

3H-9

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: November 19, 2013       Consent       Regular  
    Ordinance       Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Amendment No. 5 to Contract with RCI Electric, Inc. (R2009-2059) to implement the fourth renewal of the Annual Electrical Contract with a maximum value of \$1,000,000.

**Summary:** Amendment No. 5 is a renewal to the Annual Electrical Contract which was awarded to RCI Electric, Inc. The Annual Electrical Contract is an indefinite-quantity contract and this renewal has a maximum value of \$1,000,000. The maximum value is shared and work orders are awarded based on competitive quotes/bids issued to all five (5) participating contractors. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued in this term. Staff is bringing forward the Amendment at this time based on the expiration of the term. All terms of the original contract remain in effect. This is the fourth and final extension allowed by the Contract. The Small Business Enterprise (SBE) goal is 15% and will be tracked cumulatively for each work order issued. RCI Electric, Inc. achieved 100% SBE participation. The cumulative SBE participation among all contractors is 67.62%. SBE and local preference applied at work order level. RCI Electric, Inc. is a Palm Beach County company and a certified SBE contractor. This is a bond-waiver contract. (FD&O Admin) Countywide (JM)

**Background and Justification:** Amendment No. 5 is the fourth renewal to the Annual Electrical Contract which was awarded to RCI Electric, Inc., on December 1, 2009 and renewed on November 20, 2012. The contractor will continue to perform as an Annual Electrical Contractor for implementation of electrical projects for various facilities. This Annual Electrical Contract is an indefinite-quantity contract and this renewal has a maximum value of \$1,000,000. The renewal term is for twelve (12) months or until the renewal limit of \$1,000,000 is reached.

**Attachments:**  
Amendment No. 5

Recommended By: *Annex Wolff* Department Director      *11/6/13* Date

Approved By: *[Signature]* County Administrator      *11/12/13* Date

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures	\$0	\$0	\$0	\$0	\$0
Operating Costs	\$0	\$0	\$0	\$0	\$0
External Revenue	\$0	\$0	\$0	\$0	\$0
Program Income	\$0	\$0	\$0	\$0	\$0
In-Kind Match (County)	\$0	\$0	\$0	\$0	\$0
<b>NET FISCAL IMPACT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
# ADDITIONAL FTE POSITIONS (Cumulative)	\$0	\$0	\$0	\$0	\$0

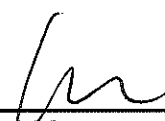
**Is Item Included In Current Budget?** Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account No.:

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


Potential maximum fiscal impact is \$1,000,000. Work Orders requiring BCC approval will be brought to the Board and fiscal impact will be addressed at that time; otherwise, funding will come for previously approved BCC projects.

This Contract includes language applying requirements of the Inspector General (IG) Ordinance.

**C. Departmental Fiscal Review:**  202813  
Larry Schaner, Fiscal Manager

**III. REVIEW COMMENTS**

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

 11/1/13  
OFMB *KN JP*  
*11/30 11/1*

 11/12/13  
Contract Development and Control

**B. Legal Sufficiency:**

 11/12/13  
Chief Assistant County Attorney

**C. Other Department Review:**

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

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

## AMENDMENT No. 5 TO ANNUAL ELECTRIC CONTRACT

This Agreement amends the Contract between Palm Beach County (County) and RCI Electric, Inc. (Contractor) authorized pursuant to Palm Beach County Resolution (R-2009-2059).

The Contract provided that the Contractor would act as an annual Electrical Contractor working within the annual capacity as established below:

	<b>Effective Date</b>	<b>End Date</b>	<b>Capacity</b>
Original Contract	December 1, 2009	November 30, 2010	\$1,000,000
Renewal #1	November 30, 2010	November 30, 2011	\$1,000,000
Renewal #2	November 30, 2011	November 30, 2012	\$1,000,000
Renewal #3	November 30, 2012	November 30, 2013	\$1,000,000
Renewal #4	November 30, 2013	November 30, 2014	\$1,000,000

Amendment No. 1 dated October 18, 2010, was approved by FD&O Director and amended the contract to include the Inspector General language.

Amendment No. 2 Renewal No. 1 extends the term of the original contract from November 30, 2010 through November 30, 2011. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued.

Amendment No. 3 Renewal No. 2 extends the term of the original contract from November 30, 2011 through November 30, 2012. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued.

Amendment No. 4 Renewal No. 3 extends the term of the original contract from November 30, 2012 through November 30, 2013. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued.

Amendment No. 5 Renewal No. 4 extends the term of the original contract from November 30, 2013 through November 30, 2014. The renewal term is for twelve (12) months or until \$1,000,000 in work orders are issued.

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

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

\_\_\_\_\_  
Deputy Clerk

Witness:

\_\_\_\_\_  
RCI Electric, Inc.

Lynn Bellizzi  
Printed Name

[Signature]  
Signature Howard Hamilton

[Signature]  
Signature

President  
Title

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

[Signature]  
County Attorney

[Signature]  
Audrey Wolf, Director  
Facilities Development & Operations





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/18/13

PRODUCER Arista Insurance Advisors  
901 Indian Town Rd. Woods Plaza  
Jupiter, FL 33458  
Phone (561)747-3754 Fax (561)747-3429

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED RCI ELECTRIC INC  
15429 86th Way N  
PALM BEACH GARDENS, FL 33418-  
561-747-8150

INSURERS AFFORDING COVERAGE NAIC #  
INSURER A: ATLANTIC CASUALTY INSURANCE C  
INSURER B: PROGRESSIVE  
INSURER C: EVANSTON INSURANCE COMPANY  
INSURER D:  
INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	L040001489	12/23/2012	12/23/2013	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 2,000,000 PRODUCTS - COMP/OP AGG 2,000,000
B	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>	02377194	09/03/2013	09/03/2014	COMBINED SINGLE LIMIT (Ea accident) 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
C	<input checked="" type="checkbox"/>	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XOVA648912	12/23/2012	12/23/2013	EACH OCCURRENCE AGGREGATE 1,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
ELECTRICAL CONTRACTOR  
Certificate Holder is also named as additional insured. Non-Contributory Basis. Waiver of subrogation is included.

## CERTIFICATE HOLDER

PALM BEACH COUNTY BOARD OF COUNTY CO  
c/o FACILITIES DEVELOPMENT AND OPERATIO  
2633 VISTA PARKWAY  
WEST PALM BEACH  
FL 33411

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/30/2013

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> AUTOMATIC DATA PROCESSING INSURANCE AGCY INC 1 ADP BLVD MS 325 ROSELAND, NJ 07068 (877) 677-0428 XV770 <span style="float:right">70A</span>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (877) 677-0428 <span style="float:right">FAX (A/C, No): (877) 677-0430</span> E-MAIL ADDRESS: spcblcadp@travelers.com PRODUCER CUSTOMER ID #: 5619G5104
<b>INSURED</b> RCI ELECTRIC, INC. 15429 86TH WAY N. PALM BEACH GARD, FL 33418	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: TRAVELERS CASUALTY AND SURETY COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** **CERTIFICATE NUMBER: 617271130411112** **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	SUWR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> PROJ-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 \$ \$
	<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) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A	UB-61L44214-13	08/01/2013	08/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER 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)

<b>CERTIFICATE HOLDER</b> PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS FACILITIES DEVELOPMENT AND OPERATIO 2633 VISTA PARKWAY WEST PALM BEACH, FL 33411	<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 <i>Mary J. Swan</i>
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ITEM FOUR

SCHEDULE OF COVERED AUTOS											
VEH #	DRV #	YR	TRADE NAME	BODY TYPE	BODY CLASS	SUB CLASS	VIN#	CLASS /SYM	TER #	RADIUS	D/S CODE(S)
1	6	2006	FORD	PICKUP	4X4	> 1/2 TON	1FTSX21526EC81384	S08	045	50	R
2		2000	FORD	PICKUP	4X2	<= 1/2 TON	1FTZP1727YNA89082	S05	045	50	R
3	17	2006	FORD	VAN	FULL SIZE		1FTNE24W96HA64257	S12	045	50	R
4	19	2006	FORD	VAN	FULL SIZE		1FTNE24W76HB43853	S12	045	50	R
6	1	2002	FORD	VAN	FULL SIZE		1FTNE24L32HB79162	S12	045	50	R

LIABILITY PREMIUM BY AUTO

VEH #	LIABILITY	MEDPAY	UM/BI	PIP	PD ONLY
1	\$2,563.00	\$ .00	\$ .00	\$333.00	\$ .00
2	\$2,246.00	\$ .00	\$ .00	\$560.00	\$ .00
3	\$2,421.00	\$ .00	\$ .00	\$551.00	\$ .00
4	\$1,740.00	\$ .00	\$ .00	\$394.00	\$ .00
6	\$1,832.00	\$ .00	\$ .00	\$438.00	\$ .00

*10802 (was 6575)*

*2276 (was 836)*

VEH #	STATED AMT	PHYSICAL DAMAGE PREMIUM BY AUTO			COLLISION		ON-HOOK		TOTAL
		COMP or FT/CAC TYPE	DED	PREMIUM	DED	PREMIUM	LIMIT	DED	
1	\$23,000.00	COMP	1000	\$82.00	1000	\$174.00		\$ .00	\$3,152.00
2	\$6,000.00	COMP	500	\$36.00	500	\$124.00		\$ .00	\$2,966.00
3	\$14,000.00	COMP	500	\$39.00	500	\$166.00		\$ .00	\$3,177.00
4	\$14,000.00	COMP	500	\$39.00	500	\$122.00		\$ .00	\$2,295.00
6	\$6,000.00	COMP	500	\$25.00	500	\$81.00		\$ .00	\$2,376.00

*221 (was 250)*

*607 (was 2790)*

VEH #	MISCELLANEOUS COVERAGES PREMIUM BY AUTO			LOSS OF USE		TOTAL
	TOWING LIMIT	PREMIUM		LIMIT	PREMIUM	

FEE'S  
 POL/VEH INTEREST FEE \$25.00  
 TOTAL FEES \$25.00