





**AMENDMENT No. 1 TO ANNUAL ASBESTOS ABATEMENT CONTRACT**

This Agreement amends the Contract between Palm Beach County (County) and Simpson Environmental Services, Inc. (Contractor) authorized on February 19, 2013.

The Contract provided that Contractor would act as Annual Asbestos Abatement Contractor working within the annual capacity as established below:

	Effective Date	End Date	Capacity
Original Contract	February 19, 2013	February 18, 2014	\$199,999
Renewal #1	November 19, 2013	November 18, 2014	\$399,998

Amendment No. 1 extends the term of the original contract from November 19, 2013 through November 18, 2014. The renewal term is for twelve (12) months or until \$199,999 in work orders are issued.

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

ATTEST:  
Sharon R. Bock, Clerk & Comptroller

BOARD OF COUNTY COMMISSIONERS

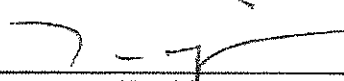
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Deputy Clerk

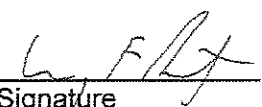
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Witness:

Simpson Environmental Services, Inc.

Wayne F. Reittinger  
\_\_\_\_\_  
Printed Name

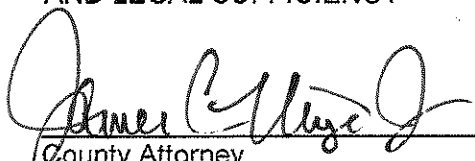
  
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Signature Tim Yaeger

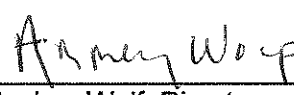
  
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Signature

Vice President  
\_\_\_\_\_  
Title

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

  
\_\_\_\_\_  
County Attorney

  
\_\_\_\_\_  
Audrey Wolf, Director  
Facilities Development & Operations



# CERTIFICATE OF LIABILITY INSURANCE

SIMPS-2 OP ID: RA

DATE (MM/DD/YYYY)  
08/15/2013

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).


<b>PRODUCER</b> Brown & Brown of Florida, Inc. Building 100, Suite 100 10151 Deerwood Park Blvd Jacksonville, FL 32256 Josh Becksmith		Phone: 904-565-1952 Fax: 904-565-2440	<b>CONTACT NAME:</b> Lori Duvall <b>PHONE (A/C, No, Ext):</b> 904-565-1952 <b>FAX (A/C, No):</b> 904-565-2440 <b>E-MAIL ADDRESS:</b> lduvall@bbjax.com
<b>INSURED</b> Simpson Environmental Services Inc P.O. Box 735 Trilby, FL 33593		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Chartis Specialty Insurance Co INSURER B : American Interstate Insurance INSURER C : General Insurance Company INSURER D : Travelers Property Casualty Co INSURER E : INSURER F :	
		<b>NAIC #</b> 24732 36161	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X X	PROP15816075	02/25/2013	02/25/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 25,000
	<input checked="" type="checkbox"/> Bikt AI & Waiver					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Pollution liab		CONTRACTUAL PROFESSIONAL			GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					Emp Ben. \$ 1,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X X	24CC3063991	02/25/2013	02/25/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	PROU15815991	02/25/2013	02/25/2014	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	AVWCFL2182332013	02/25/2013	02/25/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment Floater		QT6606335M942	07/02/2013	07/02/2014	Lsd/Rntd 100,000 Max 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Palm Beach County Board of County Commissioners are included as additional insured with respect to the General Liability and Auto policies when required by written contract. Waiver of subrogation in favor of Palm Beach County Board of County Commissioners is included with respect to the General Liability, Auto and Worker's Compensation policies.

<b>CERTIFICATE HOLDER</b>  PALM-18  Palm Beach County Board of County Commissioners c/o Facilities Services 2633 Vista Parkway West Palm Beach, FL 33411-5604	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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