

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: October 20, 2015

☒ [ X ] Consent

☐ [ ] Regular

☐ [ ] Workshop

☐ [ ] Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF


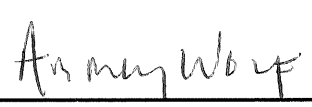
**Motion and Title: Staff recommends motion to approve:** Amendment No. 7 to the contract with Hedrick Brothers Construction Co., Inc. (R2012-1000) in the amount of \$1,147,078.15 for Water Utilities Department Southern Region Operations Center (WUD SROC) Building “K” Laboratory Heating, Ventilation, and Air Conditioning (HVAC) System Upgrade project establishing a Guaranteed Maximum Price (GMP).

**Summary:** This amendment provides for upgrades to the air conditioning equipment, replacement of air cooled water chiller that is beyond its useful life and modifies duct work and soffit ventilation to improve interior air quality and work environment. The Small Business Enterprise (SBE) goal for this contract is 15%. Hedrick Brothers Construction Co., Inc.’s SBE participation for this Amendment is 32.9%. The overall contract SBE participation is 21.6%. The time of construction is 180 days. This project will be funded by Water Utilities Department User Fees. Hedrick Brothers Construction Co., Inc. is a local firm and 97% of the work will be done by local contractors. **(Capital Improvements Division) District 5 (ME)**

**Background and Justification:** The existing building houses lab equipment that requires a high level of air quality, controlled exhausting and balanced pressures to maintain a suitable environment for lab operations. Changes in the lab exhaust and air conditioning equipment and an increase in energy requirements over the years, have negatively affected the overall building pressures thereby creating a negative pressure environment. A comprehensive engineering report with recommendations was compiled and bidding documents were provided for the repair solutions. Scope includes changes to the air condition system, building management system, overall building insulation and elimination of soffit venting to meet current operational needs. Also, the existing water chiller unit is 18 years old and is beyond its useful life. This project will replace the existing water chiller unit as part of the needed air conditioning upgrades. Amendment No. 7 establishes a GMP of \$1,147,078.15 and 180 calendar days for project completion. The GMP includes the cost of work, the construction manager’s fee and a contingency. Construction Manager (CM) at Risk is a project delivery method in which the CM provides design phase assistance, evaluation of cost, schedule and implications of alternate designs, systems and materials, and serves as general contractors issuing the subcontracts for construction.

Attachments:

1. Location Map
2. Budget Availability Statement
3. Amendment No. 7

Recommended by:   9/18/15  
Department Director Date

Approved by:  10/14/15  
County Administrator Date

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures	<u>\$1,152,838.15</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Operating Costs	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
External Revenues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Program Income (County)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
In-Kind Match (County)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
NET FISCAL IMPACT	<u>\$1,152,838.15</u>				
# ADDITIONAL FTE					
POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No       

Budget Account No:

Fund 4011 Dept 721 Unit W006 Object 6502 \$1,107,468.15 (Bldg. "K")

Fund 4001 Dept 720 Unit 2475 Object 4615 \$39,610 (Bldg. "P")

Reporting Category \_\_\_\_\_

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

Funding for this project are from WUD User Fees

Construction	\$1,147,078.15
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Staff Costs	<u>\$5,760.00</u>
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Total	<u>\$1,152,838.15</u>
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C. Departmental Fiscal Review: 


### III. REVIEW COMMENTS:

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

OFMB 40  
2/1 10/1

*D. J. Jacobson* 10/13/15  
Contract Administrator  
*B. J. Jacobson 10-13-15*

### B. Legal Sufficiency:

 10/13/15  
Assistant County Attorney

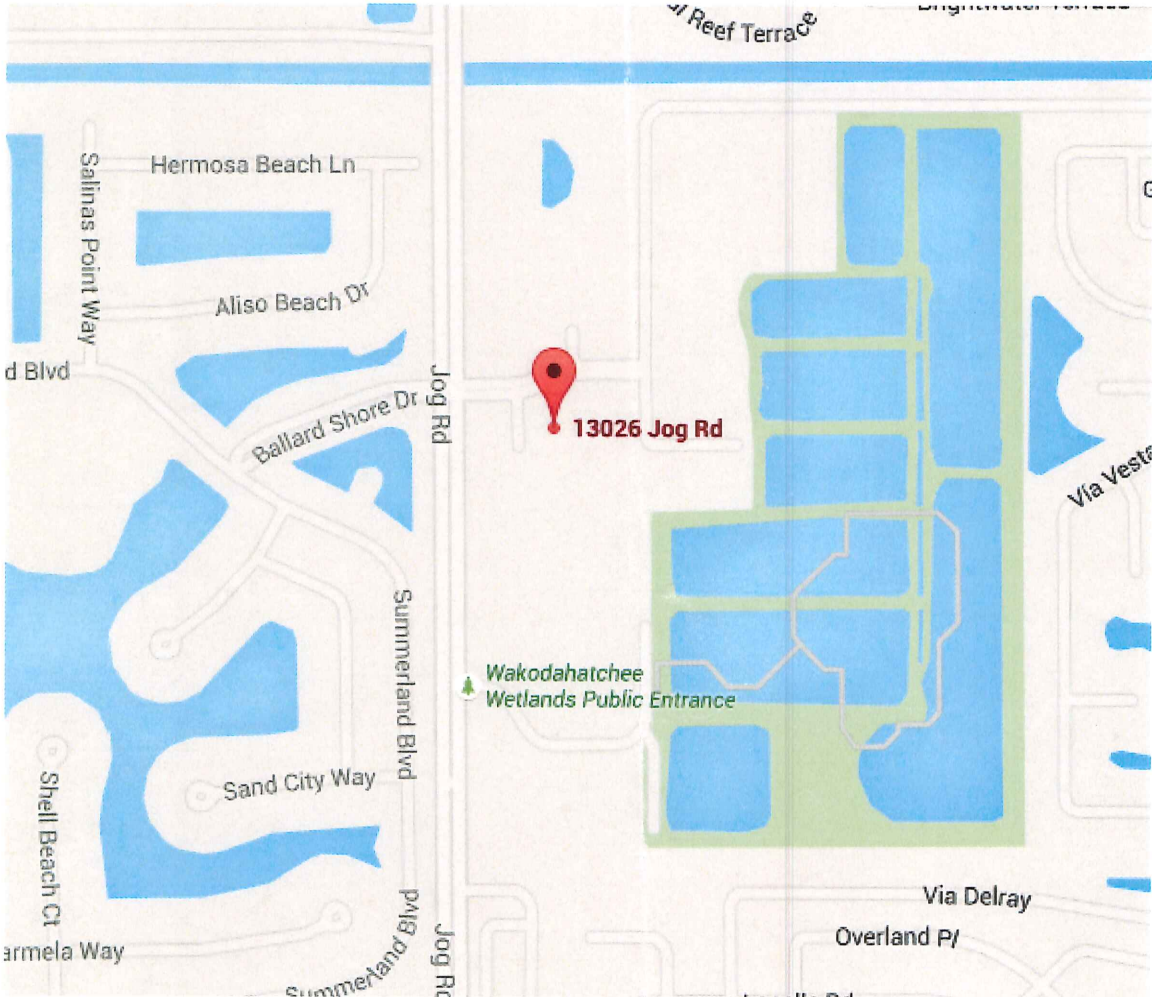
### C. Other Department Review:

  
Water Utilities Department Director

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

# LOCATION MAP

Project No: 10418.01  
Project Name: WUD Southern Regional Operations Center



BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 08/31/15

REQUESTED BY: Anthony Longo

PHONE: 233-0219

PROJECT TITLE: WUD SROC Building "K" Laboratory HVAC System Upgrade

PROJECT NO.: 10418.01

LOCATION: 13026 Jog Road Delray Bch., FL

LOCATION DESCRIPTION: Lab Building "K" & Trades Shop Building "P"

BUILDING NUMBER: 1111 & 1108

CONTRACTOR/CONSULTANT NAME: Hedrick Brothers Construction Co., Inc.

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: CM@ Risk - GMP for construction services.

CONSTRUCTION (Building "K")	\$1,107,468.15
CONSTRUCTION (Building "P")	\$39,610.00
ARCHITECT/ENGINEER/CONSULTANT	N/A
STAFF COSTS*	\$5,760.00
EQUIPMENT/ OTHER (Permit Fees)	N/A
CONTINGENCY	N/A
TOTAL	\$1,152,838.15

\*By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed. If this BAS is for construction costs of \$250,000 or greater, staff charges will be billed as actual and reconciled at the end of the project.

BUDGET ACCOUNT NUMBERS (IDENTIFY ALL SOURCES) FUNDING SOURCE (CHECK ALL THAT APPLY)

(Building "K") FUND: <sup>4011</sup>4011 DEPT: <sup>721</sup>721 UNIT: <sup>W006</sup>W006 OBJ: <sup>6502</sup>6502 SUBOBJ:

(Building "P") FUND: <sup>4001</sup>4001 DEPT: <sup>720</sup>720 UNIT: <sup>2475</sup>2475 OBJ: <sup>4615</sup>4615 SUBOBJ:

☐ AD VALOREM

☒ OTHER / GRANT(S)

☐ FEDERAL/DAVIS BACON

If Grant(s), specify name of Grant(s): Wud User Fee

SUBJECT TO INSPECTOR GENERAL FEE

☐ YES

☒ NO

BAS APPROVED BY [Signature] DATE: 9/1/15

ENCUMBRANCE NUMBER: \_\_\_\_\_

**AMENDMENT NO. 7 TO CONTRACT FOR  
CONSTRUCTION MANAGEMENT SERVICES  
WUD SROC BUILDING "K" LABORATORY HVAC SYSTEM UPGRADE  
PROJECT NO. 10418.01**

WHEREAS, the Owner and Construction Manager (Hedrick Brothers Construction Co., Inc.) acknowledge and agree that the Contract between Owner and Construction Manager dated 07/10/2012 (R-2012-1000) is in full force and effect and that this merely supplements said Contract;

WHEREAS, the parties hereto entered into a Contract between Owner and Construction Manager whereby the Construction Manager has rendered or will render pre-construction services as specified therein; and

WHEREAS, the parties have negotiated a Guaranteed Maximum Price, including Construction Managers fees for construction and warranty services and other services as set forth herein and in the Contract;

WHEREAS, the Construction Manager represents that the Construction Manager, Subcontractors, material and equipment suppliers have compared Phasing, Demolition, Architectural, Structural, Mechanical, Electrical, Plumbing, Civil and Site Drawings and Specifications and have compared and reviewed all general and specific details on the Drawings and that all conflicts, discrepancies, errors and omissions, which are within the commonly accepted knowledge based of a licensed general contractor, subcontractor, trades persons, manufacturers or other parties required to carry out the Work involved in this Amendment, have been corrected or clarified prior to execution of this GMP Amendment to the Contract, and therefore Construction Manager warrants that the GMP (exclusive of contingency) includes the cost of correcting all conflicts, discrepancies, errors, or omissions which Construction Manager identifies, or should have identified through the exercise of reasonable skill and care, during the preconstruction phase of this Contract.

WHEREAS, the Construction Manager's review and comparison of all Drawings has taken into consideration the total and complete functioning of all systems and therefore the Construction Manager represents that the GMP represents the total cost for complete and functional systems.

NOW THEREFORE, in exchange for the mutual covenants and promises set forth herein and the sums of money agreed to be paid by the Owner to the Construction Manager, the parties agree as follows:

(1) **GUARANTEED MAXIMUM PRICE**

Pursuant to Article 2.2 and Article 6 of the Contract between Owner and Construction Manager, the parties have agreed to the establishment of a Guaranteed Maximum Price of \$1,147,078.15 for the construction costs of WUD SROC Building "K" Laboratory HVAC System Upgrade. Refer to Exhibit A.

(2) **SCHEDULE OF TIME FOR COMPLETION**

Pursuant to Article 5.3, Construction Manager shall substantially complete the project within **180** calendar days of receiving the Notice to Proceed with construction work from the Owner. Liquidated Damages are \$350.00/day for failure to complete within the contract time or approved extension thereof.

(3) **ATTACHMENTS:**      Exhibit A - GMP Proposal  
Public Construction Bond  
Form of Guarantee  
Insurance Certificate(s)

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY and CONSTRUCTION MANAGER has hereunto set its hand the day and year above written.

ATTEST:  
SHARON R. BOCK, CLERK &  
COMPTROLLER

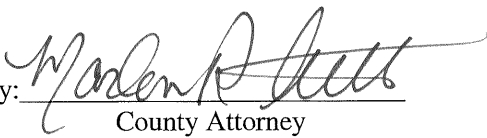
PALM BEACH COUNTY BOARD, FLORIDA  
Political Subdivision of the State of Florida  
BOARD OF COUNTY COMMISSIONERS

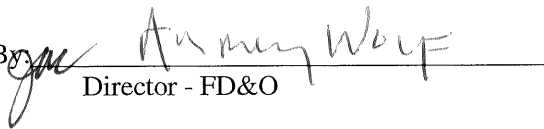
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Shelley Vana, Mayor

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

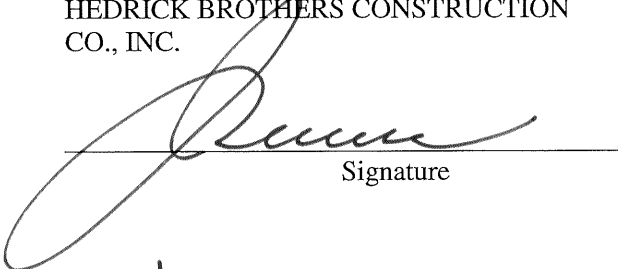
By:   
County Attorney

By:   
Director - FD&O

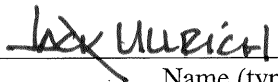
WITNESS: FOR CONSTRUCTION MANAGER  
SIGNATURE


CONSTRUCTION MANAGER:  
HEDRICK BROTHERS CONSTRUCTION  
CO., INC.

  
Signature

  
Signature

SEAN KAUFFMAN  
Name (type or print)

  
Name (type or print)

  
Title

(Corporate Seal)

Building "K" Lab  
Laboratory HVAC System Upgrade  
Project No. 10418.01  
GMP

DATE: September 16, 2015

Ref.	Description					GMP		Remarks
		Qty	Unit	Unit Price	Individual Total	Division Total		
00000 PRECONSTRUCTION						\$22,360.00		
No 1	Project Manager / Estimator	1	LS	\$7,500.00	\$7,500.00			
No 2	Allowance - Emergency Chiller Installation	1	LS	\$4,560.00	\$4,560.00		Price includes making penetration thru chiller yard wall.	
No 3	Allowance - Emergency Chiller Monthly Rental	1	MTH	\$10,300.00	\$10,300.00			
01000 GENERAL						\$24,925.00		
No 4	Temporary Signage	1	LS	\$700.00	\$700.00			
No 5	Temporary Toilets	3	MTH	\$125.00	\$375.00			
No 6	Telephone	3	MTH	\$200.00	\$600.00			
No 7	Drinking Water	3	MTH	\$100.00	\$300.00			
No 8	Small Tools	1	LS	\$400.00	\$400.00			
No 9	Site Barricades	1	LS	\$300.00	\$300.00		Soft barrier only	
No 10	First Aid	1	LS	\$250.00	\$250.00			
No 11	Trash Removal	1	LS	\$2,800.00	\$2,800.00			
No 12	Building Protection	1	LS	\$4,200.00	\$4,200.00			
No 13	Allowance - Relocate Lab Equipment	1	LS	\$10,000.00	\$10,000.00			
No 14	General Cleaning / Interior Protection	1	LS	\$5,000.00	\$5,000.00			
02000 LANDSCAPE & Irrigation						\$2,500.00		
No 15	Landscape / Irrigation Repair	1	LS	\$2,500.00	\$2,500.00			
03000 CONCRETE						\$37,151.00		
No 16	Remove Soffit Vent & Stucco Soffit	1	LS	\$35,000.00	\$35,000.00			
No 17	Repair Cement Ceiling As per A-2 Section 2				\$0.00		Incl. in line 16	
No 18	Allowance - New Chiller Concrete Pedestals	1	LS	\$2,151.00	\$2,151.00		Incl. in line 16	
09000 FINISHES						\$87,885.00		
No 19	Install Framing & Insulation As per A-2 Section 1	1	LS	\$45,200.00	\$45,200.00			
No 20	Install Framing & Insulation As per A-2 Section 2	50	SF		\$0.00		Incl. in line 18	
No 21	Paint Soffit	2050	SF	\$1.50	\$3,075.00		Only areas disturbed by construction	
No 22	Paint Overhead Duct Work In Rooms 600 & 604	1	LS	\$5,000.00	\$5,000.00		Meter Shop	
No 23	Paint Walls In Rooms 600 & 604	3400	SF	\$1.75	\$5,950.00		Meter Shop	
No 24	Cap Protruding Water & Sewer Lines	4	EA	\$415.00	\$1,660.00		Meter Shop	
No 25	Install New Epoxy Flooring In Room 600 & 604	2000	SF	\$11.00	\$22,000.00		Meter Shop	
No 26	Allowance - Temporary Relocation of Water Meter Test Bench	1	LS	\$5,000.00	\$5,000.00		Meter Shop	
10000 SPECIALITIES						\$10,000.00		
No 27	Allowance - Replace Acoustical Ceiling	1	LS	\$10,000.00	\$10,000.00			
23000 HVAC						\$692,708.00		
No 28	Upgrade Existing HVAC System	1	LS	\$687,708.00	\$687,708.00			
No 29	Allowance - Final Duct Cleaning	1	LS	\$5,000.00	\$5,000.00			
26000 ELECTRICAL						\$77,225.00		
No 30	Connect New HVAC Electrical	1	LS	\$77,225.00	\$77,225.00			
CM FEE						\$192,324.15		
No 31	Supervision	12	WK	\$2,500.00	\$30,000.00		100% Time	
No 32	Project Executive	12	WK	\$452.00	\$5,424.00		10% Time	
No 33	Project Manager	12	WK	\$1,230.00	\$14,760.00		40% Time	
No 34	Project Coordinator	12	WK	\$160.00	\$1,920.00		10% Time	
No 35	Accounting	12	WK	\$159.00	\$1,908.00		10% Time	
No 36	General Liability Insurance	1	EA	\$13,113.96	\$13,113.96		1.30%	
No 37	Builder Risk Insurance	1	LS	\$7,664.10	\$7,664.10		0.75%	
No 38	Bonds	1	LS	\$10,295.44	\$10,295.44		1%	
No 39	Permits	1	LS	\$20,796.79	\$20,796.79		2%	
No 40	Contingency	1	LS	\$31,819.09	\$31,819.09		3%	
No 41	Overhead Profit	1	LS	\$54,622.77	\$54,622.77		5%	
						\$1,147,078.15		

**SCHEDULE 1**  
**LIST OF PROPOSED SBE-M/WBE PARTICIPATION**

PROJECT NAME OR BID NAME: BUILDING "K" LABORATORY HVAC SYSTEM UPGRADE PROJECT NO. OR BID NO.: 10418.01

NAME OF PRIME BIDDER: HEDRICK BROTHERS CONSTRUCTION CO., INC. ADDRESS: 2200 CENTREPARK WEST DRIVE STE. 100, WPB, FL 33409

CONTACT PERSON: SEAN KAUFFMAN PHONE NO.: (561) 689-8880 FAX NO.: (561) 689-8860

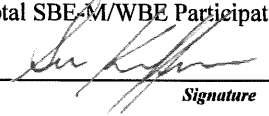
BID OPENING DATE: N/A USER DEPARTMENT: WATER UTILITIES DEPARTMENT

THIS DOCUMENT IS NOT TO BE COMPLETED BY THE PRIME CONTRACTOR AND SUBMITTED WITH BID PACKET. PLEASE LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT AND/OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SBE – M/WBE's ON THIS PROJECT. IF THE PRIME IS AN SBE-M/WBE, PLEASE ALSO LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT AND/OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME ON THIS PROJECT. THE PRIME AFFIRMS THAT IT WILL MONITOR THE SBES LISTED TO ENSURE THE SBES PERFORM THE WORK WITH ITS OWN WORKFORCE.

(Check one or both Categories)			DOLLAR AMOUNT AND/OR PERCENTAGE OF WORK				
<u>M/WBE</u> <u>SBE</u>							
Name, Address and Phone Number	Minority Business	Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
1. Current Connections, Inc. 1620 Hill Ave, Mangonia Park, FL 33407 (561) 863-0010	<input type="checkbox"/>	<input checked="" type="checkbox"/>				\$77,225	
2. Airtex Corporation 1450-B Skees Rd, West Palm Beach FL 33411 (561) 683-3446	<input type="checkbox"/>	<input checked="" type="checkbox"/>				\$300,863	
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
(Please us additional sheets if necessary)							
Total						\$378,088	

Total Bid Price \$ 1,147,078.15

Total SBE-M/WBE Participation Dollar Amount and/or Percentage of Work \$378,088 / 32.96%

I hereby certify that the above information accurate to the best of my knowledge:  Project Manager

*Signature* *Title*

- Note:
- The amount listed on this form for a SBE-M/WBE Prime or Subcontractor must be supported by price or percentage listed on the signed Schedule 2 or signed proposal in order to be counted toward goal attainment.
  - Firms may be certified by Palm Beach County as an SBE and/or M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount and/or percentage under the appropriate category.
  - M/WBE information is being collected for tracking purposes only.



BOND ISSUED IN TWO (2) ORIGINAL COUNTERPARTS

**PUBLIC CONSTRUCTION BOND**

BOND NUMBER	9183711
BOND AMOUNT	\$1,147,078.00
CONTRACT AMOUNT	\$1,147,078.00
CONTRACTOR'S NAME:	Hedrick Brothers Construction Company, Inc.
CONTRACTOR'S ADDRESS:	2200 Centrepark West Drive, West Palm Beach, FL 33409
CONTRACTOR'S PHONE:	561-689-8880
SURETY COMPANY:	Fidelity and Deposit Company of Maryland
SURETY'S ADDRESS:	1400 American Lane, Tower I, 18th Floor Schaumburg, IL 60196
SURETY'S PHONE:	847-605-6000
OWNER'S NAME:	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS CAPITAL IMPROVEMENTS DIVISION
OWNER'S ADDRESS:	2633 Vista Parkway West Palm Beach, FL 33411-5604
OWNER'S PHONE:	(561) 233-0261
PROJECT NAME:	BUILDING "K" Laboratory
PROJECT NUMBER:	10418.01
DESCRIPTION OF WORK:	HVAC UPGRADE PROJECT
PROJECT LOCATION:	13026 JOG ROAD, DELREAY BEACH, FL 33446
LEGAL DESCRIPTION:	BUILDING "K" Laboratory

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Contract

KNOW ALL MEN BY THESE PRESENTS: that Contractor and Surety, are held and firmly bound unto

Palm Beach County Board of County Commissioners  
301 N. Olive Avenue  
West Palm Beach, Florida 33401

as Oblige, herein called County, for the use and benefit of claimant as herein below defined, in the amount of

(\$1,147,078.00 )  
ONE MILLION ONE HUNDRED FORTY SEVEN THOUSAND SEVENTY EIGHT AND 00/100  
(Here insert a sum equal to the Contract Price)

for the payment whereof Principal and Surety bind themselves, their heirs, personal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Principal has by written agreement entered into a contract with the County for

Project Name: BUILDING "K" LABORATORY  
Project No.: 10418.01

in accordance with Drawings and Specifications prepared by

NAME OF ARCHITECTURAL FIRM: COLONIE & ASSOCIATES, INC.  
LOCATION OF FIRM: 530 24TH Street, West Palm Beach, FL 33407  
PHONE: 561-833-9147  
FAX: N/A

which contract is by reference made a part hereof in its entirety, and is hereinafter referred to as the Contract.

THE CONDITION OF THIS BOND is that if Principal:

1. Performs the contract between Principal and County for the construction of PROJECT NUMBER 10418.01 BUILDING "K" LABORATORY -HVAC UPGRADE; the contract being made a part of this bond by reference, at the times and in the manner prescribed in the contract; and
2. Promptly makes payments to all claimants, as defined in Section 255.05, Florida Statutes, supplying Principal with labor, materials, or supplies, used directly or indirectly by Principal in the prosecution of the work provided for in the contract; and
3. Pays County all losses, damages (including liquidated damages), expenses, costs, and attorneys' fees, including appellate proceedings, that County sustains because of a default by Principal under the contract; and

4. Performs the guarantee of all work and materials furnished under the contract for the time specified in the contract, then this bond is void; otherwise it remains in full force.

5. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the contract or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.

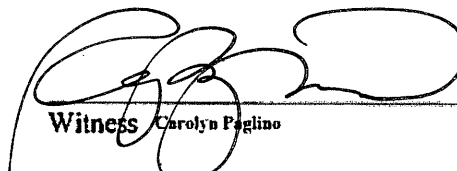
6. The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of construction liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against the bond.

7. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the contract are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverages and limitations of this instrument.

Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes. This instrument regardless of its form, shall be construed and deemed a statutory bond issued in accordance with Section 255.05, Florida Statutes.


Any action brought under this instrument shall be brought in the court of competent jurisdiction in Palm Beach County and not elsewhere.

  
Witness *SEAN KNUTT*

  
Witness Carolyn Paglino


Hedrick Brothers Construction, Inc.

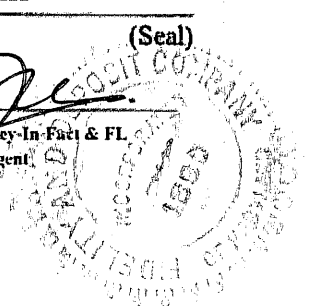
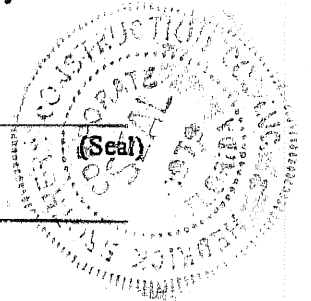
Principal

  
Title

Fidelity and Deposit Company of Maryland

Surety

  
Print Name *Peter F. Jones* Attorney-In-Fact & FL  
Licensed Resident Agent



Bond No. 9183711

**FORM OF GUARANTEE**

**GUARANTEE FOR (Contractor and Surety Name)** Hedrick Brothers Construction Company, Inc. and  
Fidelity and Deposit Company of Maryland

We the undersigned hereby guarantee that the <sup>Building "K" Laboratory, Project Number 10-118.01, HVAC Upgrade</sup> (PROJECT NAME AND NUMBER) Palm Beach County, Florida, which we have constructed and bonded, has been done in accordance with the plans and specifications; that the work constructed will fulfill the requirements of the guaranties included in the Contract Documents. We agree to repair or replace any or all of our work, together with any work of others which may be damaged in so doing, that may prove to be defective in the workmanship or materials within a period of one year from the date of Substantial Completion of all of the above named work by the County of Palm Beach, State of Florida, without any expense whatsoever to said County of Palm Beach, ordinary wear and tear and unusual abuse or neglect excepted by the County. When correction work is started, it shall be carried through to completion.

In the event of our failure to acknowledge notice, and commence corrections of defective work within five (5) working days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand.

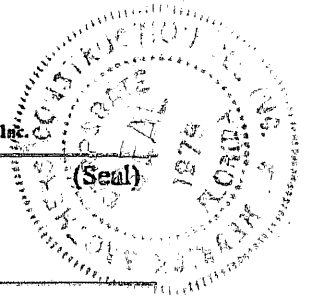
DATED \_\_\_\_\_  
(Date to be filled in at substantial completion)

**SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY**

Hedrick Brothers Construction Company, Inc.

(Contractor)

By: [Signature]  
(Signature)



Fidelity and Deposit Company of Maryland

(Surety)

(Seal)

By: [Signature]  
(Signature)

Peter F. Jones, Attorney-In-Fact and FL Licensed Resident Agent

(Print Name)

11/28/11

Form of Guarantee - 1

CORPORATE ACKNOWLEDGMENT

State of FLORIDA  
County of PALM BEACH

On this 09 day of SEPTEMBER, 2015 before me  
personally came DALE HEDRICK, to me known,  
who, being by me duly sworn, did depose and say that he/she resides in  
WEST PALM BEACH  
that he/she is the PRESIDENT of the  
HEDRICK BROTHERS CONSTRUCTION

the corporation described in and which executed the above instrument;  
that he/she knows that seal of said corporation; that the seal affixed to  
said instrument is such corporate seal; that it was so affixed by order of  
the Board of Directors of said corporation, and that he/she signed  
his/her name thereto by like order.

(SEAL)



**CORPORATE ACKNOWLEDGMENT**

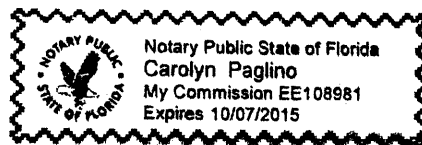
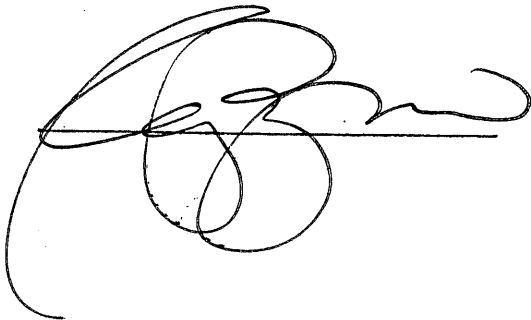
State of Florida  
County of Palm Beach

On this 1st day of September, 2015 before me  
personally came Peter F. Jones, to me known,  
who, being by me duly sworn, did depose and say that he/she resides in  
West Palm Beach, FL

that he/she is the Attorney-In-Fact of the  
Fidelity and Deposit Company of Maryland

the corporation described in and which executed the above instrument;  
that he/she knows that seal of said corporation; that the seal affixed to  
said instrument is such corporate seal; that it was so affixed by order of  
the Board of Directors of said corporation, and that he/she signed  
his/her name thereto by like order.

(SEAL)



# FIDELITY AND DEPOSIT COMPANY

OF MARYLAND

600 Red Brook Blvd., Suite 600, Owings Mills, MD 21117

Statement of Financial Condition  
As Of December 31, 2014

## ASSETS

Bonds.....	\$ 142,720,308
Stocks .....	21,816,223
Cash and Short Term Investments .....	2,077,768
Reinsurance Recoverable .....	10,375,303
Other Accounts Receivable .....	46,778,921
<b>TOTAL ADMITTED ASSETS .....</b>	<b>\$ 223,768,523</b>

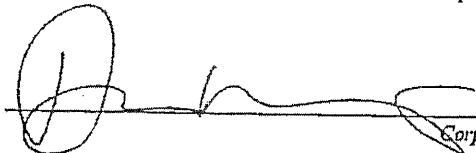
## LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses .....	\$ 1,321,332
Ceded Reinsurance Premiums Payable.....	49,965,411
Securities Lending Collateral Liability.....	4,009,064
<b>TOTAL LIABILITIES .....</b>	<b>\$ 55,295,807</b>
Capital Stock, Paid Up.....	\$ 5,000,000
Surplus.....	163,472,717
Surplus as regards Policyholders .....	168,472,716
<b>TOTAL.....</b>	<b>\$ 223,768,523</b>

Securities carried at \$58,191,540 in the above statement are deposited with various states as required by law.

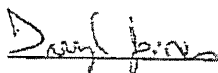
Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2014 would be \$227,936,393 and surplus as regards policyholders \$172,640,586.

I, DENNIS F. KERRIGAN, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2014.

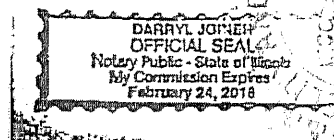
  
Corporate Secretary

State of Illinois }  
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2015.



Notary Public



ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **GEOFFREY DELISIO, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Peter F. JONES, of Palm Beach Gardens, Florida**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 6th day of November, A.D. 2012.

ATTEST:

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND



By: \_\_\_\_\_

*Eric D. Barnes*

*Assistant Secretary  
Eric D. Barnes*

*Geoffrey Delisio*

*Vice President  
Geoffrey Delisio*

State of Maryland  
City of Baltimore

On this 6th day of November, A.D. 2012, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **GEOFFREY DELISIO, Vice President, and ERIC D. BARNES, Assistant Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

*Constance A. Dunn*

*Constance A. Dunn, Notary Public  
My Commission Expires: July 14, 2015*





## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

### CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.



James M. Carroll, Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/3/2015

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 Bowen, Miclette & Britt of FL 1020 N. Orlando Avenue Suite #200 Maitland FL 32751	CONTACT NAME: Jamie Greene	
	PHONE (A/C, No, Ext): 407-647-1616	FAX (A/C, No): 407-628-1635
	E-MAIL ADDRESS: certificates@bmbinc.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :Amerisure Mutual Insurance Company	
	INSURER B :Amerisure Insurance Company	
INSURED HEDRICKBRO Hedrick Brothers Construction Co., Inc. 2200 Centrepark West Drive, Suite 100 West Palm Beach FL 33409	NAIC #	
	23396	
	19488	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 954715648 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GL20464580	6/30/2015	6/30/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA20464570	6/30/2015	6/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	CU2046456	6/30/2015	6/30/2016	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing: certificates@bmbinc.com

When required by written contract, those parties listed in said contract, including the certificate holder, are added as an additional insured with respect to the general liability, including ongoing and completed operations, auto liability and umbrella liability as afforded by the policy and/or See Attached...

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) PO Box 20270 Long Beach CA 90801	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Bowen, Miclette & Britt of FL		NAMED INSURED Hedrick Brothers Construction Co., Inc. 2200 Centrepark West Drive, Suite 100 West Palm Beach FL 33409
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

endorsements. When required by written contract, waiver of subrogation, with respect to the general liability, auto liability, and umbrella is granted to those parties listed in said contract, including the certificate holder. The general liability, auto liability, and umbrella certified herein are primary (and non-contributory) to other insurance available, but only to the extent required by written contract.  
Certificate Holder to Include: Palm Beach County, a political subdivision of the state of Florida, its officers, agents and employees

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

<b>Policy Number</b> GL 20464580	<b>Agency Number</b> 0845507	<b>Policy Effective Date</b> 06/30/2015
<b>Policy Expiration Date</b> 06/30/2016	<b>Date</b>	<b>Account Number</b> 20013688
<b>Named Insured</b> HEDRICK BROTHERS CONSTRUCTION CO. INC.	<b>Agency</b> BOWEN MICLETTE & BRITT OF FLORIDA, LLC	<b>Issuing Company</b> AMERISURE MUTUAL INSURANCE COMPANY

1. a. **SECTION II - WHO IS AN INSURED** is amended to add as an insured any person or organization:
- (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
  - (2) Who is named as an additional insured under this policy on a certificate of insurance.
- b. The written contract, written agreement, or certificate of insurance must:
- (1) Require additional insured status for a time period during the term of this policy; and
  - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
- c. If, however:
- (1) "Your work" began under a letter of intent or work order; and
  - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
  - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;
- we will provide additional insured status as specified in this endorsement.
2. **SECTION II - WHO IS AN INSURED** is amended to add the following:
- If the additional insured is:
- a. An individual, their spouse is also an additional insured.
  - b. A partnership or joint venture, members, partners, and their spouses are also additional insureds.
  - c. A limited liability company, members and managers are also additional insureds.
  - d. An organization other than a:
    - (1) Partnership;
    - (2) Joint venture; or
    - (3) Limited liability company;executive officers and directors of the organization are also additional insureds. Stockholders are also additional insureds, but only with respect to their liability as stockholders.
  - e. A trust, trustees are also insureds, but only with respect to their duties as trustees.

Includes copyrighted material of Insurance Services Office, Inc.

**3. The insurance provided under this endorsement is limited as follows:**

- a. That person or organization is an additional insured only with respect to liability arising out of:**
  - (1) Premises you:**
    - (a) Own;**
    - (b) Rent;**
    - (c) Lease; or**
    - (d) Occupy; or**
  - (2) Ongoing operations performed by you or on your behalf. If, however, the written contract, written agreement, or certificate of insurance also requires completed operations coverage, we will also provide completed operations coverage for that additional insured.**
- b. Premises, as respects paragraph 3.a.(1) above, include common or public areas about such premises if so required in the written contract or written agreement.**
- c. Additional insured status provided under paragraphs 3.a.(1)(b) or 3.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.**
- d. Ongoing operations, as respects paragraph 3.a.(2) above, does not apply to "bodily injury" or "property damage" occurring after:**
  - (1) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or**
  - (2) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.**
- e. The limits of insurance that apply to the additional insured are the least of those specified in the:**
  - (1) Written contract;**
  - (2) Written agreement;**
  - (3) Certificate of insurance; or**
  - (4) Declarations of this policy.**

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.
- f. The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:**
  - (1) The preparing, approving, or failing to prepare or approve:**
    - (a) Maps;**
    - (b) Drawings;**
    - (c) Opinions;**
    - (d) Reports;**
    - (e) Surveys;**
    - (f) Change orders;**
    - (g) Design specifications; and**
  - (2) Supervisory, inspection, or engineering services.**

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- g. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph 4. **Other Insurance** is deleted and replaced with the following:

**4. Other Insurance.**

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- a. Primary;
- b. Excess;
- c. Contingent; or
- d. On any other basis;

unless the written contract, written agreement, or certificate of insurance requires this insurance be primary. In that case, this insurance will be primary without contribution from such other insurance available to the additional insured.

- h. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the terms of that endorsement, shown below, are incorporated into this endorsement to the extent such terms do not restrict coverage otherwise provided by this endorsement:

<p style="text-align: center;"><b>ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)</b></p> <p>This endorsement modifies insurance provided under the following:</p> <p style="text-align: center;"><b>COMMERCIAL GENERAL LIABILITY COVERAGE PART.</b></p> <p style="text-align: center;"><b>SCHEDULE</b></p> <p>Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply (If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p>WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.</p> <p style="text-align: right;">Copyright, Insurance Services Office, Inc., 1984</p> <p><b>CG 20 10 11 85</b></p>
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- i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of an Insurance Services Office (ISO) endorsement, then the coverage provided under this CG 70 48 endorsement does not apply. Additional insured status is limited to that provided by the ISO endorsement.

Includes copyrighted material of Insurance Services Office, Inc.



CERTIFICATE OF LIABILITY INSURANCE

HEDRI-1      OP ID: MH  
DATE (MM/DD/YYYY)  
11/12/2014

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 Atlantic Pacific Insurance-PBG 11382 Prosperity Farms Rd #123 Palm Beach Gardens, FL 33410 Jake Jacobson	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800-538-0487	FAX (A/C, No): 561-626-3153
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : FCCI Insurance Co.	
	NAIC # 10178	
INSURED Hedrick Brothers Construction Company Inc 2200 Centrepark West Dr #100 West Palm Beach, FL 33409-6473	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED    RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N		001-WC14A-58695	11/17/2014	11/17/2015	X PER STATUTE    X OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Construction Manager at Risk contract for various projects.

CERTIFICATE HOLDER	CANCELLATION
PALMBCO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Palm Beach County c/o Capital Improvements Division 2633 Vista Parkway West Palm Beach,, FL 33411-5604	AUTHORIZED REPRESENTATIVE 