Agenda Item #: 3-C-ム

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

_	January 15, 2013	[X] Consent [ ] Workshop	[ ] Regular [ ] Public Hearing
Department:			
Submitted By:	Engineering & Public W	orks	
Submitted For:	Roadway Production Di	ivision	

### I. EXECUTIVE BRIEF

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

**SUMMARY:** Approval of these renewal agreements will extend required professional services for one year, on a work task order basis. These renewal agreements will continue for the period from February 15, 2013 through February 14, 2014. These are the second and final renewals of two possible one year renewals contemplated in the original agreements. AGA, BDA and RJB are Palm Beach County companies and are certified Small Business Enterprises.

### Countywide (MRE)

Background and Justification: In accordance with Board of County Commissioners adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under agreement with the County on an annual contractual basis. It is the consensus of the user Departments that these consulting firms have, within the provisions of their agreements, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their agreements, the County agrees to renew their agreements for one year.

These renewal agreements have been reviewed with the above listed consulting firms, and staff recommends the second and final renewal of the attached consultant annual agreements. This transaction will maintain the continuous process of professional services required by the County.

### Attachments:

- 1. Renewal Agreement with AGA includes Certificate of Insurance (2)
- 2. Renewal Agreement with BDA includes Certificate of Insurance (2)
- 3. Renewal Agreement with RJB includes Certificate of Insurance (2)

Recommended By: 274	Director	a F venonely	11/27/12 2000 Late
Approved By:	County Engineer	/2 Da	/17/13

### II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	<u>\$ -0-</u>	0-	0-	0-	<u>-0-</u>
Operating Costs	-0-			0-	<u>-0-</u>
External Revenues	-0-	0-			0-
Program Income (County)	-0-	-0-	0		
In-Kind Match (County)	-0-	-0-		0	
NET FISCAL IMPACT	\$ **	-0-	0		
# ADDITIONAL FTE	-				
POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes No

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

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

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

C.	Departmental Fiscal Review:	•	Alui	Kovalainen	2
	•		/		

### III. REVIEW COMMENTS

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

	Shan	ialislaoia.
D	OFMB	و الدالدا
В.	Approved as to Form	

Contract Dev and Control

B. Approved as to Form and Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

12798 W. Forest Hill Boulevard Suite 204 Wellington, FL 33414 Phone: (561) 792-9000

Fax: (561) 792-9901 www.aga-engineering.com CA No. 7969 Alan Gerwig & Associates, Inc.
Consulting Engineers
assoc

September 11, 2012

Palm Beach County Board of Commissioners C/O: Engineering & Public Works Department

2300 N. Jog Road

West Palm Beach, FL 33411-2745

Attn: David Young, P.E., Special Projects Manager

RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING ANNUAL SERVICES AGREEMENT DATED FEBRUARY 15, 2011 (R2011-0173)

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 15, 2013 through February 14, 2014.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,		
Alan Gerwig & Associates, Inc.		
	Attest:	Me
Alan L. Gerwig, P.E., LEED A.P. President		
9/23/12		9/23/12
DATE		DATE
CORPORATE		
		Attachment #/

Accepted by: Palm Beach County Board of Commissioners	Attest: Sharon R. Bock, Clerk and Comptroller
BY: Steven L. Abrams , Chairman	BY:
Approved As To Form & Legal Sufficiency:	Approved as to Terms and Conditions:
	Dry Omela GF wonany

F:\ROADWAY\CCNA\Annuals\Structural\Gerwig\2013\Renewal\_Intent.doc

# Exhibit B

# **Structural Engineering Services Task Order Basis - Fee Schedule**

# Alan Gerwig & Associates, Inc.

12798 W. Forest Hill Blvd., Suite 204

Wellington, FL 33414

Contact: Alan Gerwig, P.E., President

Phone: 561-792-9000 Fax: 561-792-9901

e-mail: agerwig@aga-engineering.com

Effective February 15,	2013 through February 14, 2	U14
	Raw Rate	* Burdened Rate
Chief Engineer	\$60.85	\$183.00
Sr. Engineer	\$48.00	\$144.00
Sr. Project Engineer	\$45.66	\$137.00
Project Manager	\$35.10	\$105.00
Project Engineer	\$31.25	\$94.00
Engineer	\$28.85	\$87.00
Engineer Intern	\$24.00	\$72.00
Engineering Technician	\$25.00	\$75.00
Designer	\$25.00	\$75.00

\* Rounded

### Multiplier:

Salary 1.00

Overhead & Fringe 1.97

Subtotal **2.97** 12% Profit **0.36** 

Total 3.33

Use 3.0 Maximum Allowable

tachment 1 – Page 3 of

ates OK.

### **CERTIFICATION STATEMENTS**

Attachment 1 - Page 4 of 5

Project:

**Structural Engineering Annual Services** 

Project No.:

On a Work Task Order Basis

Consultant/Annual Consultant:

Alan Gerwig & Associates, Inc.

### TRUTH-IN-NEGOTIATION STATEMENT

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

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its right under this "Certificate" within one year following final payment.

### PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the CONSULTANT/ANNUAL CONSULTANT warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the CONSULTANT/ANNUAL CONSULTANT to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the CONSULTANT/ANNUAL CONSULTANT, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

### PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The CONSULTANT/ANNUAL CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.

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

# CONFLICT OF INTEREST DISCLOSURE FORM Attachment 1 - Page 5 of 5

Project: Project No.:	Structural Engineering Annual On a Work Task Order Basis	Services
County, excep	hich would or could conflict in any	oresents that it presently has no interest, either direct y manner with the performance of services for the
(Attach addition	onal sheets as needed.)	
CONSULTAN current poter	ployed for said performance.  NT certifies that the information contail conflicts of interest which	ther represents that no person having any interest By signing below, CONSULTANT/ANNUAL ntained herein is true and correct and constitutes all ich may influence or appear to influence S judgment or quality of services being provided to
business assoc CONSULTAN the County. So circumstance, and request ar would, in the o	of all potential conflicts of interest to ciation, interest or other circumstant's NT'S/ANNUAL CONSULTANT's uch written notification shall identified the nature of work that CONSULT opinion of the COUNTY as to see the country of the country as to see the country of the country of the country as to see the country of the	all promptly notify the COUNTY in writing by hat may arise in the future through any prospective ince which may influence or appear to influence is judgment or quality of services being provided to fy the prospective business association, interest or CANT/ANNUAL CONSULTANT may undertake whether the association, interest or circumstance an unacceptable conflict of interest if entered into NT.
to the COUNT	ANT/ANNUAL CONSULTANT 1	ective business association, interest or circumstance would constitute an unacceptable conflict of interest are notification and the CONSULTANT/ANNUAL tion, interest or circumstance.
	<b>DISCLOSURE</b> is submitted by	Alan Gerwig, P.E., LEED A.P., as (Name of Individual)
President	<del></del>	of Alan Gerwig & Associates, Inc.
(Title/Positio		of CONSULTANT/ANNUAL CONSULTANT)
acknowledged	that any migraprocentation by the	above is true and correct. Further, it is hereby
Disclosure is o	considered an unethical business m	ONSULTANT/ANNUAL CONSULTANT on this actice and is grounds for sanctions against future
County busine	ss with the CONSULTANT/ANN	WAL CONSULTANT.
	/ /	
		September 23, 2012
F:\ROADWAY\CCN.	(Signature) (Signature) AVAnnuals\Structural\Gerwig\2013\Disclosure	Ooc.doc (Date)

		)
AC	ORL	<b>)</b>
	_	

# CERTIFICATE OF LIABILITY INSURANCE

**JTORRES** 

DATE (MM/DD/YYYY)

ALANGER-01

9/24/2012 9/24/2012
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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endorsement(s).	nay require an endorsement. A statement on this certificate does not con	fer rights to the			
PRODUCER Collinguanth Alter Foundard Franch LLO	CONTACT NAME:				
8000 Governors Square Blvd	PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (3	05) 362-2443			
Suite 307 Miami Lakes, FL 33016	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Hartford Casualty				
	INSURER B : First Mercury Ins. Company	10657			
RODUCER Ollinsworth, Alter, Fowler & French, LLC 000 Governors Square Blvd uite 301	INSURER C:				
	INSURER D:				
Wellington, FL 33414	INSURER E:				
COVERAGE	INSURER F:				

COVERAGES

CERTIFICATE 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 REDUICED BY PAID CLAIMS

C7	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS			THE TENNIS,
INSR LTR		INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
A	GENERAL LIABILITY	J		2400 404044			EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
^	X COMMERCIAL GENERAL LIABILITY	X		21SBARM9558	12/9/2011	12/9/2012	PREMISES (Ea occurrence)	\$	300,00
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	s	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMPIOP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							\$	
A							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
^	ANY AUTO ALL OWNED SCHEDULED			21SBARM9558	12/9/2011	12/9/2012	BODILY INJURY (Per person)	\$	
ŀ	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$	
ŀ	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	× Juines III							\$	
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAVIC MADE						EACH OCCURRENCE	\$	1,000,000
^	CLAIMS-MADE			21SBARM9558	12/9/2011	12/9/2012	AGGREGATE	\$	1,000,000
	DED X RETENTIONS 10,000 WORKERS COMPENSATION		ļ					s	
	AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
		N/A					E.L. EACH ACCIDENT	\$	
l	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below Professional Liab.			F149940440			E.L. DISEASE - POLICY LIMIT	S	
_	Claims-Made Basis			FMFE101478	8/25/2012	8/25/2013	Each Claim		1,000,000
P	Cialilis-made Dasis			FMFE101478	8/25/2012	8/25/2013	Annual Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Professional Liability Retroactive Date 08/25/1998; Professional Liability Deductible \$20,000 Each Claim

RE: Project Name - "FOR ALL PROJECTS WITH PALM BEACH COUNTY").

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured as to General Liability.

### **CERTIFICATE HOLDER**

CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 

© 1988-2010 ACORD CORPORATION. All rights reserved.

SUN

**CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) R045 09-24-2012 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 ADDITIONALINSURED, the policy(ies) must be endorsed. If SUBROGATIONIS 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). COMPUPAY INSURANCE SERVICES INC 250725 P: (877)287-1316 F: (877)287-1315 PO BOX 33015 PHONE (A/C, No, Ext): (877)287-1316
E-MAIL
ADDRESS: FAX (A/C, No): (877) 287-1315 SAN ANTONIO TX 78265 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Twin City Fire Ins Co INSURER B : INSURER C : ALAN GERWIG & ASSOCIATES, INC INSURER D : 12798 FOREST HILL BLVD STE 204 INSURER E : WELLINGTON FL 33414 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LTR POLICY NUMBER GENERAL LIARRITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PROJECT LOC PRODUCTS - COMP/OP AGG \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT BODILY INJURY (Per person) 8 ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS П BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ŝ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
(Mandatory in NH) X WC STATU-TORY LIMITS OTH N/A 76 WBG ZX7495 E.L. EACH ACCIDENT \$ 1,000,000 12/09/2011 12/09/2012 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS belo E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AS ACORD 101, Additi Those usual to the Insured's Operations. Re: Project Name - For All Projects With Palm Beach County. CERTIFICATE HOLDER CANCELLATION Palm Beach County Board of County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE Commissioners, C/O Engineering & Public Works Operations DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS 2300 N JOG RD AUTHORIZED REPRESENTATIVE

WEST PALM BEACH, FL 33411

Taillow

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

Alan Gerwig & Associates, Inc.
Consulting Engineers

REC'D JUL 27 2012

July 26, 2012

JaeAnn Dean, Consultant Contract Management Specialist Roadway Production Division / CCNA Section 2300 N. Jog Road, Suite 3W-33 West Palm Beach, FL 33411-2745

AGA Statement of No Corporately Owned Automobiles RE:

Ms. Dean:

This letter is to declare that Alan Gerwig & Associates, Inc. does not own any automobiles.

Sincerely

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

President



BRIAN C. RHEAULT, P.E.

President

November 27, 2012

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

Attention:

Dave Young, P.E., Special Projects Manager

RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING ANNUAL SERVICES

AGREEMENT DATED FEBRUARY 15, 2011 (R2011-0174)

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 15, 2013 through February 14, 2014.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

BRIDGE DESIGN ASSOCIATES, INC.  Brian C. Rheault, P.E. President	Attest: Kim Draggoo
DATE	11/27/12
CORPORATE SEAL	DATE
Accepted by: Palm Beach County Board of Commissioners	Attest: Sharon R. Bock, Clerk and Comptroller
Ву:	Ву:
Steven L. Abrams ,Chairman	Deputy Clerk
Approved As To Form & Legal Sufficiency	Approved As To Terms and Conditions
S:\PERSONNEL\Kim\Certifications RFP - RFQ - Presentati	ions\PBC Annual Renewal 2013\Renewal letter.waa

1402 Royal Palm Beach Boulevard • Building 200 • Royal Palm Beach, Florida 33411 (561) 686-3660 • Fax: (561) 791-1995

Attachment # \_\_\_\_\_\_

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

FIRM:

### **BRIDGE DESIGN ASSOCIATES, INC.**

1402 Royal Palm Beach Blvd., Building 200

email:bridgebbd@aol.com

Royal Palm Beach, Florida 33411

Phone: (561) 686-3660 Fax: (561) 791-1995

Contact: Brian C. Rheault

Fee Schedule - February 15, 2013 through February 14, 2014  Firm Name BRIDGE DESIGN ASSOCIATES, INC.			Multiplier:		
			Salary	1.00	
	Raw Rate	*Burdened Rate	Overhead & Fringe	3.00	
Chief Engineer / BCR	65.00	195.00	Subtotal	3.00	
Senior Engineer / TAD	50.00	150.00	0% Profit	0.00	
Engineer / Engineer Intern / LAK - CBL	25.00	75.00			
Engineering Technician / TSS	22.00	66.00	TOTAL	3.00	
CADD / Computer Technician	31.00	93.00			

Sub-Consultants N/A

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

S:\PERSONNEL\Kim\Certifications RFP - RFQ - Presentations\PBC Annual Renewal 2013\RATE SCHEDULE.wpd

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ates OX.

Attachment 2 - Page 3 of 4

### **CERTIFICATION STATEMENTS**

Project:

**Structural Engineering Annual Services** 

Project No.:

On a Work Task Order Basis

Consultant/Annual Consultant:

Bridge Design Associates, Inc.

### TRUTH-IN-NEGOTIATION STATEMENT

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

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its right under this "Certificate" within one year following final payment.

### PROHIBITION AGAINST CONTINGENT FEES STATEMENT

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### **NON-DISCRIMINATION STATEMENT**

The CONSULTANT/ANNUAL CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.

Brian C. Rheault, P.E., President

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### CONFLICT OF INTEREST DISCLOSURE FORM

Project: Project No.:	Structural Engineering Annual Services On a Work Task Order Basis
	NT/ANNUAL CONSULTANT represents that it presently has no interest, either direct which would or could conflict in any manner with the performance of services for the pt as follows:
(Attach additi	ional sheets as needed.)
shall be emp CONSULTAL current pote	NT/ANNUAL CONSULTANT further represents that no person having any interest ployed for said performance. By signing below, CONSULTANT/ANNUAL NT certifies that the information contained herein is true and correct and constitutes all ential conflicts of interest which may influence or appear to influence NT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to
certified mail business asso CONSULTAL the County. S circumstance, and request a would, in the	NT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by of all potential conflicts of interest that may arise in the future through any prospective ociation, interest or other circumstance which may influence or appear to influence NT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to Such written notification shall identify the prospective business association, interest or the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake an opinion of the COUNTY as to whether the association, interest or circumstance opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into SULTANT/ANNUAL CONSULTANT.
of CONSULT to the COUN	opinion of the COUNTY, the prospective business association, interest or circumstance FANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest TY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL NT shall not enter into said association, interest or circumstance.
THIS	S DISCLOSURE is submitted by <u>Brian C. Rheault, P.E.</u> , as
Presiden	(Name of Individual)  nt , of Bridge Design Associates, Inc.
(Title/Positi	
	certifies that the information stated above is true and correct. Further, it is hereby
acknowledge	ed that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this
	considered an unethical business practice and is grounds for sanctions against future
County busin	ness with the CONSULTANT/AMNUAL CONSULTANT.
	9/28/2012
F:\ROADWAY\CC	(Signature) (Date)  NAVAnnuals\Structural\Bridge Design\2013\Disclosure Doc.doc

AC	O	RĎ
	-	

BRIDG-2	OP ID: BH
DATE	(MMODOVOVI)

ACO	CERTIFICATE OF	FILA	ZILITY INCLIRANCE	*******
	OLIVIII IOATE OF		DILIT I ITOOTOTICE	127/12
CERTIFICA BELOW.	ATE DOES NOT AFFIRMATIVELY OR NEGATIVELY	AMEND,	AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLE EXTEND OR ALTER THE COVERAGE AFFORDED BY THE E A CONTRACT BETWEEN THE ISSUING INSURER(S), AU	POLICIES
the terms	and conditions of the policy, certain policies may re holder in lieu of such endorsement(s).	quire an en	policy(les) must be endorsed. If SUBROGATION IS WAIVED dorsement. A statement on this certificate does not confer r	subject to ights to the
PRODUCER		338-1391		
ACEC/MARSH 701 Market St., Ste. 1100 888-621-317		-621-3173	PHONE (A/C, No. Ext): (A/C, No):	
5t. Louis, MO 63101			E-MAIL ADDRESS:	
Cevin P. Woolley		[	INSURER(S) AFFORDING COVERAGE	NAIC #
			INSURER A : New Hampshire Insurance Co	23841
INSURED	Bridge Design Associates, Inc.		INSURER B:	
	1402 Royal Palm Beach, Bldg 200 Royal Palm Beach, FL 33411		INSURER C:	
	Royal Falm Death, FL 33411		INSURER D:	
			INSURER E :	
			INSURER F :	
COVERAGE	S 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.				

SR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITE	
	CLAIMS-NADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>5</b>
,	COMPANDE						PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GENL AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	<u>s</u>
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY			*			COMBINED SINGLE LIMIT (Ea accident)	<u> </u>
	. ANY AUTO				1		BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED		ĺ			l	PROPERTY DAMAGE (Per accident)	\$
								\$
_	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		İ				AGGREGATE	\$
	DED RETENTIONS	Ì						s
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA				ł	E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	7.7			ļ ļ	İ	E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below				[		E.L. DISEASE - POLICY LIMIT	S
ī	Professional			28392302	11/27/12	11/27/13	Claim	1,000,00
	Liability						Aggregate	1,000,000

projects 6 the limits of liability shown shall not be construed to be applied to a particular project. Professional Liability is written on a claims-made reported basis "For All Projects with Palm Beach County" Retroactive Date for Professional Liability is 01/01/1988.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
County Comissioners c/o Engr & Public Works Dept.	AUTHORIZED REPRESENTATIVE
2300 North Jog Rd.	Dell Commetey
West Palm Beach, FL 33411	

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Client#: 7484

**BRIDDES3** 

ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (M 4/25/2012 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 cartificate holder is an ADDITIONAL INSURED, the policy(les) 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 the terms and conditions of the policy, certain policies may require an end certificate holder in lieu of such endorsement(s). ISU Suncoast Insurance Assoc CONTACT NAME: PHONE (AJC, No, Ext): 813 289-5200 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FAX (No): 813 289-4561 P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200 MSURER(S) AFFORDING COVERAGE HISURER A: Travelers Indemnity Co of Ameri 25666 Bridge Design Associates, Inc MSURER B: Travelers Indemnity Company
MSURER C: Travelers Casualty & Surety Co 25658 1402 Royal Palm Beach Blvd., Bidg. 200 Royal Palm Beach, FL 33411 MINISTER D.: Ironshore Specialty Ins. Co. 25445 INSURER E : Charter Oak Fire Insurance Comp 25615 COVERAGES CERTIFICATE NUMBER: CERTIFICATE 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 CLAMS.

TYPE OF INSURANCE

REPORTED AND EXPLORED TO THE INSURANCE POLICY FOR THE POLICY F D5/25/2012 05/25/2013 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es securir 6801508M36A \$1,000,000 X COMMERCIAL GENERAL L \$1,000,000 CLAIMS-MADE X OCCUR MED EXP (Any one per s1,000,000 PERSONAL & ADV INJURY GENERAL AGGREGATE s2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PRO. LOC PRODUCTS - COMPYOP AGG | \$2,000,000 Ε AUTO MOBILE LIABILITY BA1401L990 05/25/2012 05/25/2013 \$1,000,000 X ANY AUTO BODILY INJURY (Per person) ALL OWNED ALTOS BODILY INJURY (Per accident) S SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) X HIRED AUTOS s X NON-OWNED AUTOS X UMBRELLA LIAD OCCUR CUP9229Y604 05/25/2012 05/25/2013 EACH OCCURRENCE s3,000,000 EXCESS LIAB CLAMS-MADE \$3,000,000 AGGREGATE DEDUCTIBLE X RETENTION 10000 C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY UB6131Y700 05/25/2012 05/25/2013 X WC STATU-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below ELL EACH ACCIDENT 1500,000 EL DISEASE - EA EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT | \$500,000 Professional 001216200 11/27/2011 11/27/2012 \$1,000,000 per clair Liability \$1,000,000 annl aggr. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Ansch ACORD 191, Additional Remerks Schedule, if more age Professional Liability coverage is written on a claims-made and reported basis. Certificate Holder Cont: c/o Engineering & Public Works Ops/Roadway (See Attached Descriptions) CERTIFICATE HOLDER Paim Beach County Board of SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. County Commissioners 2300 North Jog Road Suite #3W-33 AUTHORIZED REPRESENTATIVE West Palm Beach, FL 33411-2745

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des on secure

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

**DESCRIPTIONS (Continued from Page 1)** 



September 11, 2012

Palm Beach County Board of Commissioners C/O: Engineering & Public Works Department

2300 N. Jog Road

West Palm Beach, FL 33411-2745

Attn: David Young, P.E., Special Projects Manager

RE: RENEWAL AGREEMENT FOR STRUCTURAL ENGINEERING ANNUAL SERVICES AGREEMENT DATED FEBRUARY 15, 2011 (R2011-0175)

Dear Sir

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of February 15, 2013 through February 14, 2014.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

	·
Sincerely, R.J. Behar & Company, Inc.	
Robert J. Behar, President	Attest: Kod
9-11-12	9/11/12
DATE CORPORATE SEAL	DATE
Accepted by Accepted by Board of Commissioners	Attest: Sharon R Bock, Clerk and Comptroller
BY:	BY:
Steven L. Abrams , Chairman	Deputy Clerk
Approved As To Form & Legal Sufficiency:	Approved as to Terms and Conditions:
	sty Onelo at want
E-IROADIMANCONALAnnuala/SkrieturaliR   BEida B12012/Rannual	. Interest when

:\ROADWAY\CCNA\Annuals\Structural\RJ BEHAR\2013\Renewal\_Intent.doc 6861 S.W. 196 Avenue, Suite 302 • Pembroke Pines, FL 33332 • Tel: (954) 680-7771 • Fax: (954) 680-7781

Attachment 3 - Page 2 of 4

# Exhibit B Task Order Basis - Fee Schedule

Rates OK.

# R.J. BEHAR & COMPANY, INC.

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

Fee Schedule - Fiscal Year 2013-2014	
CATEGORY RAT	
Project Manager	\$121.00
Senior Engineer	\$144.00
Engineer	\$93.40
Engineering Intern	\$81.49
CADD/Computer Technician	\$64.33

Multiplier:

Salary 1.00 Overhead & Fringe 1.2140

Subtotal **2.2140** 12% Profit **0.2657** 

Total 2.4797

Note: Rates are effective from February 15, 2013 through February 14, 2014.

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



Attachment 3 - Page 3 of 4

### **CERTIFICATION STATEMENTS**

Project:

Structural Engineering Annual Services

**Project No.:** 

On A Work Task Order Basis

Consultant/Annual Consultant:

R. J. Behar & Company, Inc.

### **TRUTH-IN-NEGOTIATION STATEMENT**

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

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The COUNTY shall exercise its right under this "Certificate" within one year following final payment.

### PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the CONSULTANT/ANNUAL CONSULTANT warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the CONSULTANT/ANNUAL CONSULTANT to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the CONSULTANT/ANNUAL CONSULTANT, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

### **PUBLIC ENTITY CRIMES STATEMENT**

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

### **NON-DISCRIMINATION STATEMENT**

The CONSULTANT/ANNUAL CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.

Robert J. Behar, P.E., President

F:\ROADWAY\CCNA\Annuals\Structural\RJ BEHAR\2013\Affidavit.doc

### CONFLICT OF INTEREST DISCLOSURE FORM

Project: Project No.:	Structural Engineering Annual Services On A Work Task Order Basis
	NT/ANNUAL CONSULTANT represents that it presently has no interest, either direct hich would or could conflict in any manner with the performance of services for the ot as follows:
(Attach addition	onal sheets as needed.)
shall be emp CONSULTAN current poter	NT/ANNUAL CONSULTANT further represents that no person having any interest ployed for said performance. By signing below, CONSULTANT/ANNUAL NT certifies that the information contained herein is true and correct and constitutes all ntial conflicts of interest which may influence or appear to influence NT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to
certified mail of business associ CONSULTAN the County. S circumstance, and request as would, in the county	NT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by of a l potential conflicts of interest that may arise in the future through any prospective ciat on, interest or other circumstance which may influence or appear to influence NT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to such written notification shall identify the prospective business association, interest or the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake no opinion of the COUNTY as to whether the association, interest or circumstance opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into ULTANT/ANNUAL CONSULTANT.
of CONSULT to the COUNT	opinion of the COUNTY, the prospective business association, interest or circumstance CANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest TY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL NT shall not enter into said association, interest or circumstance.
THIS President	DISCLOSURE is submitted by Robert J. Behar, P.E. , as  (Name of Individual)  dent , of R. J. Behar & Company, Inc.
(Title/Position who hereby control acknowledged Disclosure is of the control of t	
	(Signature) (Date)
F:\ROADWAY\CCN	(Signature) (Date) NAVannuals\Structural\RJ BEHAR\2013\Disclosure Doc.doc



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/13/2012

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	CONTACT Jerry Noyola		
Greyling Insurance Brokerage	PHONE (A/C, No. Ext): (770) 552-4225 FAX (A/C, No): (866) 550-408		
450 Northridge Parkway	E-MAIL ADDRESS: jerry.noyola@greyling.com		
Suite 102	INSURER(S) AFFORDING COVERAGE	NAIC#	
Atlanta GA 30350	INSURER A : Sentinel Insurance Company, LTD	11000	
INSURED	INSURER B: Travelers Indemnity Company of	20443	
R.J. Behar & Company, Inc.	INSURER C: Continental Casualty Company	20443	
6861 S.W. 196th Avenue	INSURER D:		
Suite 302	INSURER E :		
Pembroke Pines FL 33332	INSURER F:		

COVERAGES CERTIFICATE NUMBER:\*12-13

**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 S	SUBR	<u> </u>	POLICY EFF	POLICY EXP	LIMITS	3
	GENERAL LIABILITY	III.SIC	1110	, vaor nomben	(mino Do / 1 1 1 1	(MANUEL DE L'ATTE	EACH OCCURRENCE	\$ 1,000,000
A	X COMMERCIAL GENERAL LIABILITY				11/17/2012	11/17/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000
	CLAIMS-MADE X OCCUR			20SBMAC0037			MED EXP (Any one person)	\$ 10,000
ŀ							PERSONAL & ADV INJURY	\$ 1,000,000
						į	GENERAL AGGREGATE	\$ 2,000,000
ŀ	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
L	POLICY X PRO- JECT LOC							\$
A	AUTOMOBILE LIABILITY				11/17/2012	11/17/2013	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			20UECNG0289			BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<u> </u>								\$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000
	DED X RETENTION\$ 10,000			20SBMAC0037	11/17/2012	11/17/2013		\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU- OTH- TORY LIMITS ER	
	I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)			UB-3805T88-9-11	1/1/2012	1/1/2013	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
ļ	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s 1,000,000
С	Professional Liability			AEH 28 836 36 39	11/17/2012	11/17/2013	Per Claim	\$2,000,000
							Aggregate	\$3,000,000
	1					1		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: For All Projects with Palm Beach County Full Prior Acts Coverage. The Palm Beach County Board of
County Commissioners, a Political Subdivision of the State of Florida, Its Officers, Employees or Agents
are named as Additional Insureds on the above referenced liability policies with the exception of workers
compensation & professional liability where required by written contract. Retroactive Date: Full Retro.

C	E	R	T	1F	ì	C	A	T	E	Н	0	L	D	E	R	

CANCELLATION

Palm Beach County Board of County Commissioners c/o Engineering & Public Works 2300 North Jog Road West Palm Beach, FL 33411 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZEO REPRESENTATIVE

Cooper Smith/JERRY

