

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: September 10, 2013 [X] Consent [] Regular
[] Ordinance [] Public Hearing

Department
Submitted By: Community Services
Submitted For: Financially Assisted Agencies Program

I. EXECUTIVE BRIEF


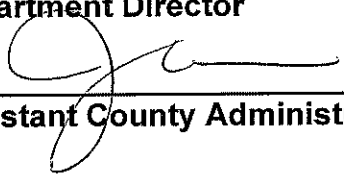
Motion and Title: Staff recommends motion to approve:

- A) Amendment to No. 01 to the Contract for Provision of Financial Assistance with Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (R2012-1510) to move funds from RSVP match allocation to OAA Admin and OAA IIIB/E match allocations;
- B) Amendment to No. 02 to the Contract for Provision of Financial Assistance with Alzheimer's Community Care, Inc. (R2011-1762) to move funds from their Family Nurse Consultant allocation to their Specialized Alzheimer's Adult Day Services allocation; and
- C) Amendment to No. 02 to the Contract for Provision of Financial Assistance with The ARC of Palm Beach County, Inc. (R2011-1997) to adjust the contract unit rate in the Residential & Supported Living Program.

Summary: Area Agency on Aging, Inc. (AAA), in order to fully utilize the match funding provided by the County has requested that they be allowed to move funds from a program RSVP that is closing, to their Older American Act (OAA) Admin line items. The OAA Admin was not fully matched at the onset of this fiscal year and therefore can use these additional funds. Alzheimer's Community Care, Inc. (ACC) is requesting a one-time transfer of contract dollars to the Specialized Alzheimer's Adult Day services from the Family Nurse Consultant. The request is based on cuts in the OAA Admin and OAA IIIB/E that have affected clients in their Medicaid Waiver and Nursing Home Diversion programs. The ARC of Palm Beach County (ARC PBC) needs to modify their unit cost rate in their Residential/Supported Living Program to reflect the adjusted costs of the Residential Program component after they had to close the Supported Living Program component. No additional funds are required for these contract modifications.
Countywide (TKF)

Background & Justification: The Financially Assisted Agencies Programs (FAA) currently contracts with AAA to provide Federal mandatory match funds for their OAA Admin and OAA IIIB/E contracts. The funding for ACC provides services to those who suffer from Alzheimer's and other dementia-related illnesses. Funding for the ARC PBC is designated for residential and supported living services to the special needs population they serve. The AAA funds are provided annually, in an amount determined by the BCC, to secure state and federal grant funds for programs serving seniors. The ACC and ARC PBC funds are provided on an annual basis through the regular FAA contracting process.

Attachments: Three (3) Amendments to Contracts for Provision of Financial Assistance

Recommended By:		<u>9/27/13</u>
	Department Director	Date
Approved By:		<u>9/3/13</u>
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

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

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 0001 Dept 740 Unit Var Object Var
 Program Code _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 No new Fiscal Impact

C. Departmental Fiscal Review: _____ *DM*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

N. Sims 8/29/13

 OFMB *NO 8/28* *cc* 8/29/13

Dr. J. Joubert 9/3/13

 Contract Dev. and Control
 9-3-13 *Dr. Joubert*

B. Legal Sufficiency:

JPD 9/3/13

 Assistant County Attorney

C. Other Department Review:

 Department Director

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

**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2013-1762) made and entered into in Palm Beach County Florida, on this ____ day of ____ 2013 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 4400 North Congress Avenue, West Palm Beach, FL 33407.

WITNESETH:

WHEREAS, the parties entered in a contract on **October 16, 2012**, which provided for the which provided for the agency/program which provides services to the brief program description; and

WHEREAS, the contract currently has an expiration date of September 30, 2013 and is funded in the amount of TWO-HUNDRED FORTY-FIVE THOUSAND, TWO-HUNDRED and FIFTY-THREE DOLLARS (\$245,253) and;

WHEREAS, the need exists to further amend the contract to allow for the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. to amend Exhibit A funding allocations.

NOW THEREFORE, the above named parties hereby mutually agree that the contract is hereby amended as follows:

- I. Exhibit A – Scope of Work & Service Units 2013 Financial Assistance Contract is hereby replaced by Exhibit A-1.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

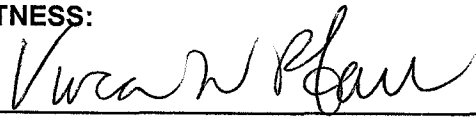
PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Steven L. Abrams, Mayor

WITNESS:



Signature

Vivian Pfau

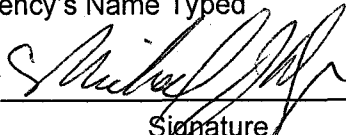
Name Typed

65-0087858

Agency's Federal ID Number

AGENCY:

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Agency's Name Typed

BY: 

Signature

Michael Dyer

Agency's Signatory Name Typed


Board Chair

Agency's Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services

By: 

Channell Wilkins, Director

EXHIBIT A-1

**SCOPE OF WORK & DELIVERABLES
FINANCIAL ASSISTANCE CONTRACT FY 2012
Agency Name: Area Agency on Aging**

Scope of Services:

Palm Beach County (PBC) will provide \$245,253 in funds for the mandatory Federal match to the Area Agency on Aging (AAA) in order for them to leverage funds they receive that require such match. Of the total match of \$566,514, \$234,625 is already in place. For every dollar that PBC provides to AAA they will be able to leverage a total of four dollars. The following programs are provided by AAA that require match:

Fund Source	Funding Allocation	Required Match Amount	PBC FAA-Current	PBC FAA-Amendment
Older Americans Act (OAA) Administration	\$863,258	25%	\$112,143	\$141,528
Older Americans Act IIIB	\$844,745	10%	\$81,110	\$93,861
Retired and Senior Volunteer Program (RSVP)	\$122,413	30%	\$52,000	\$9,864
Totals	\$1,730,924		\$245,253	\$245,253

1. The Older Americans Act Administration (OAA & IIIB) is used by the Agency to ensure contract compliance with direct service providers, assist Palm Beach County Division of Emergency Management in planning for and responding to senior needs through the identification of senior communities and participation as part of the COUNTY's Human Services Branch at the Emergency Operations Center, and provide leadership on senior issues. In 2010, the administration rate for the Agency was just 7%. The Department of Elder Affairs provides state general revenue match of \$138,625. The COUNTY will provide match of \$193,253.

At the end of the contract year AAA will provide a final report of the dollars brought into Palm Beach County due to this funding. That report will be due by September 30, 2013.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2013

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 Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Chris Tolland	Phone: 386-252-9601 Fax: 386-239-5729	CONTACT NAME: ANGELA PHIFER PHONE (A/C, No, Ext): 386-239-5766 FAX (A/C, No): E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A : Comp Options Ins Co NAIC # 10834 INSURER B : Philadelphia Indemnity Ins Co NAIC # 18058 INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST INC 4400 N. CONGRESS AVENUE WEST PALM BEACH, FL 33407		

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
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		PHPK1008108	04/12/2013	04/12/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1MIL/1MIL
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY OWNED ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK1008108	04/12/2013	04/12/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			PHUB417968	04/12/2013	04/12/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	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	N/A	OCOCWC0003523	04/01/2013	04/01/2014	WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	PROFESSIONAL LIAB			PHPK1008108	04/12/2013	04/12/2013	EACH OCC 1,000,000 AGGREGATE 2,000,000

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 FLORIDA, IS ADDITIONAL INSURED ON THE GENERAL LIABILITY (FORM PI-GLD-HS 10/11) AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER PALMB19 PALM BEACH COUNTY BD OF COUNTY COMMISSIONERS 810 DATURA ST W PALM BEACH, FL 33401	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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**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2011-1492) made and entered into in Palm Beach County Florida, on this ____ day of _____, 2013 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and Alzheimer's Community Care, Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 800 Northpoint Parkway, Suite 101B, West Palm Beach, Florida 33407.

WITNESSETH:

WHEREAS, the parties entered in a contract on **October 16, 2012**, which provided for the agency/program which provides services to the brief program description; and

WHEREAS, the contract currently has an expiration date of September 30, 2013 and is funded in the amount of **Five-Hundred Ten Thousand, Seven-Hundred and Ninety-Three Dollars (\$510,793)**; and

WHEREAS, the need exists to further amend the contract to allow for the Alzheimer's Community Care, Inc. to amend Exhibit A-1 funding allocations.

NOW THEREFORE, the above named parties hereby mutually agree that the contract is hereby amended as follows:

1. Exhibit B – Units of Service Rate and Definition 2013 is hereby replaced by Exhibit B-2.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida**

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Steven L. Abrams, Mayor

WITNESS:

AGENCY:

Teresa Longfield
Signature

Alzheimer's Community Care, Inc.
Agency's Name Typed

Teresa Longfield
Name Typed

BY: Mary M. Barnes
Signature

31-1481653
Agency's Federal ID Number

Mary M. Barnes
Agency's Signatory Name Typed

President/CEO
Agency's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

By: Channell Wilkins
Channell Wilkins, Director

**UNITS OF SERVICE RATE AND DEFINITION 2013
FINANCIAL ASSISTANCE CONTRACT**

Agency: Alzheimer's Community Care

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
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<p>Service: Family Nurse Consultant A unit of service is defined as one hour of family nurse consultant services directly related to serving patients/caregivers.</p>	\$60.00	\$251,356
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<p>Service: Specialized Alzheimer's Adult Day Services One unit of service is one hour of actual patient attendance at the adult day care center, beginning with arrival at the center and ending with departure from the center.</p>	\$9.20	\$259,437
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<u>TOTAL CONTRACT</u>	<u>\$510,793</u>
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The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2013 contract. This option exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of this contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2013

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 The Beacon Group, Inc. 6001 Broken Sound Pkwy., N.W. Suite 500 Boca Raton FL 33487-2730	CONTACT NAME: Jodi Jordan PHONE (A/C No. Ext.): (561) 994-9994 E-MAIL ADDRESS: jjordan@beacongroupinc.com	FAX (A/C No.): (561) 997-7087
	INSURER(S) AFFORDING COVERAGE	
INSURED Alzheimer's Community Care, Inc. 800 Northpoint Pkwy #101 B West Palm Beach FL 33407	INSURER A: Philadelphia Ins Co 09566	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 13/14 Liability **REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK1058285	8/15/2013	8/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X	Y				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Professional Liability						PERSONAL & ADV INJURY \$ 1,000,000
	Retro 8/15/2002						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			Retro Date 8/15/2002			\$
A	AUTOMOBILE LIABILITY			PHPK1058285	8/15/2013	8/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB430586	8/15/2013	8/15/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000	X				Y
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 Florida, its Officers, Employees and Agents, c/o Department of Community Services, is additional insured under the General Liability with respects to its liability arising out of the operations of the insured.

Retro Date for above General Liability/Professional Liability is 8/15/2002.

Umbrella is follow form.

CERTIFICATE HOLDER Palm Beach County c/o Community Services Department Attention: Sharon O'Neill 810 Datura Street West Palm Beach, FL 33401	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 Rob Rollins III*/C46 

ACORD 25 (2010/05)
INS025 (201005).01

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ALZHCOM-01

DEALL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2013

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 Insurance Office of America - JUP Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: PHONE (A/C No, Ext): (561) 776-0660 FAX (A/C, No): (561) 776-0670 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Alzheimers Community Care, Inc. 800 Northpoint Parkway Suites 101A & 101B West Palm Beach, FL 33407	INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058	
	INSURER B: Michigan Commercial Ins Mutual NAIC # 10998	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab			PHPK905598	8/15/2012	8/15/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK905598	8/15/2012	8/15/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB392878	8/15/2012	8/15/2013	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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	N/A	97573	1/1/2013	1/1/2014	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required) Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Department of Community Services, is additional insured under the General Liability with respects to its liability arising out of the operations of the insured. Retro Date for above General Liability/Professional Liability is 8-15-2002						

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County c/o Community Services Department Attn: Sharon O'Neill 810 Datura Street West Palm Beach, FL 33401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>C. Ray Doherty III</i>
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ACORD 25 (2010/05)

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**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2012-1653), made and entered into at West Palm Beach Florida, on this _____ day of _____, 2013 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and The ARC of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1201 Australian Avenue, Riviera Beach, Florida 33404.

WITNESSETH:

WHEREAS, the parties entered in a contract on **December 20, 2011**, which provided for the Residential & Supported Living Program which provides group home care and supported living coaching services; and

WHEREAS, the contract was extended and modified by Amendment 01(R2011-1997) and currently has an expiration date of September 30, 2013 and;

WHEREAS, the need exists to further amend the contract to change the unit cost and units to be provided by modifying Exhibit B-1 "Units of Service Rate and Definition 2013:.

NOW THEREFORE, the above named parties hereby mutually agree that the contract is hereby amended as follows:

- I. Service Name and Definition of Unit of Service title, Residential & Supported Living Program be changed to be Residential Program and re-defined to be one month of group home care in an APD licensed facility;
- II. A new Service Name and Definition of Unit of Service titled Supported Living Program be added and defined as supportive living coaching services in the home of an individual that he or she leases or owns;
- III. Cost per unit for the Residential Program to be changed from \$430.61 to \$536.82;
- IV. Cost per unit for the Supported Living Program be separated and added in the amount of \$43.11 per unit of service as defined in the attached Exhibit B-2;.
- V. Exhibit B-1 is hereby amended and replaced with Exhibit B-2 attached hereto and made a part hereof.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Second Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida**

BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Steven L. Abrams, Mayor

WITNESS:



Signature


AGENCY:

The Arc of Palm Beach County, Inc.

AGENCY's Name Typed

Russell Greene

Name Typed

BY 

Signature

59-0883386
AGENCY's Federal ID Number

Michael Papa

AGENCY's Signatory Name Typed

Executive Director

AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

Assistant County Attorney

By: 

Channell Wilkins, Director

**UNITS OF SERVICE RATE AND DEFINITION 2013
FINANCIAL ASSISTANCE CONTRACT**

Agency: The ARC of Palm Beach County, Inc.

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
<p>Service: Residential A unit of service is defined as one month of group home care in an APD licensed facility . Services will be billed at \$430.61 per month, or \$99.38 per week, or \$14.16 per day.</p>	\$ 536.82	\$199,697
<p>Service: Supported Living A unit of service is defined as one day of supported living coaching services in the home of an individual that he or she leases or owns</p>	\$ 43.11	\$17,330
<p>Service: Progressive Adult Vocational Education (PAVE) A unit of service is defined as one hour of vocational training in The Arc's adult day training program. Training includes classes in job skills, life skills, computer training and job-specific training in preparation for competitive or self employment.</p>	\$ 0.54	\$16,848
<p>Service: Employment Services (Job Development and Supported Employment) A unit of service is defined as one hour of job coaching to include job search, individual counseling, observation and contact with employers.</p>	\$ 8.41	\$4,666
<u>TOTAL CONTRACT</u>		<u>\$238,541</u>

The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2013 contract. This option exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of this contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2012

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 Wells Fargo Ins Services USA, Inc. (WPB) 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	CONTACT NAME: Dawn Goebel PHONE (A/C No, Ext): (561) 655-5500 FAX (A/C, No): (561) 655-5509 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Ins. Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B: Comp Options Insurance Company</td> <td>10834</td> </tr> <tr> <td>INSURER C: Philadelphia Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins. Co.	18058	INSURER B: Comp Options Insurance Company	10834	INSURER C: Philadelphia Insurance Company	23850	INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
INSURED The Arc of Palm Beach County, Inc. 1201 Australian Avenue Riviera Beach FL 33404 (561) 842-3213														

COVERAGES	CERTIFICATE NUMBER: Cert ID 353439	REVISION NUMBER:
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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	GENERAL LIABILITY			PHPK495651	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Professional Liabili <input checked="" type="checkbox"/> Occurrence						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
							Professional Liabi \$ 1/3000000
A	AUTOMOBILE LIABILITY			PHPK495651	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB323345	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC0001392000001	1/31/2012	1/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers			PSD526409	10/1/2012	10/1/2013	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificateholder is endorsed on the policy as Additional Insured with CG2026 - Additional Insured-Designated Person or Organization. A/I is Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, it's officers, employees and agents, c/o Department of Community Services. Coverage is provided on a primary basis and waiver of subrogation applies. See attachment for additional coverages and limits.

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County Board of County Commissioners c/o Community Services Dept 810 Datura Street West Palm Beach FL 33401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Dawn Goebel</i>
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ACORD 25 (2010/05)

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CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY)
10/23/2012

PRODUCER Wells Fargo Ins Services USA, Inc. (WPB) 2054 Vista Parkway, Suite 400 West Palm Beach FL 33411-2718	INSURED The Arc of Palm Beach County, Inc. 1201 Australian Avenue Riviera Beach FL 33404
CONTACT NAME: Dawn Goebel	PHONE (A/C, No, Ext): (561) 655-5500
PHONE (A/C, No, Ext): (561) 842-3213	(561) 842-3213

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in this policy. If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

ADDITIONAL COVERAGES **CERTIFICATE NUMBER: Cert ID 353439** **REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	Property			PHPK495650	10/1/2012	10/1/2013	TIV-\$4,838,510 Ded-\$5,000 AOP \$
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**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
08/21/2013

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 Celedinas Insurance Group -PBG 4283 Northlake Blvd. Palm Beach Gardens, FL 33410 John R Cupini CLCS	Phone: 561-622-2550 Fax: 561-721-0540	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED The ARC of Palm Beach County, Inc 1201 Australian Ave Riviera Beach, FL 33404	INSURER A: Comp Options Insurance Co		10834
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	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.

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) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$	
A	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	X OCOCWC000596900	01/31/2013	01/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County Board of
 County Commissioners.c/o
 Community Svcs Dept
 810 Datura St
 West Palm Beach, FL 33401

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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