

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: June 4, 2013

Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Department of Airports

Submitted For:

I. EXECUTIVE BRIEF

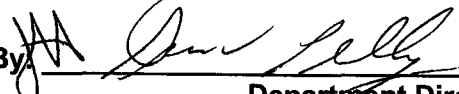
Motion and Title: Staff recommends motion to approve: Amendment No. 1 to the Professional Services Agreement with Corgan Associates, Inc. in the amount of \$225,718 for the continued performance of professional planning and design services related to the Baggage Handling System (BHS) Improvements at Palm Beach International Airport (PBIA).


Summary: The Professional Services Agreement (R-2012-1241) with Corgan Associates, Inc. for professional planning, design and engineering services was approved on September 11, 2012 in the amount of \$1,491,800. Approval of Amendment No. 1 in the amount of \$225,718 will provide funds to revise and resubmit the 30% Design Submittal to the Transportation Security Administration (TSA). Corgan Associates, Inc. is a Dallas, Texas based firm; however, the work will be completed in conjunction with two (2) Palm Beach County subconsultants and firms. The Disadvantaged Business Enterprise (DBE) goal for the agreement was established at 12%. The DBE participation for this Amendment is 21.9%. The total anticipated DBE participation to date is 18.51%. **Countywide (JCM)**

Background and Justification: In the summer of 2011, the County submitted an application for funding to the Transportation Security Administration (TSA) for a full inline Checked Baggage Inspection System (CBIS) consisting of multiple screening matrices in two distinct screening areas on Level 1. On August 9, 2011, an Other Transaction Agreement (OTA) was executed between the County and the TSA providing funds in excess of \$26M towards this project. In December 2012, refinements to the original concept were made, resulting in a more efficient system consisting of two screening matrices instead of the four matrix design previously envisioned. After meeting with TSA and receiving concurrence with this approach, a Schematic Design submittal was made to the TSA. Based on preliminary approval in review meetings with the TSA, the County's BHS design team continued to refine their design based on this concept working toward a 30% design submittal to the TSA. When the TSA provided final comments on the schematic design, it included changing from the two-matrix system to an appropriately sized single matrix to save costs which required a re-submittal of a combined schematic and 30% design document. Preliminary cost estimates on the new system indicate a substantial cost savings over the two matrix system previously designed. As such, this amendment will allow for the re-design to be accomplished with minimal impact on the overall schedule of the project, while meeting the requirements of the TSA.

Attachments:

- 1. Amendment No. 1 with Corgan Associates, Inc. – 3 Originals

Recommended By:  5/8/13
Department Director Date

Approved By:  5/17/13
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	\$ 225,718	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	\$(203,146)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	\$ 22,572	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No
 Budget Account No: Fund 4111 Department 121 Unit A304 Object 6504
 Reporting Category _____

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

Funds are available in the above referenced account. Funding sources consist of an Other Transaction Agreement (OTA) from the TSA which will reimburse 90 per cent of the eligible costs. The remaining 10 per cent is funded from Airport Revenues.

C. Departmental Fiscal Review: CM Sumner

III. REVIEW COMMENTS

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

<p>_____ 5/14/2013 OFMB <i>SM/13 abw 5/19</i></p>	<p>_____ 5/17/13 Contract Dev. and Control 5-17-13 B. Becker</p>
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B. Legal Sufficiency:

_____ 5/20/13
 Assistant County Attorney

C. Other Department Review:

 Department Director

**AMENDMENT NO. 1 TO CONTRACT
BETWEEN
PALM BEACH COUNTY DEPARTMENT OF AIRPORTS
AND
CORGAN ASSOCIATES, INC.
FOR
PROFESSIONAL SERVICES FOR BAGGAGE HANDLING SYSTEM (BHS) IMPROVEMENTS
AT
PALM BEACH INTERNATIONAL AIRPORT**

This Amendment No. 1 to the Contract is made as of the _____ day of _____, 2013, by and between Palm Beach County, Florida (COUNTY) and CORGAN ASSOCIATES, INC., a corporation authorized to do business in the State of Florida, hereinafter referred to as the CONSULTANT, having its office and principal place of business at 401 North Houston Street, Dallas, Texas, 75202, whose Federal Tax I.D. number is 75-1079692.

WITNESSETH

WHEREAS, on September 11, 2012, the County entered into an Agreement (R2012-1241) with the CONSULTANT for the CONSULTANT to provide Consulting/Professional Services for the Palm Beach County Department of Airports related to the Baggage Handling System (BHS) Improvements Project at Palm Beach International Airport (PBIA); and

WHEREAS, Article 25 of the Contract requires an amendment when the parties are able to define additional services and the parties have now defined those services,

NOW THEREFORE, in consideration of the mutual covenants herein contained, and such other good and valuable consideration, the receipt of which the parties hereby acknowledge, the parties agree to the following terms and conditions:

1. The parties hereby agree to amend the Contract to include the Scope of Services and Fees as outlined in Exhibit I. The total amount to be paid by the COUNTY to the CONSULTANT for professional services, including any out of pocket expenses, shall not exceed Two Hundred Twenty-Five Thousand, Seven Hundred and Eighteen Dollars (\$225,718) for the services in Amendment No. 1 to the original Contract.
2. Except as specifically amended herein, all other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused the First Amendment to the Contract to be signed by the Mayor of the Board of County Commissioners and the Seal of said Board to be fixed hereto and attested by the Clerk of said board, and the CONSULTANT, CORGAN ASSOCIATES, INC., has caused these presents to be signed in its corporate name by its duly authorized officer Ross Payton, AIA, Vice President, acting on behalf of said CONSULTANT, and the Seal of said CONSULTANT to be affixed hereto and attested by the Secretary of said CONSULTANT, the day and year first written above.

ATTEST:

PALM BEACH COUNTY, FLORIDA

SHARON R. BOCK
CLERK AND COMPTROLLER

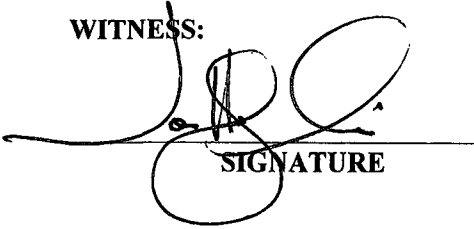
BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Mayor

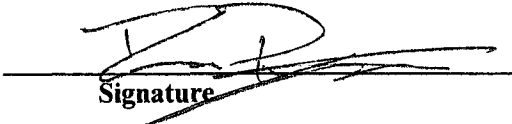
WITNESS:

CONSULTANT:


SIGNATURE

Corgan Associates, Inc.
COMPANY NAME

JOHN HOLZHEIMER
Name (type or print)


Signature

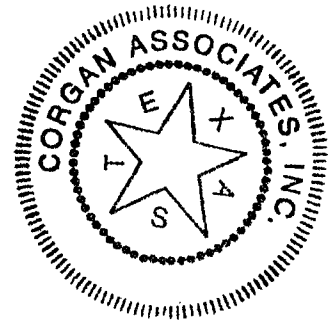
Ross Payton, AIA
Name (type or print)

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Vice President
Title

BY: _____
County Attorney

(Corporate Seal)



APPROVED AS TO TERMS
AND CONDITIONS

By: 
Department Director

13 March 2013
16 April 2013 – Revision 01

Mr. Gary M. Sypek
Director of Airport Planning
Palm Beach County Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406-1470

Re: PBIA BHS Improvements Project
Cost and Schedule Estimate for Changes to 30% Design Documents

Dear Gary,

Corgan Associates Inc. respectfully submits this cost and schedule estimate for changes to previous 30% design concepts and design documents for the PBIA BHS Improvements Project. This estimate is intended to comply with provisions of Article 25 Modifications of Work of our Contract for Consulting/Professional Services for the BHS Improvements Project dated September 11, 2012. If acceptable to the County, Corgan requests a Contract Amendment adopting the cost and schedule changes described below.

Objective

On March 1, 2013 the Corgan project team submitted a final draft of 30% design phase deliverables to the DOA and to DOA's CMR for the project. Deliverables were based on a design concept incorporating two separate automated EDS screening matrices. At approximately the same time the Transportation Security Administration requested adoption of an alternative design concept incorporating a single EDS matrix based on their review of previous Schematic Design submittals for this project. The Palm Beach County Department of Airports has subsequently asked Corgan to revise design concepts and design documents accordingly. The objective of the scope of services of this estimate is to redesign the project as requested and prepare revised 30% design deliverables for pricing by the CMR and for submittal to the TSA.

Project Team

Corgan team members responsible for implementing this design change include:

<i>Corgan Associates, Inc.</i>	<i>Prime Consultant and Architect</i>
<i>Vic Thompson Company</i>	<i>BHS Designer</i>
<i>Bliss & Nyitray, Inc.</i>	<i>Structural Engineer</i>
<i>Gartek Engineering Corporation</i>	<i>MEP/FP Engineer</i>
<i>Big Sky Incorporated</i>	<i>IT/Access Control Designer</i>

Scope of Services

To implement this design change the Corgan team will:

1. Review the attached "Single Matrix Overall View" plan as discussed with DOA, TSA, and Airline representatives on March 5, 2013 as the basis of design changes
2. Determine architectural, structural, MEP/FP, and IT infrastructure design concepts necessary to support and coordinate with BHS systems in the single matrix design, including new infrastructure and alterations of existing terminal infrastructure.

G:\DOCS\12164\0000\A...A-01 ...A-01.01 ...Corgan Estimate 30% Changes 2013-04-16 rev01.DOC

C O R G A N



CELEBRATE
YESTERDAY-TODAY-TOMORROW

CORGAN ASSOCIATES, INC.
401 NORTH HOUSTON STREET
DALLAS, TX 75202
TEL 214 748 2000
FAX 214 653 8281
www.corgan.com

3. Determine new infrastructure required for the number and type of EDS machines, bag inspection stations, and other TSA functions in the single matrix design.
4. Determine layouts of conditioned and unconditioned rooms required for the single matrix system, including EDS room, CBRA room, OSR room, BHS control room, BHS spare parts room, and other support spaces.
5. Prepare preliminary new 30% design drawings including BHS, architectural, structural, MEP/FP, and IT/AC drawings for review by DOA and the CMR.
6. Present and update of revised 30% design information to TSA and Airline representatives as directed by DOA.
7. Incorporate stakeholder comment and prepare a 30% pricing package for CMR cost estimate.
8. Prepare final 30% design phase deliverable for submittal to TSA.

Assumptions/Exclusions

This estimate excludes:

1. Preparation of construction cost estimates except BHS construction costs.
2. Design services related to third level terminal check-in area.
3. Design of alterations to existing terminal building structural framing except alterations of floor openings to provide clearances for BHS conveyors.
4. Design of alterations to existing terminal building structural framing to provide additional load capacity for support of new attached or suspended BHS components if existing load capacity is determined to be insufficient at those locations.
5. Engineering surveys or scans of existing terminal conditions.
6. Design for additional electrical service capacity if existing electrical vault capacity is determined to be insufficient for the project.
7. Design of civil engineering or alterations to sitework including paving, drainage, or site utilities.
8. Costs of printing documents for bidding or construction.
9. Construction administration services.

Estimated Schedule

Corgan estimates the a duration of approximately thirteen weeks to implement the changes described above including submittal of revised 30% deliverables to the TSA. On completion of a Contract Amendment or written notice to proceed Corgan and the DOA will determine a new overall design schedule and design completion date.

Estimated Cost

Corgan estimates the following cost increase to implement the design change described above:

	<u>Services</u>	<u>Expenses</u>	<u>Total</u>
Corgan Associates, Inc.	\$ 91,152	\$ 7,040	\$ 98,192
Vic Thompson Company	\$ 52,967	\$ 2,520	\$ 55,487
Bliss & Nyitray, Inc.	\$ 10,060	\$ 40	\$ 10,100
Gartek Engineering Corporation	\$ 49,500	\$ 0	\$ 49,500
<u>Big Sky Incorporated</u>	<u>\$ 11,599</u>	<u>\$ 840</u>	<u>\$ 12,439</u>
Total Estimate	\$ 215,278	\$ 10,440	\$ 225,718

Corgan proposes to bill the County for Services on a monthly basis at the total Services amount shown above for services rendered toward completion of the scope of this work.

Corgan proposes to bill the County for Expenses on a monthly basis up to the total Expenses amount shown above for out of pocket expenses incurred in connection with the scope of work. Expense billings will include back-up documentation of actual out of pocket costs.

We trust you will find this estimate in order. We appreciate this opportunity to continue serving Palm Beach County and the Department of Airports on this critical project. Thank you for your confidence in our firm and please contact us if you have any questions or need any additional information.

Sincerely,



John Murphy
Principal

16 April 2013 - Revision 01
 Corgan Associates, Inc.
COST ESTIMATE FOR CHANGES TO 30% DESIGN

Architectural Estimate	Rate	Hours	Estimate
Principal	215.00	32	\$ 6,880
Associate	168.00	144	\$ 24,192
Project Architect	100.00	272	\$ 27,200
Architect	85.00	288	\$ 24,480
Architectural Intern	70.00	120	\$ 8,400
Total Architectural Services Estimate		856	\$ 91,152

Print and Reproduction Expenses	\$ 2,000
Travel @ 6 person-trips (\$575 airfare + \$150 lodging + \$75 meals + \$40 parking)	\$ 5,040
Total Architectural Expense Estimate	\$ 7,040

Total Architectural Estimate \$ 98,192

BHS Estimate	Rate	Hours	Estimate
PIC	305.00	11	\$ 3,355
Modeling Engineering Manager	260.00	20	\$ 5,200
Project Manager II	206.00	70	\$ 14,420
Controls Engineer V	206.00	16	\$ 3,296
Systems Engineer III	195.00	64	\$ 12,480
Systems Engineer III	178.00	8	\$ 1,424
Field Engineer II/ Project Coordinator	147.00	0	\$ -
Data Analyst III	119.00	0	\$ -
Mechanical Designer/Field Engineer I	108.00	112	\$ 12,096
Administrative Assistant II	87.00	8	\$ 696
Total BHS Services Estimate		309	\$ 52,967

Travel @ 3 person-trips (\$575 airfare + \$150 lodging + \$75 meals + \$40 parking)	\$ 2,520
Total BHS Expense Estimate	\$ 2,520

Total BHS Estimate \$ 55,487

Structural Estimate	Rate	Hours	Estimate
Principal	200.00	2	\$ 400
Associate	175.00	24	\$ 4,200
Engineer	140.00	20	\$ 2,800
CAD Technician	75.00	32	\$ 2,400
Administrative Assistant	65.00	4	\$ 260
Total Structural Services Estimate		82	\$ 10,060

Total Structural Expense Estimate \$ 40

Total Structural Estimate \$ 10,100

MEP/FP Estimate	Rate	Hours	Estimate
Principals	170.00	60	\$ 10,200
Electrical Engineer	130.00	130	\$ 16,900
Mechanical Engineer	130.00	100	\$ 13,000
FP & Plumbing Engineer	130.00	40	\$ 5,200
Technician	70.00	60	\$ 4,200
Total MEP/FP Services Estimate		390	\$ 49,500

Total MEP/FP Expense Estimate \$ -

Total MEP/FP Estimate \$ 49,500

IT/Access Control Estimate	Rate	Hours	Estimate
Program Manager/Senior Project Manager	230.00	20	\$ 4,600
Telecom Engineer	207.00	3	\$ 621
Engineer	110.00	40	\$ 4,400
CAD Drafter	77.00	22	\$ 1,694
Technician I - Contract Administrator	71.00	4	\$ 284
Total IT/Access Control Services Estimate		89	\$ 11,599

Travel @ 1 person-trips (\$575 airfare + \$150 lodging + \$75 meals + \$40 parking) \$ 840

Total IT/Access Control Estimate \$ 12,439

Total Services Estimate \$215,278

Total Expense Estimate \$ 10,440

Total Estimate \$225,718

Note: The attached "Single Matrix Overall View" plan referenced in the scope is not contained in this agenda item due to Security Sensitive Information (SSI) that is controlled under 49 CFR 1520.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/12

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 First Texas Insurance Services, L.C. 700 Highlander, Ste. 350 Arlington, TX 76015	817-275-2626	CONTACT NAME:	
	817-275-2661	PHONE (A/C, No. Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : The Hartford	NAIC # 29424
		INSURER B : Hartford Underwriters Ins CO.	29424
		INSURER C : Hartford Casualty Ins Co	29424
		INSURER D : The Hartford Fire Insurance Co	29424
		INSURER E :	
		INSURER F :	


INSURED
Corgan Associates, Inc.
401 North Houston
Dallas, TX 75202

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> LIMITED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			46UUNNG0413	01/01/13	01/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			46UUNNG0413	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			46 XHU UW2204	01/01/13	01/01/14	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
B	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 checked="" type="checkbox"/> N		N/A	46 WE DZ5731	01/01/13	01/01/14	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	BPP-Valuable paper			46UUNNG0413	01/01/13	01/01/14	BPP 5,000,000
D	Employee Crime Cov			00 TP 0276198-12	10/18/12	10/18/13	Crime Cov 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
PALMBEA Palm Beach County Board of Cou Gary M. Sypek, Director of Air 846 Palm Beach International A West Palm Beach, FL 33406	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 

NOTEPAD:

HOLDER CODE PALMBEA
INSURED'S NAME Corgan Associates, Inc.

CORGA-1
OP ID: KT

PAGE 2
DATE 12/20/12

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are included as additional insured with respects to general, (for completed and ongoing operations on a primary and noncontributory basis) Auto, and excess liability with a waiver of subrogation in their favor. Waiver of subrogation applies to Workers compensation policy as well.

Above applies as long as there is a written executed contract with named insured requiring the coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2012

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 McLaughlin Brunson Insurance Agency, LLP 6600 LBJ Freeway Suite 220 Dallas TX 75240	CONTACT NAME: Patrick P McLaughlin	
	PHONE (A/C, No, Ext): (214) 503-1212	FAX (A/C, No): (214) 503-8899
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: XL Specialty Insurance Company		37885
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Corgan Associates, Inc.
 401 North Houston Street
 Dallas TX 75202

COVERAGES

CERTIFICATE NUMBER: Cert ID 18168

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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Retroactive Date: 1/1/1938	N	Y	DPR9705879	12/11/2012	12/11/2013	Per Claim/Annual Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The claims made professional liability coverage is the total aggregate limit for all claims presented within the policy period and is subject to a deductible. Thirty day notice of cancellation in favor of certificate holder on all policies.

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County of Board of County Commissioners
 Attn: Gary M. Sypek, Dir. of Airport Planning
 846 Palm Beach International A
 West Palm Beach FL 33406

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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ACORD 25 (2010/05)

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