extensions allowed by the Contract. The Small Business Enterprise (SBE) goal is 15% and will be tracked cumulatively for each work order issued. The cumulative SBE participation to date is 85.40%. SBE and local preference applied at work order level. RCI Electric, Inc., is a Palm Beach County company and a certified SBE contractor. This is a bond-wavier contract.

(FD&O Admin) Countywide (JM)

**Background and Justification:** Amendment No. 4 is the third renewal to the Annual Electrical Contract which was awarded to RCI Electric, Inc., on December 1, 2009 and renewed on November 30, 2011. The contractor will continue to perform as an annual Electrical contractor for implementation of electrical projects for various facilities. This annual Electrical contract is an indefinite-quantity contract and this renewal has a maximum value of \$1,000,000. The renewal term is for twelve (12) months or until the renewal limit of \$1,000,000 is reached.

**Attachments:**

Amendment No. 4

Recommended by:

Armeny Wolf  
Department Director

10/12/12  
Date

Approved by:

[Signature]  
County Administrator

11/5/12  
Date

**II. FISCAL IMPACT ANALYSIS**

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

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

Is Item Included in Current Budget? Yes  X  No    

Budget Account No:

Reporting Category \_\_\_\_\_

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




Potential maximum fiscal impact is \$1,000,000. Work Orders requiring BCC approval will be brought to the Board and fiscal impact will be addressed at that time; otherwise, funding will come from previously approved BCC projects.



This contract includes language applying requirements of the Inspector General (IG) Ordinance.

C. Departmental Fiscal Review:   10/24/12

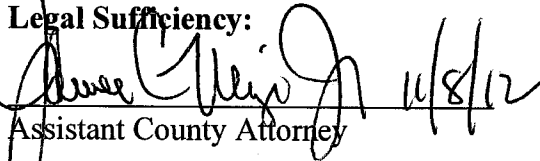
**III. REVIEW COMMENTS**

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

 10/30/12   
 OFMB   10/24    10/25

 11/7/12   
 Contract Dev. and Control  
 11-7-12   Bidwell

**A. Legal Sufficiency:**

 11/8/12   
 Assistant County Attorney

**A. Other Department Review:**

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

**AMENDMENT No. 4 TO ANNUAL ELECTRIC CONTRACT**

This agreement amends the contract between Palm Beach County (County) and RCI Electric, Inc (Contractor) authorized pursuant to Palm Beach County Resolution (R-2009-2059).

The contract provided that Contractor would act as annual Electrical Contractor working within the annual capacity as established below:

	Effective Date	End Date	Added Capacity	Cumulative Capacity
Original Contract	December 1, 2009	November 30, 2010		\$1,000,000.00
Renewal #1	November 30, 2010	November 30, 2011	\$1,000,000.00	\$2,000,000.00
Renewal #2	November 30, 2011	November 30, 2012	\$1,000,000.00	\$3,000,000.00

Amendment No. 1 dated October 18, 2010, was approved by FD&O Director and amended the contract to include the Inspector General language.

Amendment No. 2: 1) Renewal No. 1 extends the term of the original contract from November 30, 2010 through November 30, 2011; 2) increases the total dollar value by \$1,000,000 for a new total contract value of \$2,000,000; and 3) revised the Inspector General language.

Amendment No. 3: 1) Renewal No. 2 extends the term of the original contract from November 30, 2011 through November 30, 2012; and 2) increases the total dollar value by \$1,000,000 for a new total contract value of \$3,000,000.

Amendment No. 4: 1) Renewal No. 3 extends the term of the original contract from November 30, 2012 through November 30, 2013; and 2) increases the total dollar value by \$1,000,000 for a new total contract value of \$4,000,000.

Except as amended herein, all provisions of the existing contract shall remain in full force and effect.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

BOARD OF COUNTY COMMISSIONERS

Deputy Clerk

Chair

Witness:

RCI Electric, Inc

Chauaney Taylor II  
Printed Name

MA Howard Hamilton  
Signature

Chauaney Taylor II  
Signature

President  
Title

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

James C. King Jr  
County Attorney

Audrey Wolf  
Audrey Wolf, Director  
Facilities Development & Operations



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2012

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 AUTOMATIC DATA PROC INS AGCY INC 1 ADP BLVD MS 325 ROSELAND, NJ 07068 (877) 677-0428 XV770                      70A	CONTACT NAME: PHONE (A/C, No, Ext): (877) 677-0428          FAX (A/C, No): (877) 677-0430	
	E-MAIL ADDRESS: spcbicadp@travelers.com PRODUCER CUSTOMER ID #: 5619G5104          NAIC #	
INSURED RCI ELECTRIC, INC. 15429 86TH WAY N. PALM BEACH GARD, FL 33418	INSURER A: TRAVELERS CASUALTY AND SURETY COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES    CERTIFICATE NUMBER: 515939505401702    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	\$	
	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						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
								\$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A	UB-61L44214-12	08/01/2012	08/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER	E.L. EACH ACCIDENT	\$ 500,000
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

<b>CERTIFICATE HOLDER</b> PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS FACILITIES DEVELOPMENT AND OPERATIONS 2633 VISTA PARKWAY WEST PALM BEACH, FL 33411	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mary J. Swann</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/15/12

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).

<b>PRODUCER</b> Arista Insurance Advisors Inc.ii 901 Indian Town Rd. Woods Plaza Jupiter, FL 33458 Phone (561)747-3754 Fax (561)747-3429		<b>CONTACT NAME:</b> CARLOS M. MORAN <b>PHONE (A/C, No, Ext):</b> (561) 747-3754- <b>FAX (A/C, No):</b> (561) 747-3429 <b>E-MAIL ADDRESS:</b> ARISTAJUP1@HOTMAIL.COM <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> RCI ELECTRIC INC 15429 86th Way N PALM BEACH GARDENS, FL 33418- 561-747-8150		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # <b>INSURER A:</b> ATLANTIC CASUALTY INSURANCE COMPANY <b>INSURER B:</b> VICTORIA INSURANCE COMPANY <b>INSURER C:</b> Evanston Insurance Co. <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: OF LIABILITY**      **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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>	Y	L040001489	12/23/2011	12/23/2012	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	9218440	09/03/2012	09/03/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DEDUCTIBLE</b> \$ <input type="checkbox"/> <b>RETENTION</b> \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	XOVA541712	01/26/2012	12/22/2013	EACH OCCURRENCE \$ AGGREGATE \$ 4,000,000 <input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**ELECTRICAL CONTRACTOR.**  
State of Florida mandates Ten(10) Days Notice of Cancellation for Non-Payment and Fourty Five(45) Days for Non-Renewal / All Policy Terms / Conditions & Statutes will apply. PALM BEACH COUNTY BOCC is named as additional insured with respects to General Liability.

<b>CERTIFICATE HOLDER</b> PALM BEACH COUNTY BOARD OF COUNTY COMMISSIO C/O CAPITAL IMPROVEMENTS DIVISION 2633 Vista Parkway West Palm Beach FL. 33411	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ITEM FOUR

SCHEDULE OF COVERED AUTOS

VEH #	DRV #	YR	TRADE NAME	BODY TYPE	BODY CLASS	SUB CLASS	VIN#	CLASS /SYM	TER #	RADIUS	D/S CODE(S)
1	13	2006	FORD	PICKUP	4X4	> 1/2 TON	1FTSX21526EC81384	S08	045	50	R
2	14	2000	FORD	PICKUP	4X2	<= 1/2 TON	1FTZF1727YNA89082	S05	045	50	R
3	12	2006	FORD	VAN	FULL SIZE		1FTNE24W96HA64257	S12	045	50	R
4	6	2006	FORD	VAN	FULL SIZE		1FTNE24W76HB43653	S12	045	50	R
6	1	2002	FORD	VAN	FULL SIZE		1FTNE24L32HB79162	S12	045	50	R

LIABILITY PREMIUM BY AUTO

VEH #	LIABILITY	MEDPAY	UM/BI	PIP	PD ONLY
1	\$1,288.00	\$ .00	\$ .00	\$144.00	\$ .00
2	\$1,110.00	\$ .00	\$ .00	\$198.00	\$ .00
3	\$1,006.00	\$ .00	\$ .00	\$170.00	\$ .00
4	\$1,006.00	\$ .00	\$ .00	\$170.00	\$ .00
6	\$1,062.00	\$ .00	\$ .00	\$189.00	\$ .00

PHYSICAL DAMAGE PREMIUM BY AUTO

VEH #	STATED AMT	COMP or FT/CAC		COLLISION		ON-HOOK		TOTAL	
		TYPE	DED	PREMIUM	DED	PREMIUM	LIMIT		DED
1	\$23,000.00	COMP	1000	\$68.00	1000	\$152.00		\$ .00	\$1,652.00
2	\$6,000.00	COMP	500	\$30.00	500	\$93.00		\$ .00	\$1,431.00
3	\$14,000.00	COMP	500	\$37.00	500	\$111.00		\$ .00	\$1,324.00
4	\$14,000.00	COMP	500	\$37.00	500	\$111.00		\$ .00	\$1,324.00
6	\$6,000.00	COMP	500	\$24.00	500	\$74.00		\$ .00	\$1,349.00

MISCELLANEOUS COVERAGES PREMIUM BY AUTO

VEH #	LIMIT	TOWING	PREMIUM	LIMIT	LOSS OF USE	PREMIUM	TOTAL

FEE	AMOUNT
INSTALLMENT FEE	
POL/VEH INTEREST FEE	\$3.00
TOTAL FEES	\$50.00
	\$53.00