



FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	\$3,307.50	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>\$3,307.50</u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget?    Yes   X   No \_\_\_\_\_

Budget Account No:    Fund 4111 Department 121 Unit A212-328 Object 6211  
Reporting Category \_\_\_\_\_


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

Funds are available in the above referenced account.

C. Departmental Fiscal Review:         C. Summer        

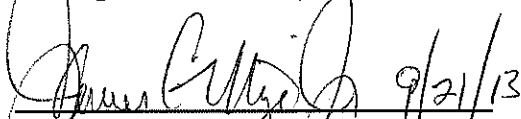
III. REVIEW COMMENTS

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

  
\_\_\_\_\_  
OFMB  
*2/21/13 abw/2/12*

  
\_\_\_\_\_  
Contract Dev. and Control  
*2-21-13 B. Wheel*

B. Legal Sufficiency:

  
\_\_\_\_\_  
Assistant County Attorney  
*9/21/13*

C. Other Department Review:

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

**CHANGE ORDER**

- |                                     |                               |                          |  |
|-------------------------------------|-------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | Owner Initiate                | <input type="checkbox"/> | Quantity Overruns/Underruns                                  |
| <input type="checkbox"/>            | Differing Site Conditions     | <input type="checkbox"/> | Request By Another Agency/Outside Party                      |
| <input type="checkbox"/>            | Zoning/Code/Ordinance Changes | <input type="checkbox"/> | A. Reimbursable <input type="checkbox"/> B. Non-Reimbursable |
| <input type="checkbox"/>            | Errors/Omissions/In Design    | <input type="checkbox"/> | Other  |

PROJECT: **PB 12-7 Terminal Flooring Improvements Phase 2 Palm Beach International Airport**

CHANGE ORDER NO: **Two (2)**  
 COUNTY/FAA PROJECT NO: **PB 12-7**  
 CONTRACT DATE: **July 10, 2012**  
 RESOLUTION NO. **R-2012-0980**  
 DISTRICT # **Countywide**

TO: **The Marc J. Parent Company, Inc., d/b/a PB Builders  
 3677 – 23rd Avenue South, Suite A-109  
 Lake Worth, Florida 33461**

**Description of Change:**

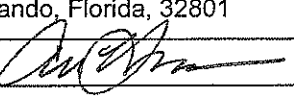
- This Change Order establishes a new line item for a unit cost to replace existing broken tiles in the Terminal and Concourses with owner furnished tile. An estimated 35 tiles will be included to be replaced. Measurement and Payment will be based on actual quantity replaced.

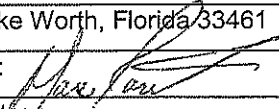
Pay Item	Description	Unit	Quantity	Unit Cost	Total Amount
6	Replace Broken Tiles with Owner Furnished Tile. Pay Item shall include all labor, equipment materials etc to complete the item	EA	35	\$94.50	\$3,307.50

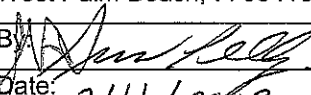
- The selection of the base material has required several mock-ups to be submitted. This Change Order will extend the Contract time by 30 Calendar Days to deliver the selected material and complete the installation.

EXECUTION OF THIS CHANGE ORDER ACKNOWLEDGES FINAL SETTLEMENT OF, AND RELEASES ALL CLAIMS FOR, COSTS AND TIME ASSOCIATED, DIRECTLY OR INDIRECTLY, WITH THE ABOVE STATED MODIFICATION(S), INCLUDING ALL CLAIMS FOR CUMULATIVE DELAYS OR DISRUPTIONS RESULTING FROM, CAUSED BY, OR INCIDENT TO, SUCH MODIFICATION(S), AND INCLUDING ANY CLAIM THAT THE ABOVE-STATED MODIFICATION(S) CONSTITUTES, IN WHOLE OR PART, A CARDINAL CHANGE TO THE CONTRACT.

The Original Contract Sum was..... **\$1,021,605.00**  
 Net change by previous Change Orders ..... ~~\$1,750,538.00~~  
 The Contract Sum prior to this Change Order ..... **\$1,023,355.53**  
 The Contract Sum will be increased/decreased by this Change Order ..... **\$3,307.50**  
 The new Contract Sum including Change Order will be ..... **\$1,026,663.03**  
 The Time to complete this Contract will be increased/decreased by..... **30 Calendar days.**  
 The Date of Substantial Completion of this Change Order therefore is..... **February 26, 2013**

<b>SCHENKELSHULTZ</b>
<b>Architect</b>
Address
200 East Robinson St, Ste 300
Orlando, Florida, 32801
By: 
Date: <b>01-25-2013</b>

The Marc J. Parent Company, Inc., PB Builders.
<b>Contractor</b>
Address
3677-23rd Avenue South, Ste A-109
Lake Worth, Florida 33461
By: 
Date: <b>2-1-13</b>

PBC Bd. Of County Commissioners
<b>Owners</b>
Address
PO Box 21229
West Palm Beach, Fl 33416-1229
By: 
Date: <b>2/4/2013</b>

**Budget Availability Statement**  
**Department of Airports**

**DATE:** January 25, 2013

**TO:** Jerry L. Allen, AAE, Deputy Director  
Palm Beach County Department of Airports

**FROM:** Fred Passelli  
Airport Fiscal Manager

**RE:** Change Order No. 2  
Terminal Flooring Improvements - Phase 2 at PBIA  
(Project No. PB 12-7)  
The Marc J. Parent Company, Inc. d/b/a PB Builders

**SOURCE OF FUNDING: (Check all that apply)**

- FAA Grant No.:
- FDOT Grant No.:
- PFC Application No.: 10-11-C-00-PBI
- Airport Revenues/Local Funds
- Other: \_\_\_\_\_

Please be advised that funds are available in the amount of \$3,307.50 in account #

FUND: 4111 DEPT: 121 UNIT: A212-328 OBJ: 6211 SUBOBJ: \_\_\_\_\_ for

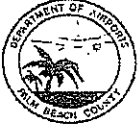
Change Order No. 2 to the contract with PB Builders for the Terminal Flooring

Improvements - Phase 2 project at PBIA.

\_\_\_\_\_  
Fred Passelli



1-31-13  
(Date)



CONSTRUCTION CHANGE PROPOSAL

Project: Terminal Flooring Improvements - P2 Number: C.O.R #002
To: Dept. of Airports From: PB Builders
Re: Existing Porcelain Tile Repairs Date: 1-07-13

Keyword Description: Remove and replace broken or damaged porcelain tile thru-out Terminal.
Date Quotation Required: As soon as possible

The following modification to the contract has been identified. Pursuant to the General Provisions, please provide a proposal as described in Item 1. The proposal should include an itemized breakdown of contractor and subcontractor costs, including labor, materials, rentals, approved services, overhead, and profit as required in General Provisions SP 10. This request shall not be considered authorization to proceed with the work herein described.

To be completed by Initiator of Request:

1. Scope of Work: (include list of attachments)

Remove and replace damaged existing floor tile as directed by Dept. of Airport Const. Manager.

2. Reason(s) for Modification: [X] Owner [ ] Unforeseen Conditions (site, weather, etc.) [ ] Other

3. Approval of Request:

Owner: \_\_\_\_\_ Date: \_\_\_\_\_
Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Contractor: The Marc J. Parent Co. Inc. aka PB Builders

4. Total cost of modification (attach detailed breakdown) \$ on a per tile basis (see Attached)

5. Will a modification to the contract time be required? [X] Yes [ ] No

If so, trade(s): Flooring

No. of personnel: \_\_\_\_\_

Duration: To Be Determined (if beyond 1-27-13) (calendar days)

6. Attachment identification: (list) PB Builders and Brian's Carpet backup

7. Quotation is in effect until: (date) 1-27-13

8. Approval of Quotation: \_\_\_\_\_

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and attach Proposal Worksheet Detail for each element of Work. Enter Worksheet Information below.

**CONSTRUCTION CHANGE PROPOSAL Cont.  
PROPOSAL WORKSHEET SUMMARY**

\*Labor shall be broken down by classification

**ADDITIONS:**

Item	Sheet	Description	Material		
			Unit Qty	Unit Price	Subtotal
per tile		Replace existing broken porcelain floor tile			
		utilizing Mapiguard 2 crack supression and Granal Rapid thin set. Tile supplied by Airport	1	25.00	25.00
			<b>Subtotal Material</b> 25.00		
			<b>*Labor</b>		
<b>List Manhours by Class</b>			Hours	Rate	Subtotal
		Tile demo and assembly installation labor	LS	65.00	65.00
			<b>Subtotal Labor</b> 65.00		
Subtotal:					90.00

**DEDUCTIONS:**

Item	Sheet	Description	Material		
			Unit Qty	Unit Price	Subtotal
			<b>Subtotal Material</b>		
			<b>*Labor</b>		
<b>List Manhours by Class</b>			Hours	Rate	Subtotal
			<b>Subtotal Labor</b>		
Subtotal:					

Subcontractor's Net:	LS
Subcontractor's OH&P:	LS
Subcontractor's Bond:	LS
Subcontractor's Total:	\$ 90.00
Contractor's OH&P:	\$4.50
Contractor's Bond:	NA
Insurance:	NA
Tax:	0
<b>Worksheet Total:</b>	<b>\$ 94.50</b>

**BRIAN'S CARPET & COMMERCIAL  
FLOORING, INC.**

5401 N. HAVERHILL ROAD, SUITE 113  
WEST PALM BEACH, FL. 33407  
PH: (561) 242-9500 FAX: (561) 242-9502

# Change Order

Date	Estimate #
12/5/2012	18599

Name / Address

PB Builders  
3677 23rd Ave South, A109  
Lake Worth, Florida 33461

				Project
				Porcelain Tile Repla...
Item	Description	Qty	Cost	Total
	PBLA Porcelain Tile Repairs per Tile			
SCOPE OF WORK	Replace broken porcelain tile on level 2 due to high lift usage. Use attic stock tile for replacement. Demo broken tile. Install Mapiguard 2 crack suppression with Grani Rapid thin set.			0.00
	NOTE The red pallet jack with the steel wheels is still being used in the terminal. These wheels will damage the tile.			
L-1	Labor:		65.00	65.00
THIN SET	THIN SET		15.00	15.00
CR-1	CRACK SUPPRESSION:		5.00	5.00
G-1	GROUT:		5.00	5.00
			<b>Subtotal</b>	\$90.00
			<b>Sales Tax (6.0%)</b>	\$0.00
			<b>Total</b>	\$90.00

<b>Total</b>	\$90.00
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**SCHEDULE 1  
LIST OF PROPOSED DBE FIRMS  
(Attachment \_\_\_\_ to Bid Form)**

Project/Bid Name: Term Flooring Improvements Ph2 Project/Bid No: PB 12-07  
 Name of Prime Bidder: The Marc J Parent Co. Inc Change Order/Task/Amendment No. (if applicable): Change Order #2  
 Contact Person: Marc Parent Bid Opening Date: \_\_\_\_\_  
 Address: 3677 23rd Ave S. A109 Lake Worth Fl Department: \_\_\_\_\_  
 Phone No.: 561-641-9565 Fax No: 561-641-9875 E-mail Address: ron@pbldrs.net & marc@pbldrs.com

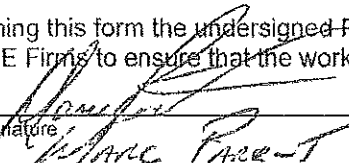
Name, Address & Phone No. of DBE Firm	Description of Type of Work	Classification (Check applicable box)	Dollar Amount			
			Black	Hispanic	Women	Other (Please Specify)
Brian's Carpet & Commercial Flooring	Demo & Replace Tile	<input type="checkbox"/> Prime Contractor <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$ 3150	\$
		<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$	\$
		<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$	\$
		<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$	\$

Total 3307.50 Price: \$ 3307.50 Total Value of DBE Participation: \$ 3150.00  
 (Insert: Base Bid/Bid + Alternate, etc.)

**Notes:**

- The amounts listed on this form for each DBE Firm must be supported by the price included on Schedule 2, "Letter of Intent to Perform as a Disadvantaged Business Enterprise", in order to be counted toward attainment of the DBE goal.
- Firms identified on this form must be certified as a DBE by the State of Florida's Unified Certification Program.
- If materials or supplies are proposed to be purchased from a DBE regular dealer, sixty percent (60%) of the proposed expenditure is counted toward attainment of the DBE goal. Reduce dollar amount to 60% of supplier's quote for purposes of determining value of DBE participation. Amounts listed on Schedule "2" should reflect the full expenditure (i.e., do not reduce supplier's quote).

By signing this form the undersigned Prime Bidder is committing to utilize the above referenced DBE Firms on the Project and that the Prime Bidder will monitor the DBE Firms to ensure that the work is actually performed by the by the DBE Firms.

By:   
 Signature

Print Name/Title of Person Executing on Behalf of the Prime

Date: 2-1-13



**SCHEDULE 2**  
(Attachment \_\_\_ to the Bid Form)

**LETTER OF INTENT TO PERFORM AS A DISADVANTAGED BUSINESS ENTERPRISE**

Project/Bid No.: PB 12-07 Project/Bid Name: Term Flooring Improvements Phase 2

Change Order/Task/Amendment No. (if applicable): 2

Name of Prime Bidder: The Marc J Parent Co. Inc. dba PB Builders

Name of DBE Firm: Brian's Carpet & Commercial Flooring Inc

The undersigned is certified as a Disadvantaged Business Enterprise by the State of Florida's Unified Certification Program. Check one or more classifications as applicable:

- Black       Hispanic       Women       Other (Please Specify) \_\_\_\_\_  
 Prime Contractor     Subcontractor     Manufacturer       Supplier

The undersigned is prepared to perform the following described work in connection with the above-referenced project (specify in detail the particular work and/or parts thereof to be performed):

Additional Sheets may be used as necessary.

Line Item/Lot No.	Item Description	Qty/Units	Unit Price	Total Price
1	Demo & Replace Tile	35	\$ 90.00	\$ 3150.00
			\$	\$
			\$	\$

at the following price<sup>1</sup>: \$ 3150.00 Three Thousand one hundred fifty dollars 00/100  
(Subcontractor/Supplier's Quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If the undersigned intends to subcontract any portion of the work described above to another subcontractor, please complete the following:

_____ \$ _____	(Name of Subcontractor)	(Amount of Subcontract)	<input type="checkbox"/> DBE Certified
_____ \$ _____	(Name of Subcontractor)	(Amount of Subcontract)	<input type="checkbox"/> Non-DBE
			<input type="checkbox"/> DBE Certified
			<input type="checkbox"/> Non-DBE

The undersigned affirms that it has the resources necessary to perform the work described above without subcontracting the work to another subcontractor, except as noted above. The undersigned subcontractor/supplier understands that the provision of this form to the Prime Bidder does not prevent the subcontractor from providing quotations to other bidders.

Brian's Carpet - Commercial Inc.  
Printed Name of DBE Subcontractor

By: [Signature]  
Signature

Date: 2-1-13

<sup>1</sup> Do not reduce supplier's quote on this Schedule. Adjustments for purposes of determining the value of a supplier's participation should be reflected on Schedule 1 only. See "Note 3" on Schedule 1.

PALM BEACH INTERNATIONAL AIRPORT  
Terminal Flooring Improvements - Phase 2  
PFC No.: 10-11-C-00-PBI  
FDOT Fin N/A  
Contract Date : July 18, 2012  
**CONTRACT HISTORY**

	ORIGINAL	CURRENT	CURRENT										
Contract Date:		2012-0980											
RESOLUTION NO													
DATE: NTP		8/1/2012											
CONTRACT TIME =		90	210										
SUBSTANTIAL COMPLETION DATE		10/29/2012	2/26/2013										
FINAL COMPLETION DATE		11/28/2012	3/28/2013										
CONTRACT AMOUNT =		\$1,021,605.00	\$1,026,663.03										
LIQUIDATED DAMAGES		\$1,000.00											
CHANGE ORDER No.	DATE	DESCRIPTION	CHANGE ORDER TIME	VALUE OF TIME EXTENSION	CHANGE ORDER AMOUNT	*TOTAL VALUE OF CHANGE ORDER ADJUSTED FOR TIME	LEAD DEPT APPROVAL	CRC APPROVAL	CUMULATIVE APPROVAL	BCC APPROVAL	PERCENT CHANGE	NEW CONTRACT AMOUNT	STATUS
1		Carpet Procurement	90	\$90,000	\$1,760.53	\$91,760.53	\$0.00	\$1,760.53				\$1,023,355.53	Approved by CRC on 11/21/12
2		Carpet Base Procurement and Broken Tile	30	\$30,000	\$3,307.50	\$33,307.50	\$3,307.50					\$1,026,663.03	Approved by Lead Dept on 2/4/13. Due to cumulative time of 120 days the items was brought to the board as a receive and file item and the time is reset to "0"
Total			120		\$ 5,058.03		\$ 3,307.50	\$ 1,760.53	\$ 5,058.03		0.50%	\$1,026,663.03	

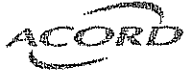
To be approved by the Dept  
To be approved by the CRC  
To be approved by the Board

Approval Authority				
CO Value	Cumm CO Value	Authority	Cumulative Days	Authority
\$0-50,000	\$0-100,000	Lead Dept	0-30 days	Lead Dept
150,001-100,00	\$100,101 - 200,000	CRC	31-90	CRC
>\$100,001	See Note 1	BCC	120	BCC

**Time Extensions in excess of 90 Days must be approved by the Board and does not count towards the Cumulative Limit. See note 2**

- Cumulative Value - Revised as of 8/24/09**
- 1 When the cumulative value of changes or additional work exceeds the greater of \$250,000 or 5% of the original contract an agenda item notifying the board that the item puts it in the excess category must be prepared and forwarded as a Receive and File Item
  - 2 When the cumulative time extensions approved by a combination of the Lead Dept and the CRC exceeds 120 Cal Days then an agenda item notifying the board that the item puts it in the excess category must be prepared and forwarded as a Receive and File item

\*Time must also be evaluated based on value of LD's for projects over \$1,000,000. The value of the time extension is not included when calc the cumulative value



# CERTIFICATE OF LIABILITY INSURANCE

MARCJ-1

OP ID: BH

DATE (MM/DD/YYYY)  
11/30/12

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

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

PRODUCER W.F. Roemer Insurance Agency 4752 W. Commercial Blvd Fort Lauderdale, FL 33319 Jonathan F. Remes	954-731-5566	CONTACT NAME:	
	954-731-8438	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
INSURED The Marc J Parent Co Inc. dba PB Builders 3677 23rd Avenue South #A-109 Lake Worth, FL 33461	INSURER A:		James River Insurance Co
	INSURER B:		Starr Indemnity & Liability Co
	INSURER C:		Philadelphia Insurance Co.
	INSURER D:		
	INSURER E:		
		NAIC # 38318	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDC SUBRT INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY C. AIMS-MADE <input checked="" type="checkbox"/> OCCUR	X X	SIPGGL0028801	12/05/12	12/05/13	EACH OCCURRENCE \$ 1,000,000 E.L. TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Per person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
C	AUTOMOBILE LIABILITY ANY AUTO: ALL OWNED AUTOS SCHEDULED AUTOS HIRE AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	PHPK952127	12/05/12	12/05/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CL - MS-MADE <input checked="" type="checkbox"/> X X DED <input checked="" type="checkbox"/> RETENTIONS 0	X X	000510161	12/05/12	12/05/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER 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)  
Palm Beach County Board of County Commissioners, a political subdivision of the State of FL, its Officers, Employees & Agents included as Additional Insureds on primary/non-contributory basis as required by written contract. Waiver of Subrogation applies. 30 day notice of cancellation applies (10 day non-payment of premium): Project: PB 12-7: Terminal Flooring- Phase 2

CERTIFICATE HOLDER  Palm Beach County c/o Department of Airports 846 Palm Beach Int'l Airport West Palm Beach, FL 33406	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/06/2012 08:21 AM

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> Highpoint Risk Services LLC 5510 LBJ Freeway, Suite 1200 Dallas, TX 75240	<b>CONTACT NAME:</b>	
	PHONE (A/C, NO, EXT): (800) 728-0623	FAX (A/C, NO, EXT): (972) 404-0380
<b>E-MAIL ADDRESS:</b>		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Companion Property and Casualty Insurance Company		12157
<b>INSURED:</b> AMS l/c/f:		
THE MARC J. PARENT COMPANY INC., dba PB BUILDERS 3677 23rd AVENUE SOUTH #A109 LAKE WORTH, FL 33461 Phone: (561) 641-9565 Fax: (561) 641-9875		
INSURER B:	INSURER C:	
INSURER D:	INSURER E:	
INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER:** AC12-6200500-1117654      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISION below	N/A		DPE26272740260	04/01/2012	04/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attached ACORD101, Additional Remarks Schedule, if more space is required)  
 1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to THE MARC J. PARENT COMPANY INC, dba PB BUILDERS effective 04/01/2012. 2. Workers Compensation Coverage is for the state of Florida only. 3. This insurance carrier has an AM Best rating of A- or better. 4. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS.

<b>CERTIFICATE HOLDER</b>  PALM BEACH COUNTY C/O DEPARTMENT OF AIRPORTS 846 PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH, FL 33406	<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

# CERTIFICATE OF LIABILITY INSURANCE EMPLOYEE ROSTER

Certificate Number: AC12-6200500-1117654

Attached roster includes employees paid through 05/27/2012. To verify employee's who may have been added since 05/27/2012, please call 1-800-728-0623.

\* Please note employee roster for this client is updated on a WEEKLY basis.

Employee List:

DUGMORE, KENNETH T.  
MANUEL, CHARLES LEONARD  
PARENT, CARL J.  
PARENT, MARC J.  
PARENT, RONALD  
WILCOX, LONZY JR  
6/6/2012



# EVIDENCE OF PROPERTY INSURANCE

OP ID: BH

DATE (MM/DD/YYYY)  
12/12/2012

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

AGENCY W.F. Roemer Insurance Agency 4752 W. Commercial Blvd Fort Lauderdale, FL 33319 Jonathan F. Remes		PHONE (A/C, No, Ext): 954-731-5566	COMPANY American Zurich Ins. Co. 1400 American Lane Schaumburg, IL 60196	
FAX (A/C, No): 954-731-8438	E-MAIL ADDRESS: wdowd@roemer-ins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: MARCJ-1		LOAN NUMBER		POLICY NUMBER BR71167706
INSURED The Marc J Parent Co Inc. dba PB Builders Inc. 3677 23rd Avenue South #A-109 Lake Worth, FL 33461		EFFECTIVE DATE 06/14/12	EXPIRATION DATE 03/14/13	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 1000 Turnage Blvd West Palm Beach, FL 33406	Flooring Installation
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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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders' Risk Coverage Form Renovation and Improvements All Covered Property at All Locations	1,021,605 1,021,605	1,500

## REMARKS (Including Special Conditions)

Project: PB 12-7: Terminal Flooring - Phase 2

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Palm Beach County Department of Airports 846 Palm Beach Int'l Airport West Palm Beach, FL 33406	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/>	Project Owner
LOAN #			
AUTHORIZED REPRESENTATIVE 			

ACORD 27 (2009/12)

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