

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date:	February 7, 2017	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
		<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Public Hearing
Department:	Engineering & Public Works Department				
Submitted By:	Engineering & Public Works Department				
Submitted For:	Roadway Production Division				

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

- A) The first amendment to the annual civil design contract with Civil Design, Inc. (CDI), R2016-0308, dated March 22, 2016, to extend the contract expiration date from March 21, 2017 to March 21, 2018, and modify the fee schedule as shown in Exhibit B1;
- B) The first amendment to the annual civil design contract with Michael B. Schorah & Associates, Inc. (MBS), R2016-0309, dated March 22, 2016, to extend the contract expiration date from March 21, 2017 to March 21, 2018, and modify the fee schedule as shown in Exhibit B1; and
- C) The first amendment to the annual civil design contract with Mock, Roos & Associates, Inc. (MRA), R2016-0310, dated March 22, 2016, to extend the contract expiration date from March 21, 2017 to March 21, 2018.

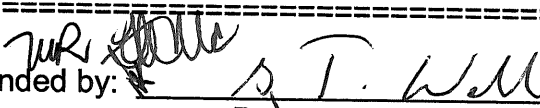
SUMMARY: Approval of these first amendments will extend the expiration dates of the annual civil design contracts from March 21, 2017 to March 21, 2018. This extension will provide a continuation of the required professional services provided by CDI, MBS and MRA for one year, on a task order basis. The amendments with CDI and MBS will also adjust their hourly rates as allowed in the original contracts and shown in Exhibit B1. These amendments are the first renewals of two possible one year renewals permitted per the original contracts. To date, tasks in the amount of \$89,631.06 have been authorized for CDI with 88.60% Small Business Enterprise (SBE) participation which is currently less than their commitment of 95%. Tasks in the amount of \$47,991.50 have been authorized for MBS with 100.00% SBE participation which exceeds their commitment of 94%. Tasks in the amount of \$206,641.45 have been authorized for MRA with 100% SBE participation which meets their commitment of 100%. CDI has been notified to increase their SBE participation percentage to meet their commitment. The consultants are all Palm Beach County companies and are all certified as an SBE. Countywide (MJ)

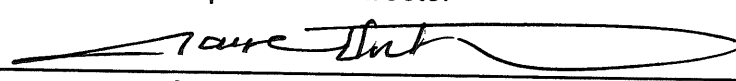
Background and Justification: In accordance with Board of County Commissioners (BCC) adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, CDI, MBS and MRA were selected (continued on Page 3)

Attachments:

- 1. First Amendment to the Annual Civil Design Contract with CDI with Exhibit B1 and Certificate of Insurance (2)
- 2. First Amendment to the Annual Civil Design Contract with MBS with Exhibit B1 and Certificate of Insurance (2)
- 3. First Amendment to the Annual Civil Design Contract with MRA and Certificate of Insurance (2)

=====

Recommended by:  Department Director 1/5/17 Date

Approved By:  Assistant County Administrator 1/19/17 Date

Background and Justification: (continued from Page 1)

to perform professional services relative to Palm Beach County (County) needs, and are presently under contract with the County, on an annual contractual basis. It is the consensus of the user departments that these consultants have, within the provisions of their contracts, provided the professional services requested by the County. Since the consultants remain in good standing and wish to continue to provide the professional services as indicated in their contracts, the County agrees to renew their contracts for one year. These first amendments to the contracts have been reviewed with CDI, MBS and MRA, and staff recommends the first renewal of the attached consultant annual contracts. This transaction will maintain the continuous process of professional services required by the County. Staff recommends the BCC's approval of the amendments.

**FIRST AMENDMENT TO THE ANNUAL CIVIL DESIGN
CONTRACT NO. R2016-0308
DATED MARCH 22, 2016, BY AND BETWEEN
CIVIL DESIGN, INC.
AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Civil Design Contract dated March 22, 2016, (R2016-0308), hereinafter "CONTRACT" by and between Civil Design, Inc., hereinafter "CONSULTANT" and the Board of County Commissioners of Palm Beach County, a political subdivision of the state of Florida, hereinafter, "COUNTY".

WITNESSETH

WHEREAS, on March 22, 2016, the CONSULTANT and COUNTY entered into a twelve month Annual Civil Design Contract for engineering services and other related tasks throughout Palm Beach County; and

WHEREAS, the CONTRACT provides that the contract may be extended, at the COUNTY's option for a defined period of time, not to exceed thirty-six months total contract time, upon approval of the Board of County Commissioners; and

WHEREAS, this is the first of the two allowable one (1) year term CONTRACT extensions per section 4.1; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018, with all original terms, conditions and unit prices adhered to; and

WHEREAS, the original CONTRACT provides in section 5.3.2 that the rates may be adjusted by negotiation; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to modify the Fee Schedule of the CONTRACT from Exhibit B in the Original Contract to the revised Fee Schedule provided by Civil Design, Inc. dated October 28, 2016, and attached hereto as Exhibit B1.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements herein contained, the parties agree as follows:

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT, dated March 22, 2016, between the CONSULTANT and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018.
3. The Fee Schedule shown as Exhibit B in the Original Contract is hereby modified as shown in the revised Fee Schedule provided by Civil Design, Inc., dated October 28, 2016, and attached hereto as Exhibit B1.
4. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
5. Except as provided herein, all other provisions of the Annual Civil Design Contract dated March 22, 2016, hereby confirmed shall remain in full force and effect.

THIS SECTION LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed and sealed this _____ day of _____, 2017.

ATTEST:
SHARON R. BOCK
Clerk and Comptroller

PALM BEACH COUNTY, a Political
Subdivision of the State of Florida
Board of County Commissioners

By: _____
Deputy Clerk

By: _____
Paulette Burdick, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

By: *Ornelis A. Fernandez*
Engineering

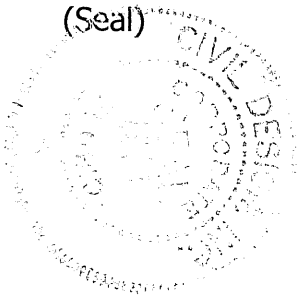
ATTEST:

Civil Design, Inc.
Consultant

By: *Denise A. Bas-Arzuaga*
Denise A. Bas-Arzuaga, Secretary

By: *T. Jeff Trompeter*
(Signature)

(Seal)



T. Jeff Trompeter, President
(Print Name and Title)

**CIVIL DESIGN ANNUAL SERVICES
 FEE SCHEDULE**

EFFECTIVE DATES MARCH 22, 2017 TO MARCH 21, 2018

HOURLY RATES:

*Rates OK
HK*

<u>Personnel Classification</u>	<u>Hourly Pay</u>	<u>Multiplier</u>	<u>Hourly Rate</u>
1. Principal Engineer	\$60.10	2.95	\$177.30
2. Project Manager	\$44.95	2.95	\$132.60
3. Project Engineer.....	\$30.21	2.95	\$89.12
4. AutoCAD Technician	\$25.75.....	2.95	\$75.96

MULTIPLIER CALCULATIONS:

Salary.....	1.00
Fringe Benefits	0.33
Overhead.....	<u>1.31</u>
Subtotal.....	2.64
Profit @ 12%	<u>0.31</u>
TOTAL	2.95

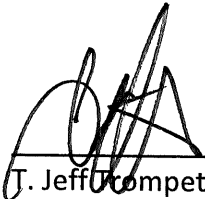
NOTES:

Fringe includes health insurance premiums, payroll taxes, company matching retirement contributions, vacation, sick, and holiday pay.
 Overhead includes indirect labor, licenses, permits, dues, office expenses, supplies, rent & other general operating costs.

CERTIFICATION:

I certify that the above figures represent salaries, fringe, and overhead costs for the firm during fiscal year 2014 (Jan 1 through Dec 31).

The above is true and correct to the best of my knowledge.



 J. Jeff Competer, President

October 28, 2016
 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/2/2016

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 Hansen Insurance, LLC 4590 N. Meridian Avenue Miami Beach, FL 33140 A307619		CONTACT NAME: Rick Hansen PHONE (A/C No. Ext.): (305) 674-9998 FAX (A/C No.): (305) 674-9998 E-MAIL ADDRESS: rick@hanseninsurancefl.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Phoenix Insurance Company NAIC# 25623	
		INSURER B: Travelers Casualty & Surety Co 31194	
		INSURER C: Liberty Insurance Underwriters 19917	
		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.

MBR 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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOG OTHER:		Y	6605D859672	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Anyone person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY/AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		Y	6605D859672	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED. <input type="checkbox"/> RETENTIONS						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	XAUB-4139T06-3-16	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AEA1009370003	10/01/15	10/01/17	\$1,000,000 each claim \$2,000,000 annl. aggr.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Insured ID: R2016-0308-PBC | ITS Account #: ELC2017

RE: Palm Beach County - Engineering Roadway Production Contract: R2016-0308-PBC

RE: "For All Projects with Palm Beach County" Certificate Holder, Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents are listed as an additional insured with respect to the Commercial General Liability insurance and Auto Liability insurance where required by written contract. Professional Liability insurance is written on a claims-made and reported basis. Professional Liability insurance retroactive date is 10/01/2003.

CERTIFICATE HOLDER Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801	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 
---	---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED
(ARCHITECTS, ENGINEERS AND SURVEYORS)**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following is added to WHO IS AN INSURED (Section II):

Any person or organization that you agree in a "contract or agreement requiring insurance" to include as an additional insured on this Coverage Part, but only with respect to liability for "bodily injury", "property damage" or "personal injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- a. In the performance of your ongoing operations;
- b. In connection with premises owned by or rented to you; or
- c. In connection with "your work" and included within the "products-completed operations hazard".

Such person or organization does not qualify as an additional insured for "bodily injury", "property damage" or "personal injury" for which that person or organization has assumed liability in a contract or agreement.

The insurance provided to such additional insured is limited as follows:

- d. This insurance does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this Coverage Part.
- e. This insurance does not apply to the rendering of or failure to render any "professional services".
- f. The limits of insurance afforded to the additional insured shall be the limits which you agreed in that "contract or agreement requiring insurance" to provide for that additional insured, or the limits shown in the Declarations for this Coverage Part, whichever are less. This endorsement does not increase the limits of insurance stated in the **LIMITS OF**

INSURANCE (Section III) for this Coverage Part.

B. The following is added to Paragraph a. of 4. Other Insurance in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

However, if you specifically agree in a "contract or agreement requiring insurance" that the insurance provided to an additional insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with the other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal injury" for which coverage is sought arises out of an offense committed;

after you have entered into that "contract or agreement requiring insurance". But this insurance still is excess over valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when the insured is an additional insured under any other insurance.

C. The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

We waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage" or "personal injury" arising out of "your work" performed by you, or on your behalf, under a "contract or agreement requiring insurance" with that person or organization. We waive these rights only where you have agreed to do so as part of the "contract or agreement requiring insurance" with such person or organization entered into by you before, and in effect when, the "bodily

COMMERICAL GENERAL LIABILITY

injury" or "property damage" occurs, or the "personal injury" offense is committed.

D. The following definition is added to DEFINITIONS (Section V):

"Contract or agreement requiring insurance" means that part of any contract or agreement under which you are required to include a person or organization as an additional insured on this Cov-

erage Part, provided that the "bodily injury" and "property damage" occurs, and the "personal injury" is caused by an offense committed:

- a. After you have entered into that contract or agreement;
- b. While that part of the contract or agreement is in effect; and
- c. Before the end of the policy period.

November 2, 2016

Palm Beach County
c/o Insurance Tracking Services, Inc. (ITS)
P.O. Box 20270
Long Beach, CA 90801

Palm Beach County, Department of Engineering & Public Works
Roadway Production Division / CCNA Section
2300 N. Jog Road, Suite 3W-33
West Palm Beach, FL 33411-2745


Re: Civil Design, Inc.
Company Owned Vehicles & Insurance
ITS Account No.: PLC12017
PBC Contracts: R2016-0308 & R2013-0413

To Whom it May Concern:

I am writing to confirm that Civil Design, Inc. does not own any vehicles. As such our automobile insurance coverage reflects "Hired Autos" and "Non-Owned Autos".

If vehicles are acquired during the term of the contract, Civil Design, Inc. agrees to purchase "all owned" auto coverage as of the date of acquisition.

Sincerely,



T. Jeff Trompeter, P.E.
President

**FIRST AMENDMENT TO THE ANNUAL CIVIL DESIGN
CONTRACT NO. R2016-0309
DATED MARCH 22, 2016, BY AND BETWEEN
MICHAEL B. SCHORAH & ASSOCIATES, INC.
AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Civil Design Contract dated March 22, 2016, (R2016-0309), hereinafter "CONTRACT" by and between Michael B. Schorah & Associates, Inc., hereinafter "CONSULTANT" and the Board of County Commissioners of Palm Beach County, a political subdivision of the state of Florida, hereinafter, "COUNTY".

W I T N E S S E T H

WHEREAS, on March 22, 2016, the CONSULTANT and COUNTY entered into a twelve month Annual Civil Design Contract for engineering services and other related tasks throughout Palm Beach County; and

WHEREAS, the CONTRACT provides that the contract may be extended, at the COUNTY's option for a defined period of time, not to exceed thirty-six months total contract time, upon approval of the Board of County Commissioners; and

WHEREAS, this is the first of the two allowable one (1) year term CONTRACT extensions per section 4.1; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018, with all original terms, conditions and unit prices adhered to; and

WHEREAS, the original CONTRACT provides in section 5.3.2 that the rates may be adjusted by negotiation; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to modify the Fee Schedule of the CONTRACT from Exhibit B in the Original Contract to the revised Fee Schedule provided by Michael B. Schorah & Associates, Inc., dated October 28, 2016, and attached hereto as Exhibit B1.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements herein contained, the parties agree as follows:

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT, dated March 22, 2016, between the CONSULTANT and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018.
3. The Fee Schedule shown as Exhibit B in the Original Contract is hereby modified as shown in the revised Fee Schedule provided by Michael B. Schorah & Associates, Inc., dated October 28, 2016, and attached hereto as Exhibit B1.
4. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
5. Except as provided herein, all other provisions of the Annual Civil Design Contract dated March 22, 2016, hereby confirmed shall remain in full force and effect.

THIS SECTION LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed and sealed this _____ day of _____, 2017.

ATTEST:
SHARON R. BOCK
Clerk and Comptroller

PALM BEACH COUNTY, a Political
Subdivision of the State of Florida
Board of County Commissioners

By: _____
Deputy Clerk

By: _____
Paulette Burdick, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

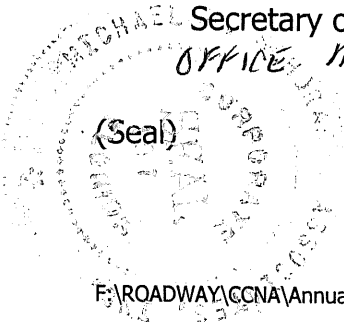
By: *Orlando A. Fernandez*
Engineering

ATTEST:

Michael B. Schorah & Associates, Inc.
Consultant

By: *Sharon R. Bock*
Secretary or Asst. Secretary
OFFICE MANAGER

By: *Michael B. Schorah*
(Signature)



Michael B. Schorah, President
(Print Name and Title)

**Civil Design Annual Services
Effective Period from March 22, 2017 through March 21, 2018**

Michael B. Schorah and Associates, Inc.

*Rates OK
HK*

CLASSIFICATION

• ENGINEERING	<u>RAW RATE</u>	<u>Multiplier</u>	<u>Hourly Rate</u>
Sr. Engineer (P.E.)	\$53.56	2.8288	\$151.51
Project Engineer (P.E.)	\$41.20	2.8288	\$116.55
Engineer (P.E.)	\$35.00	2.8288	\$ 99.01
CADD Tech	\$27.00	2.8288	\$ 76.38

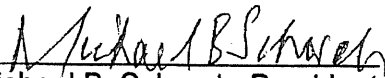
• SURVEYING	<u>RAW RATE</u>		
Professional Surveyor & Mapper (P.S.M.)	\$41.20	2.8288	\$116.55
CADD Tech	\$27.00	2.8288	\$ 76.38
Two-Man Field Crew (per crew)	\$40.00	2.8288	\$113.15
Three-Man Field Crew (per crew) ..	\$52.00	2.8288	\$147.10

Direct Salary Dollar	1.0000
Fringe Benefits	.2849
Overhead	<u>1.2408</u>
Direct Salary Cost	2.5257
Profit @ 12%	<u>.3031</u>
Target Multiplier	2.8288

CERTIFICATION:

I certify that the above figures represent salaries, fringe, and overhead costs for the firm during fiscal year 2014 (Dec.-Nov)

The above is true and correct to the best of my knowledge.


Michael B. Schorah, President

October 28, 2016
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2016

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 Conway E & S, Inc. 100 Allegheny Dr, Suite 100 Warrendale PA 15086	CONTACT NAME: Sue Schaper PHONE (A/C, No, Ext): (724) 779-9700 FAX (A/C, No): (800) 748-9787 E-MAIL ADDRESS: sschaper@conwayes.com
	INSURER(S) AFFORDING COVERAGE
INSURED Michael B. Schorah and Associates, Inc. Landmark Surveying 1850 Forest Hill Blvd., Suite 206 West Palm Beach FL 33406	INSURER A: Beazley Insurance Company Inc NAIC #: 37540
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

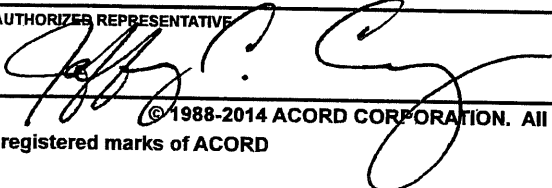
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <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 OTHER:						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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Claims Made)			V15WM4160901	11/06/2016	11/06/2017	\$2,000,000 Each Claim Limit \$2,000,000 Aggregate for the Policy Period

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF COVERAGE

"All projects in Palm Beach County"
Retro Date: 8/1/1979

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



MICH-21 OP ID: NC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2016

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 Henderson Brothers, Inc. 920 Ft Duquesne Blvd Pittsburgh, PA 15222 Jared J. Sadowski	CONTACT NAME: Jared J. Sadowski	
	PHONE (A/C, No, Ext): 412-261-1842 FAX (A/C, No): 412-261-4149 E-MAIL ADDRESS: jjsadowski@hendersonbrothers.com	
INSURED Michael B. Schorah & Assoc Inc Michael B. Schorah 1850 Forest Hill Blvd Ste 205 West Palm Beach, FL 33406	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Liberty Mutual Insurance	23043
	INSURER B : Peerless Indemnity Insurance	18333
	INSURER C : Travelers Insurance Co.	25658
	INSURER D :	
	INSURER E :	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	BKS57676550	12/03/2016	12/03/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	BAS57676550	12/03/2016	12/03/2017	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"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE			USO57676550	12/03/2016	12/03/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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	XAUB4198T82516	01/27/2016	01/27/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Notepad

CERTIFICATE HOLDER

PALMBEA
Palm Beach County c/Insurance
Tracking Services, Inc. (ITS)
P.O. Box 20270
Long Beach, CA 90801

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

A. J. Sadowski

NOTEPAD:

HOLDER CODE **PALMBEA**
INSURED'S NAME **Michael B. Schorah & Assoc Inc**

MICH-21
OP ID: NC

PAGE 2
Date **12/01/2016**

For reference only: For all projects in Palm Beach County

Palm Beach County Board of County Commissioners, A Political Subdivision of the State of Florida, Its Officers, Employees and Agents are included as additional insured under the General Liability (Ongoing Operations only), and Auto policies.

**FIRST AMENDMENT TO THE ANNUAL CIVIL DESIGN
CONTRACT NO. R2016-0310
DATED MARCH 22, 2016, BY AND BETWEEN
MOCK, ROOS & ASSOCIATES, INC.
AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Civil Design Contract dated March 22, 2016, (R2016-0310), hereinafter "CONTRACT" by and between Mock, Roos & Associates, Inc., hereinafter "CONSULTANT" and the Board of County Commissioners of Palm Beach County, a political subdivision of the state of Florida, hereinafter, "COUNTY".

W I T N E S S E T H

WHEREAS, on March 22, 2016, the CONSULTANT and COUNTY entered into a twelve month Annual Civil Design Contract for engineering services and other related tasks throughout Palm Beach County; and

WHEREAS, the CONTRACT provides that the contract may be extended, at the COUNTY's option for a defined period of time, not to exceed thirty-six months total contract time, upon approval of the Board of County Commissioners; and

WHEREAS, this is the first of the two allowable one (1) year term CONTRACT extensions per section 4.1; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018, with all original terms, conditions and unit prices adhered to.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements herein contained, the parties agree as follows:

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT, dated March 22, 2016, between the CONSULTANT and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from March 21, 2017 to March 21, 2018.
3. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
4. All other provisions of the Annual Civil Design Contract dated March 22, 2016, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed and sealed this _____ day of _____, 2017.

ATTEST:
SHARON R. BOCK
Clerk and Comptroller

PALM BEACH COUNTY, a Political
Subdivision of the State of Florida
Board of County Commissioners

By: _____
Deputy Clerk

By: Paulette Burdick, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

By: *Ornelas Fernandez*
Engineering

ATTEST:

Mock, Roos & Associates, Inc.
Consultant

By: *Debra C. McKay, Corp Secretary*
Secretary or Asst. Secretary *11/8/16*

By: *[Signature]*
(Signature)

(Seal)

Garry G Gruber, P.E., Sr. Vice President
(Print Name and Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/25/2016

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: USI Insurance Services, LLC, 1715 N. Westshore Blvd. Suite 700, Tampa, FL 33607. CONTACT NAME, PHONE (A/C, No, Ext): 813 321-7500, FAX (A/C, No):, E-MAIL ADDRESS. INSURER(S) AFFORDING COVERAGE: INSURER A: XL Specialty Insurance Company, NAIC #: 37885. INSURED: Mock, Roos & Associates, Inc., 5720 Corporate Way, West Palm Beach, FL 33407-2066. INSURER B, C, D, E, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Professional Liability coverage is written on a claims-made basis. For all projects with Palm Beach County FULL PRIOR ACTS. Deductible is \$25,000 each claim. Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

CERTIFICATE HOLDER: Palm Beach County, c/Insurance Tracking Services, Inc. (ITS), PO box 20270, Long Beach, CA 90801. 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: [Signature]

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2015

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 USI Insurance Services, LLC 500 Columbia Drive, Ste 102 West Palm Beach, FL 33409-2718 561 693-0500	CONTACT NAME: Brian Cronin		
	PHONE (A/C, No., Ext): 561 693-0500	FAX (A/C, No.): 855 420-6662	
INSURED Mock, Roos & Associates, Inc. 5720 Corporate Way West Palm Beach, FL 33407	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Continental Casualty Company		20443
	INSURER B: Transportation Insurance Compan		20494
	INSURER C: Valley Forge Insurance Company		20508
	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 INSR	SUBR IWVD	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5084971043	01/01/2016	01/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	5084970412	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	5084970362	01/01/2016	01/01/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	5084970328	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Ten Days Notice for Non-payment of Premium; 30 Days Notice for All Other.

When required by written contract:

Blanket Additional Insured with Products-Completed Operations

Waiver of Transfer of Rights/Waiver of Subrogation

(See Attached Descriptions)

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

Jany Morris

DESCRIPTIONS (Continued from Page 1)

For all projects with Palm Beach County; Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents as Additional Insured.