

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: May 1, 2018 [X] Consent [] Regular
[] Workshop [] 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 intersection improvements contract with Network Engineering Services, Inc. d/b/a Bolton Perez & Associates, Inc. (BPA) R2017-0778, dated June 20, 2017, to extend the contract expiration date from June 19, 2018 to June 19, 2019, modify the fee schedule, and allow for other amendments to the contract; and
- B) The first amendment to the annual intersection improvements contract with HSQ Group, Inc. (HSQ) R2017-0779, dated June 20, 2017, to extend the contract expiration date from June 19, 2018 to June 19, 2019, modify the fee schedule, and allow for other amendments to the contract.

SUMMARY: Approval of these first amendments will extend the expiration dates of the annual intersection improvements contracts with BPA and HSQ from June 19, 2018 to June 19, 2019; adjust their hourly rates as allowed in the original contract; and add "Section 22 – Additional Reporting" to the original contracts per Palm Beach County (County) requirements. To date, tasks in the amount of \$0 have been authorized for BPA with 0% Small Business Enterprise (SBE) participation. BPA committed to 16% SBE participation. To date, tasks in the amount of \$0 have been authorized for HSQ with 0% SBE participation. HSQ committed to 75% SBE participation. BPA is a Miami based company but has an office in the County. HSQ is a Palm Beach County based company and is a certified SBE company. Seven intersection projects are currently scheduled to be authorized under these contracts. This is the first of two allowable renewals under these contracts. After the second renewal, the contracts will need to be re-solicited. Countywide (LBH)

Background and Justification: In accordance with the Board of County Commissioners' adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, BPA and HSQ were selected to perform professional services on an as needed basis, and are presently under contract with the County, on an annual contractual basis. It is the consensus of the user departments that BPA and HSQ are needed to provide professional services for up-coming County intersection projects. The County wishes to renew their contracts for one year.

These first amendments to the contracts have been reviewed with BPA and HSQ, and the Engineering Department recommends approval to maintain continuity of these professional services required by the County.

Attachment:

- 1. First Amendment with BPA with Exhibit B1 and Certificate of Insurance (2)
- 2. First Amendment with HSQ with Exhibit B1 and Certificate of Insurance (2)

Recommended By: [Signature] Department Director Date: 4/17/2018

Approved By: [Signature] Assistant County Administrator Date: 4/19/18

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures	\$ <u>-0-</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>**</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget?	Yes	No
Does this item include the use of federal funds?	Yes	No X

Budget Account No:

Fund	Dept	Unit	Object
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Recommended Sources of Funds/Summary of Fiscal Impact:

** Fiscal impact is indeterminable at this time. The agenda item extends the expiration date, modifies the fee schedule and allows for other amendments to the contracts. These professional services are authorized on a task order basis. Funding will be established by project as necessary.

C. Departmental Fiscal Review: *Alicia Kovalainen*

III. REVIEW COMMENTS

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

<u><i>Lisa Ponz</i></u> OFMB	4/5/18 ok 4/5 sp 4/4 com 04/05/18	<u><i>A. J. Jacobson</i></u> Contract Dev. and Control 4/6/18	4/6/18
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B. Approved as to Form and Legal Sufficiency:

9/9/18 *J. B. Herman*
 Assistant County Attorney

C. Other Department Review:

Department Director

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

**FIRST AMENDMENT TO THE ANNUAL INTERSECTION IMPROVEMENTS
CONTRACT NO. R2017-0778
DATED JUNE 20, 2017, BY AND BETWEEN
NETWORK ENGINEERING SERVICES, INC. d/b/a BOLTON PEREZ &
ASSOCIATES, INC. AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Intersection Improvements Contract dated June 20, 2017, (R2017-0778), hereinafter "CONTRACT" by and between Network Engineering Services, Inc. d/b/a Bolton Perez & 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 June 20, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Intersection Improvements 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 June 19, 2018 to June 19, 2019, 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 to the revised Fee Schedule provided by the CONSULTANT dated January 18, 2018, and attached hereto as **Exhibit B1**; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to add to the CONTRACT SECTION 22 – **ADDITIONAL REPORTING**.

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 CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information pursuant to Palm Beach County Resolution R-2017-1770, as may be amended.
3. Add the following: SECTION 22 – **ADDITIONAL REPORTING**

COUNTY requires CONSULTANT to track during the CONTRACT, and report at the end of the CONTRACT, the county of residence of the Consultant's employees and its subconsultants' employees. CONSULTANT agrees to prepare and provide the required report with its request for final payment.
4. The CONTRACT, dated June 20, 2017, between the CONSULTANT and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from June 19, 2018 to June 19, 2019.
5. The Fee Schedule shown as **Exhibit B** in the Original Contract is hereby modified as shown in the revised Fee Schedule provided by the CONSULTANT dated January 18, 2018, and attached hereto as **Exhibit B1**.
6. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
7. Except as provided herein, all other provisions of the Annual Intersection Improvements Contract dated June 20, 2017, hereby confirmed shall remain in full force and effect.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

IN WITNESS WHEREOF, the parties have caused this Amendment to the Annual Intersection Improvements Contract (R2017-0778) to be executed and sealed this _____ day of _____, 20__.

OWNER:
Palm Beach County, Florida, a
Political Subdivision of the
State of Florida

CONSULTANT:
Network Engineering Services, Inc.
d/b/a Bolton Perez & Associates, Inc.
a Florida Corporation

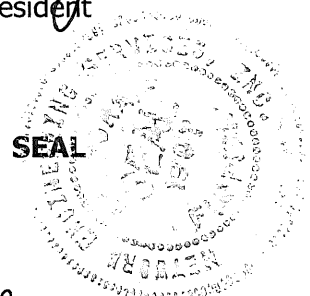
BOARD OF COUNTY COMMISSIONERS

BY: _____
Melissa McKinlay, Mayor

BY: Joaquin Perez 1/18/18
Joaquin Perez, P.E., President

SEAL

CORPORATE SEAL



ATTEST:
Sharon R. Bock, Clerk & Comptroller
Circuit Court

ATTEST WITNESS:

BY: _____
(Print Name)

BY: VIVIAN PEREZ
(Print Name)

Vivian Perez
(Signature)

(Signature)

BY: Jennifer Bolton
(Print Name)

Jennifer Bolton
(Signature)

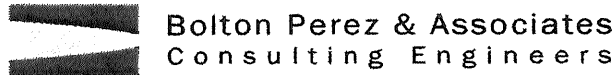
APPROVED AS TO TERMS
AND CONDITIONS:

BY: Omelio A. Fernandez
Omelio A. Fernandez, P.E.
Director of Roadway Production

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:

BY: _____
Yelizaveta B. Herman,
Assistant County Attorney

Exhibit B1



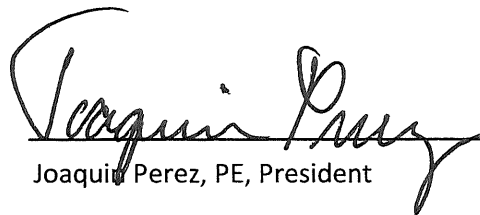
*Rates OK
HK*

**PBC 2018 First Renewal for Intersection Improvements Annual Services Contract
on a Task Work Order Basis (R2017-0778) - Effective June 20, 2018 through June 19, 2019**

Classification	Raw Hourly Rate	Revised Hourly Rate	Multiplier	Original Contract Rate	Proposed Contract Rate
CADD/Computer Technician	\$17.25	\$17.77	2.8468	\$49.11	\$50.58
Chief Engineer	\$78.00	\$80.34	2.8468	\$222.05	\$228.71
Designer	\$31.50	\$32.45	2.8468	\$89.67	\$92.36
Engineer	\$34.00	\$35.02	2.8468	\$96.79	\$99.69
Engineering Intern	\$27.50	\$28.33	2.8468	\$78.29	\$80.64
Project Manager	\$70.00	\$72.10	2.8468	\$199.28	\$205.25
Senior Engineer	\$60.00	\$61.80	2.8468	\$170.81	\$175.93
Senior Project Engineer	\$46.00	\$47.38	2.8468	\$130.95	\$134.88

FDOT 2016/2017 Audit Information	
Salaries	100.00%
Home Office Overhead Rate	154.18%
Operating Margin	43.00%
CDAF - n/a	0.00%
FCCM	0.066%
Direct Expense	2.12%
Proposed Multiplier	299.37%

Allowed Multiplier ✓ 2.8468



 Joaquin Perez, PE, President

January 18, 2018

Client#: 1054840

BOLTOPER

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2017

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 have ADDITIONAL INSURED provisions or 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 any 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 813 321-7500	CONTACT NAME: PHONE (A/C, No, Ext): 813 321-7500		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Phoenix Insurance Company			25623
INSURER B : Travelers Indemnity Company			25658
INSURER C : Travelers Casualty and Surety Co of Ame			31194
INSURER D : Admiral Insurance Company			24856
INSURER E : Travelers Indemnity Co. of America			25666
INSURER F :			

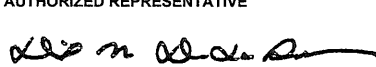
INSURED	Network Engineering Services Inc dba Bolton, Perez & Associates 7205 Corporate Center Dr, Ste 201 Miami, FL 33126
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	660613M4100	12/14/2017	12/14/2018	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 \$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	BA613M6129	12/14/2017	12/14/2018	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	CUP3621T855	12/14/2017	12/14/2018	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		X	UB8J581573	12/14/2017	12/14/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liability			EO00003152301	12/14/2017	12/14/2018	\$1,000,000 per claim \$2,000,000 annl aggr.

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.
Description: BPA Project No. 17.08.01; Intersection Improvements Annual Services
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, Employees and Agents are named as additional insureds on all policies listed above except the workers compensation and professional liability as required by written contract including completed and (See Attached Descriptions)

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 

DESCRIPTIONS (Continued from Page 1)

ongoing operations on per project basis, coverage is primary and non contributory. Waiver of subrogation in favor of the additional insureds applies to all policies listed above as required by written contract. Thirty (30) days prior written notice of cancellation except 10 days for non payment of premium will be given on all policies listed above. Professional Liability retro date is 03/01/1997.

**FIRST AMENDMENT TO THE ANNUAL INTERSECTION IMPROVEMENTS
CONTRACT NO. R2017-0779
DATED JUNE 20, 2017, BY AND BETWEEN
HSQ GROUP, INC. AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Intersection Improvements Contract dated June 20, 2017, (R2017-0779), hereinafter "CONTRACT" by and between HSQ Group, 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 June 20, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Intersection Improvements 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 June 19, 2018 to June 19, 2019, 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 to the revised Fee Schedule provided by the CONSULTANT dated January 16, 2018, and attached hereto as **Exhibit B1**; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to add to the CONTRACT SECTION 22 – **ADDITIONAL REPORTING**.

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 CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information pursuant to Palm Beach County Resolution R-2017-1770, as may be amended.
3. Add the following: SECTION 22 – **ADDITIONAL REPORTING**

COUNTY requires CONSULTANT to track during the CONTRACT, and report at the end of the CONTRACT, the county of residence of the Consultant's employees and its subconsultants' employees. CONSULTANT agrees to prepare and provide the required report with its request for final payment.
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6. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
7. Except as provided herein, all other provisions of the Annual Intersection Improvements Contract dated June 20, 2017, hereby confirmed shall remain in full force and effect.

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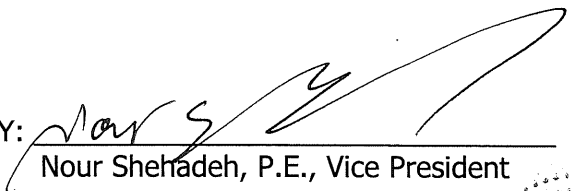
IN WITNESS WHEREOF, the parties have caused this Amendment to the Annual Intersection Improvements Contract (R2017-0779) to be executed and sealed this _____ day of _____, 20__.

OWNER:
Palm Beach County, Florida, a
Political Subdivision of the
State of Florida

CONSULTANT:
HSQ Group, Inc.
a Florida Corporation

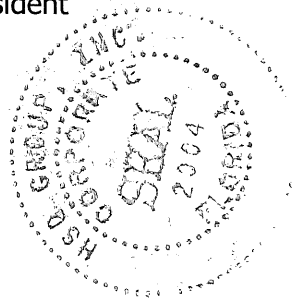
BOARD OF COUNTY COMMISSIONERS

BY: _____
Melissa McKinlay, Mayor

BY: 
Nour Shehadeh, P.E., Vice President

SEAL

CORPORATE SEAL



ATTEST:
Sharon R. Bock, Clerk & Comptroller
Circuit Court

ATTEST WITNESS:

BY: _____
(Print Name)

BY: Jay Huebner, P.E.
(Print Name)



(Signature)

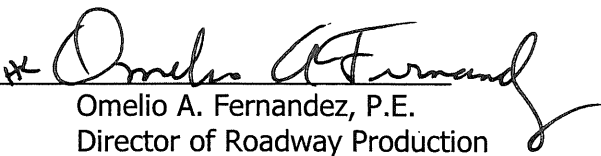
(Signature)

BY: BethAnn Shay
(Print Name)



(Signature)

APPROVED AS TO TERMS
AND CONDITIONS:

BY: 
Omelio A. Fernandez, P.E.
Director of Roadway Production

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:

BY: _____
Yelizaveta B. Herman,
Assistant County Attorney ~~II~~



HSQ GROUP, INC.
Engineers • Planners • Surveyors

Exhibit B1

January 16, 2018
Ms. JaeAnn Dean, Technical Assistant I
Roadway Production Division / CCNA Section
2300 N. Jog Road, Suite 3W-33
West Palm Beach, FL 33411-2745

*Rates OK
AK*

Re: **Intersection Improvements Annual Services.**

Dear Ms. Dean:

The following is a list of new pay rates for HSQ Group, Inc. concerning the above referenced project. Please note that we do not use the same categories the County uses, however, the following rates match the County's categories as close as possible.

Fee Schedule effective dates from June 20, 2018 to June 19, 2019

- | | |
|--|---------------|
| • Engineer Intern (entry level with engineering degree) | \$32.18 /hour |
| • Project Engineer | \$42.23/hour |
| • Project Manager (PE w/5+ years of post-registration) | \$51.50 /hour |
| • Senior Engineer (PE w/10+ years of post-registration experience) | \$58.35 /hour |

Survey Rate schedule

- | | |
|------------------------------|--------------|
| • Two-man crew | \$52.50/hour |
| • Senior surveyor and mapper | \$58.35/hour |
| • Surveyor and mapper | \$47.35/hour |
| • Survey technician | \$29.40/hour |

The existing current multiplier is **2.749**, as per the original contract.

Should you have any questions please do not hesitate to call me. We look forward to working with you on this project.

Sincerely,
HSQ Group, Inc.

Nour Shehadeh, P.E.
Vice President



HSQGROU-01

GMASTERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2017

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.

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PRODUCER Collinsworth, Altar, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: PHONE (A/C, No, Ext): (305) 822-7800 E-MAIL ADDRESS: FAX (A/C, No.): (305) 362-2443
INSURED HSQ Group, Inc. 1489 Palmetto Park Road Suite #340 Boca Raton, FL 33486	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Casualty INSURER B: Argonaut Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:


INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSR) / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	21SBAIG1445	10/17/2017	10/17/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (An. one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 HIRED NONOWNED \$ 2,000,000 COMBINED SINGLE LIMIT (Equipment) \$ 1,000,000 BODILY INJURY - Per person \$ BODILY INJURY - Per accident \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		21SBAIG1445	10/17/2017	10/17/2018	BODILY INJURY - Per person \$ BODILY INJURY - Per accident \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		21SBAIG1445	10/17/2017	10/17/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Prof Liab Claim Made		IAE4197350	06/03/2017	06/03/2018	Each Claim \$ 2,000,000
B	Deductible \$20,000		IAE4197350	06/03/2017	06/03/2018	Aggregate \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROFESSIONAL LIABILITY RETRO DATE - 1/18/2005

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees & Agents are named additional insured, if required by written contract, as respects Commercial General Liability, for all projects Insured is working on for Palm Beach County.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) P.O. 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2018

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 have ADDITIONAL INSURED provisions or 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 Marion Fazio Insurance Agency Inc. 805 George Bush Blvd Delray Beach FL 33483	CONTACT NAME: Marion Fazio PHONE (A/C, Ho, Ext): 5612760330 E-MAIL ADDRESS: Marion@marionfazio.com	FAX (A/C, No): 5612760960
	INSURER(S) AFFORDING COVERAGE	
INSURED HSQ GROUP 1489 W PALM PK RD STE 340 BOCA RATON FL 33486	INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
	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.

INSUR LTR	TYPE OF INSURANCE	ADD. SUBR. INSR. NO.	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 \$ BODILY INJURY / PROPERTY DAMAGE (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		C60 8364-E12-59A 994 2729-C06-59B 961 7635-C14-59C 439 6946-e02-59G	11/12/2017 03/06/2018 03/14/2018 11/02/2017	05/12/2018 09/06/2018 09/14/2018 05/02/2018	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input checked="" type="checkbox"/> 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"/> Y <input type="checkbox"/> N <input type="checkbox"/> I/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)

06 FORD F150 VIN: 1FTRX14W66NB80474 14 TOYOTA TACOMA VIN: 5TFTX4CN1EX038231
06 TOYOTA TACOMA VIN: 5TETX22N46Z243428 11 JEEP COMPASS VIN: 1J4NT1FB1BD260022
15 TOYOTA TACOMA VIN: 5TFUX4EN8FX035295 03/23/2018-09/23/2018
15 JEEP CHEROKEE VIN: 1C4PJMCB4FW709679 12/05/2017-06/05/2018

CERTIFICATE HOLDER **CANCELLATION**

Palm Beach County C/O Insurance Tracking Services Inc. (ITS) PO BOX 202701 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:
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/17

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 have ADDITIONAL INSURED provisions or 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 endorsements.

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida PHONE: (A/C No Ext): 800-743-8130 FAX: (A/C No): 800-622-7514
	EMAIL: ADDRESS: ADP.COLCente@Aon.com INSURER(S) AFFORDING COVERAGE: Illinois National Insurance Co NAIC #: 23817
INSURED: ADP TotalSource CO (K), Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER: HSO Group Inc 1489 W Palmistio Park Rd, Ste 340 Boca Raton, FL 33466	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 1673074** **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. LIMITS SHOWN ARE AS REQUESTED.

LINE LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES /Ea occurrence \$ MED EXP (Ar, one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DEC RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 026160319 FL	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for HSO GROUP INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. HSO GROUP INC is an alternate employer under this policy.
Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum

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
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ACORD 25 (2016/03)

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