

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u><u>* See below</u></u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____
 Budget Account No: Fund 4100 Department 120 Unit 8320/8430 RSource Various
 Reporting Category _____

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

✶ Airlines pay a variety of fees for use of Airport facilities including terminal rent, baggage facilities, loading bridge systems, apron areas, and runways. Some charges are variable and are dependant on flight operations and passenger traffic. Fees are calculated based on the Airline Use and Lease Agreement, adjusted annually for current operations and maintenance costs and debt service allocations. Airline revenues are budgeted in total by revenue source based on projected activity.

C. Departmental Fiscal Review: C. M. Sumner

III. REVIEW COMMENTS

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

 J. A. Weber 10/27/14
 OFMB
 10/23

 A. J. Jacobson 10/29/14
 Contract Dev. and Control
 10.28.14 B. Wheeler

B. Legal Sufficiency:

 Anne Delgant 10/30/14
 Assistant County Attorney

C. Other Department Review:

 Department Director

**FIRST AMENDMENT TO AIRLINE OPERATING AND LEASE AGREEMENT
BETWEEN PALM BEACH COUNTY AND PEOPLE EXPRESS**

THIS FIRST AMENDMENT TO THE AIRLINE OPERATING AND LEASE AGREEMENT (this "Amendment") is made and entered into this _____ day of _____ OCT 14 2014 by and between Palm Beach County, a political subdivision of the State of Florida ("COUNTY"), and People Express Airlines, Inc., a Delaware corporation, having its office and principal place of business at 902 Bland Boulevard, Newport News, VA 23602 ("AIRLINE").

WITNESSETH:

WHEREAS, COUNTY, by and through its Department of Airports (the "Department"), owns and operates the Palm Beach International Airport, located in Palm Beach County, Florida; and

WHEREAS, pursuant to the Airline Operating and Lease Agreement between COUNTY and AIRLINE dated July 7, 2014, AIRLINE leases various Airport Terminal facilities and equipment in connection with its operations as a commercial air carrier; and

WHEREAS, the Director of the Department has been delegated the authority to execute certain amendments to the Agreement pursuant to County Resolution No. 2007-1968; and

WHEREAS, the parties desire to amend the Agreement as provided for herein.

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

1. The foregoing recitals are true and correct and are hereby incorporated herein by reference and made a part hereof. Terms not defined herein shall have the meaning ascribed to them in the Agreement.
2. The parties agree that effective July 1, 2014, Exhibit "B" to the Agreement shall be replaced with the Exhibit "B" to this Amendment.
3. Exhibits attached hereto and referenced herein shall be deemed to be incorporated in this Amendment by such reference.
4. Except as specifically modified herein, all of the terms and conditions of the Agreement shall remain unmodified and in full force and effect and are hereby ratified and confirmed by the parties hereto.
5. This Amendment shall become effective when signed by both the parties hereto and approved by the Palm Beach County Board of County Commissioners.

(Remainder of page left blank)

IN WITNESS WHEREOF, the parties hereto have duly executed this Amendment as of the day and year first above written

Signed, sealed and delivered in the presence of two (2) witnesses for COUNTY:

Signature *Jeffrey S. Bolton*
Print Name **Jeffrey S. Bolton**

Signature *Barbara Haberghetta*
Print Name **Barbara Haberghetta**

APPROVED AS TO FORM & LEGAL SUFFICIENCY:

Signature *Anne Helgert*
County Attorney

Signed, sealed and delivered in the presence of two (2) witnesses for People Express Airlines, Inc.:

Signature *Shawn A. Voyles*
Print Name **Shawn A. Voyles**

Signature *Karen Bell*
Print Name **Karen Bell**

PALM BEACH COUNTY, a political subdivision of the State of Florida

BY: *Sam Kelly*
Director, Department of Airports

People Express Airlines, Inc.:

By: *Jeffrey Erickson*
Typed or printed name of Corporate Officer

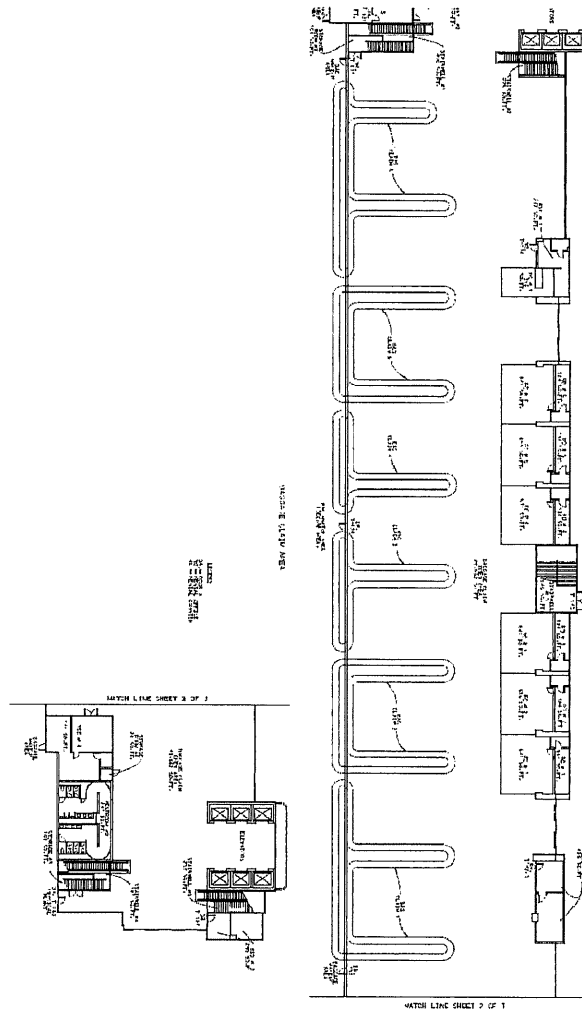
Title: **CEO**

(Seal)

EXHIBIT "B"

EXHIBIT "B" - Preferential Use Premises (Terminal Areas)
People Express Airlines, Inc. Airlines, Inc.

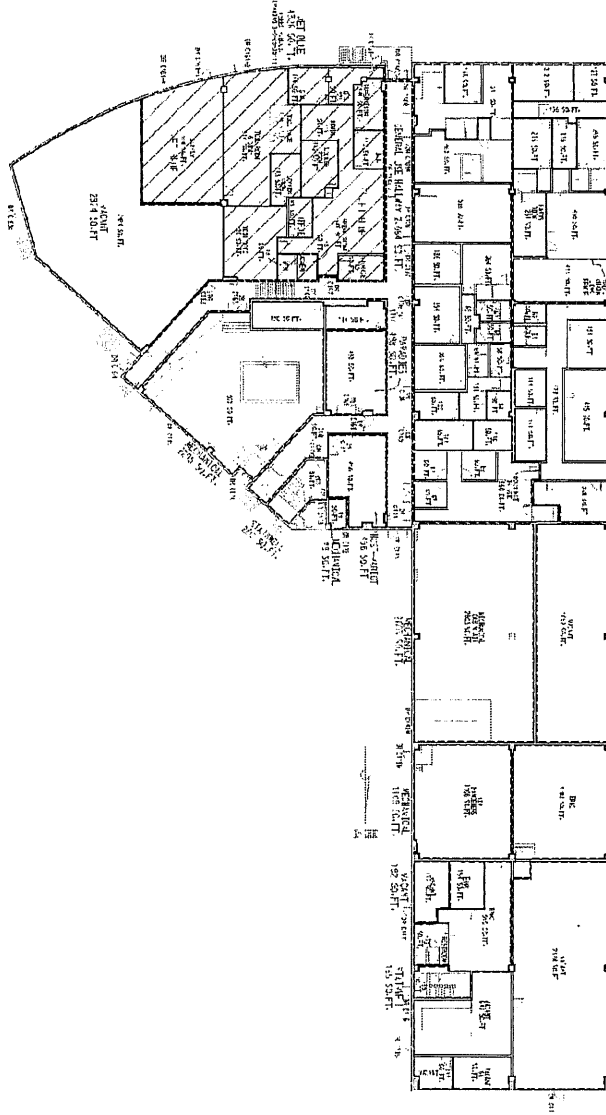
First Level Plan – Palm Beach International Airport Main Terminal



No Leased Space

EXHIBIT "B" - Preferential Use Premises (Terminal Areas)
People Express Airlines, Inc. Airlines, Inc.

First Level Plan – Palm Beach International Airport Concourse



No Leased Space

EXHIBIT "B" - Preferential Use Premises (Terminal Areas)
People Express Airlines, Inc. Airlines, Inc.

Second Level Plan – Palm Beach International Airport

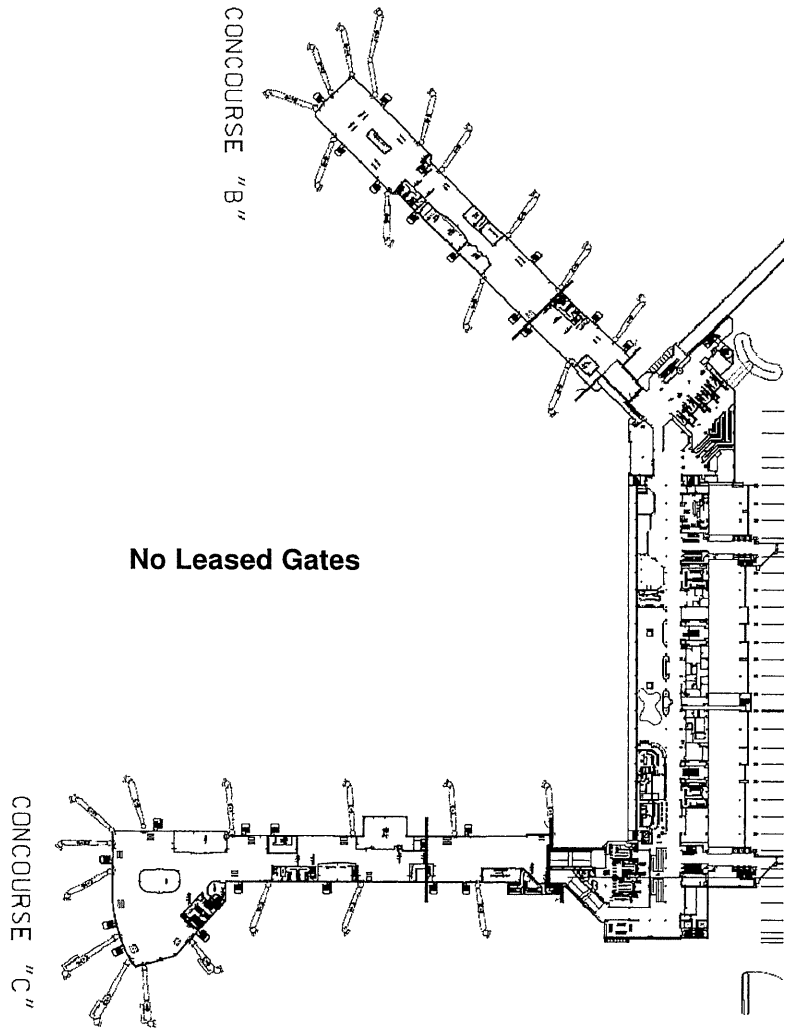
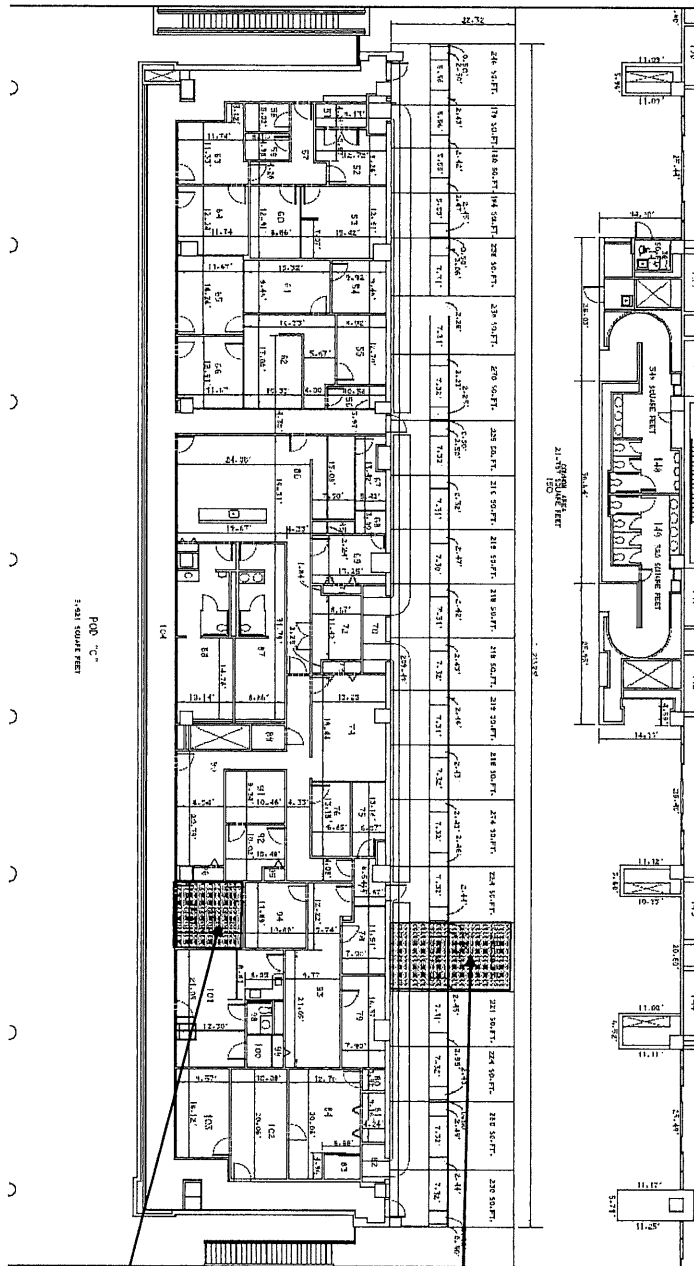


EXHIBIT "B" - Preferential Use Premises (Terminal Areas)
 People Express Airlines, Inc. Airlines, Inc.

Third Level Plan - Palm Beach International Airport Main Terminal



Ticket Office
 141 Sq. Ft.

Ticket Counter
 280 Sq. Ft.

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO:

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida,
its Officers, Employees and Agents
c/o Palm Beach County Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406

THAT THE FOLLOWING POLICY OF INSURANCE HAS BEEN ISSUED TO:

PEOPLExpress Airlines, Inc.
902 Bland Boulevard
Newport News, VA 23602

POLICY NUMBER: NAF4032532
POLICY PERIOD: From June 23, 2014 To June 23, 2015
INSURANCE COMPANY: Catlin Insurance Company, Inc.

DESCRIPTION OF COVERAGES AND LIMITS OF LIABILITY: Please refer to attached schedule which is incorporated as a part hereof.

As respects the above certificate holder:

SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization, but only with respect to liability arising out of the Named Insured's aviation operations.

Subject to Date Change Recognition Endorsement.

Data included in this Certificate valid as of July 11, 2014.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policies.

Should the described policy be cancelled before the expiration date hereof, the issuing company will endeavor to give 30 days (10 days for non-payment) notice to the certificate holder named herein. However, failure to mail such notice shall not impose any obligation nor any liability of any kind upon the Company, its representatives or agents.

By: W. Scott Brown
W. Brown & Associates Insurance Services

Date of Issue: July 14, 2014
Certificate No.: 5

SCHEDULE OF LOCATIONS

Location of Aviation premises owned, rented to or occupied by the Named Insured:

902 Bland Boulevard, Newport News, VA, 23602

Including those premises necessary and incidental to the Aviation Operations of the Named Insured

Type of Coverage:

LIMITS OF LIABILITY

General Aggregate Limit (Other than Products-Completed Operations and Hangarkeepers')	Not Applicable
Personal Injury & Advertising Injury Aggregate Limit	\$25,000,000
Each Occurrence Limit	\$25,000,000
Fire Damage Limit (Any One Fire)	\$1,000,000
Medical Expense Limit (Any One Person)	\$10,000
Each Occurrence	\$100,000
Property Damage Deductible(s): \$5,000 per claim	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/15/2014

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 Frank Crystal & Co., Inc. dba Crystal & Company Financial Square, 32 Old Slip New York NY 10005	CONTACT NAME: Jose Nieto	
	PHONE (A/C, No, Ext): 212-504-5973	FAX (A/C, No): 646-810-3611
E-MAIL ADDRESS: Jose.Nieto@Crystalco.com		
INSURED PEOPAI PEOPLExpress Airlines, Inc. 902 Bland Boulevard Newport News VA 23602		INSURER(S) AFFORDING COVERAGE INSURER A :Praetorian Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 37257

COVERAGES **CERTIFICATE NUMBER:** 1319336319 **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
	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"/> 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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	AWC0200188	4/18/2014	4/18/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Certificate Holder-Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Palm Beach County Department of Airports.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Palm Beach County Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406	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 <i>Crystal & Company</i>
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