

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	up to \$500,000 **-0-	see below			
No. ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes _____ No _____
 Budget Account No.: Fund _____ Department _____ Unit _____
 Object _____ Reporting Category _____

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

****Potential maximum fiscal impact is \$500,000. Work Orders requiring BCC approval will be brought to the Board and fiscal impact will be addressed at that time; otherwise, funding will come from previously approved BCC projects.**

C. Departmental Fiscal Review:

[Signature] 1-9-14

III. REVIEW COMMENTS

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

[Signature] 1/10/2014
 OFMB
 1/10

[Signature] 1/16/14
 Contract Dev. and Control

B. Legal Sufficiency:

[Signature] 1/21/14
 Assistant County Attorney

C. Other Department Review:

 Department Director

AMENDMENT No. 1 TO ANNUAL DEMOLITION CONTRACT

This Agreement amends the Contract between Palm Beach County (County) and The BG Group, LLC (Contractor) authorized on February 5, 2013 (R-2013-0140).

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

	Effective Date	End Date	Capacity
Original Contract	February 5, 2013	February 4, 2014	\$500,000
Renewal #1	February 4, 2014	February 3, 2015	\$500,000

Amendment No. 1 extends the term of the original contract from February 4, 2014 through February 3, 2015. The renewal term is for twelve (12) months or until \$500,000 in work orders are issued.

No provision of this Contract is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Contract, including but not limited to any citizen or employees of the COUNTY and/or CONTRACTOR.

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

ATTEST:

Sharon R. Bock, Clerk & Comptroller

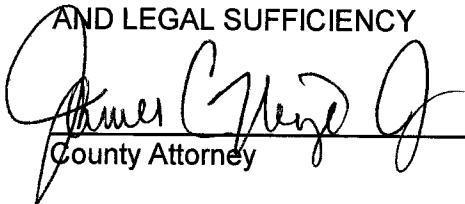
BOARD OF COUNTY COMMISSIONERS

Deputy Clerk

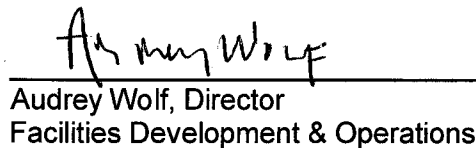
Priscilla A. Taylor, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS



County Attorney



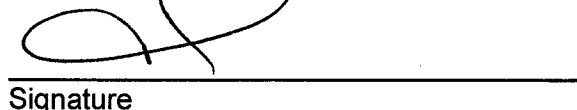
Audrey Wolf, Director
Facilities Development & Operations

Witness:

The BG Group, LLC



Signature



Signature

Priscilla Reese

Printed Name

Managing Member

Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/8/2013

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).

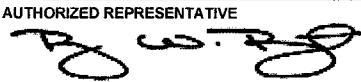
PRODUCER Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064		CONTACT NAME: PHONE (A/C No. Ext): 954-941-0900 FAX (A/C No.): 954-941-2006 E-MAIL ADDRESS: emedlin@bgsagency.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED The BG Group, LLC 1140 Holland Drive; Suite #19 Boca Raton FL 33487		INSURER A : Crum & Forster/Casulaty & Sur	
		INSURER B : Progressive Express Insurance Compa 10193	
		INSURER C : Bridgefield Employers Ins. Co. 10701	
		INSURER D : Essex Insurance Company 39020	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 377848448** **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU/Contractual <input checked="" type="checkbox"/> Broad Form PD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	EPK102141	11/10/2013	11/10/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 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 BI/PD Deductible \$5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			022026180	5/12/2013	5/12/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			EFX100830	11/10/2013	11/10/2014	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000 \$
C	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	83049393	11/10/2013	11/10/2014	<input checked="" type="checkbox"/> WC STATUTORY 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
D	Rent & Leased Equipment Pollution Liability			IMS28004 EPK102141	5/12/2013 11/10/2013	5/12/2014 11/10/2014	Limit: \$300,000 Deductible: \$1,000 Per Occ/Aggregate \$1,000,000 Deductible: \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Palm Beach County is named as an additional insured for General Liability coverage as their interest may appear when required by written contract. When required by written contract, the insurance evidenced by this certificate shall be primary and non-contributory to any other insurance available to the additional insureds named above. Waiver of subrogation is provided for General Liability in favor of the above additional insured when required by written contract.

CERTIFICATE HOLDER Palm Beach County, Board of County Commissioners Attn: Facilities Services 2633 Vista Parkway West Palm Beach FL 33411	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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		INSURER C :Bridgefield Employers Ins. Co.	
		INSURER D :Essex Insurance Company	
		INSURER E :	
		INSURER F :	

COVERAGES	CERTIFICATE NUMBER: 880113664	REVISION NUMBER:
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CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County, a political subdivision of the State of FL
 its officers, agents and employees 2633 Vista Park
 West Palm Beach FL 33411

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