

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: June 5, 2018	<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:


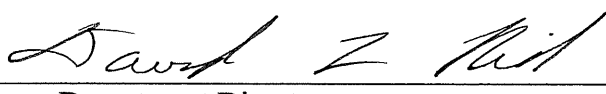
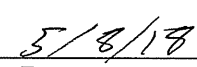
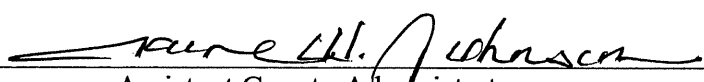
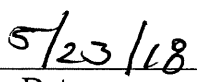
- A) the first amendment to the annual testing lab services contract with RADISE International, L.C. (RADISE) R2017-1659, dated November 7, 2017, to add reporting language to the contract;
- B) the first amendment to the annual testing lab services contract with Terracon Consultants, Inc. (Terracon) R2017-1660, dated November 7, 2017, to add reporting language to the contract; and
- C) the first amendment to the annual testing lab services contract with Tierra South Florida, Inc. (TSF) R2017-1661, dated November 7, 2017, to add reporting language to the contract.

SUMMARY: In accordance with Palm Beach County’s (County) adopted procedure, approval of these first amendments will add the additional reporting language required by the County to report information regarding the county of residency of the employees that work for the firms that are awarded contracts funded by the Infrastructure Sales Tax. Countywide (LBH)

Background and Justification: In accordance with the County’s adopted procedure to report information regarding the county of residency of the employees that work for firms that are awarded contracts funded by the Infrastructure Sales Tax, language is being added to these existing contracts for the additional reporting.

Attachments:

- 1. First Amendment with RADISE and Certificate of Insurance (2)
- 2. First Amendment with Terracon and Certificate of Insurance (2)
- 3. First Amendment with TSF and Certificate of Insurance (2)

		
Recommended By:	Department Director	Date
Approved By:		
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures	\$ -0-	-0-	-0-	-0-	-0-
Operating Costs	-0-	-0-	-0-	-0-	-0-
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	-0-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
NET FISCAL IMPACT	\$ **	-0-	-0-	-0-	-0-
# 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

Recommended Sources of Funds/Summary of Fiscal Impact:

\*\*This item has no fiscal impact. These amendments add reporting language to the annual contracts.

C. Departmental Fiscal Review: . Alicia Kovalainen

III. REVIEW COMMENTS

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

[Signature] 5/14/18  
OFMB AK SP 6/8  
5/8 sm 5/18/18  
[Signature] 5/23/18  
Contract Dev. and Control 5/23/18 TR

B. Approved as to Form and Legal Sufficiency:

[Signature] 5/23/18  
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 CONSTRUCTION MATERIALS TESTING,  
GEOTECHNICAL ENGINEERING AND INSPECTION SERVICES  
CONTRACT NO. R2017-1659  
DATED NOVEMBER 7, 2017, BY AND BETWEEN  
RADISE INTERNATIONAL, L.C., AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Construction Materials Testing, Geotechnical Engineering and Inspection (Testing Lab) Services Contract dated November 7, 2017, (R2017-1659), hereinafter "CONTRACT" by and between RADISE International, L.C., 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 November 7, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Testing Lab Services CONTRACT for engineering services and other related tasks throughout Palm Beach County; and

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. 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.

3. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
4. Except as provided herein, all other provisions of the Annual Testing Lab Services CONTRACT dated November 7, 2017, (R2017-1659), hereby confirmed shall remain in full force and effect.

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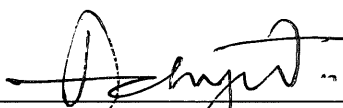
IN WITNESS WHEREOF, the parties have caused this First Amendment to the Annual Testing Lab Services Contract (R2017-1659) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**RADISE International, L.C.**  
a Florida Corporation

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Melissa McKinlay, Mayor

BY: \_\_\_\_\_  
Kumar A. Allady, P.E., President

**S E A L**


**CORPORATE SEAL**

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

ATTEST WITNESS:

BY: \_\_\_\_\_  
(Print Name)

BY: \_\_\_\_\_  
(Print Name)

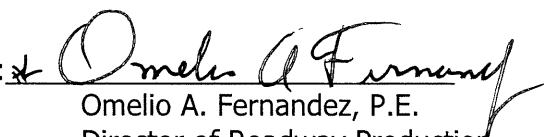
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

BY: \_\_\_\_\_  
(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



RADIINT-01

KKENNEDY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/22/2018

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 Collinsworth, Alter, Lambert, LLC 23 Eganfuskee Street Suite 102 Jupiter, FL 33477	CONTACT NAME: Dianthe Charron PHONE (A/C, No, Ext): (561) 776-9001 E-MAIL ADDRESS: dcharron@callc.com FAX (A/C, No): (561) 427-6730														
INSURED RADISE International, L.C. 4152 W Blue Heron Boulevard Suite 1114 Riviera Beach, FL 33404	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Charter Oak Fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B : Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER C : Travelers Property &amp; Casualty Co. of America</td><td>25674</td></tr><tr><td>INSURER D : Travelers Insurance</td><td></td></tr><tr><td>INSURER E : Crum &amp; Forster Specialty Ins</td><td>44520</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Charter Oak Fire Ins Co	25615	INSURER B : Travelers Indemnity Company	25658	INSURER C : Travelers Property & Casualty Co. of America	25674	INSURER D : Travelers Insurance		INSURER E : Crum & Forster Specialty Ins	44520	INSURER F :	
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INSURER D : Travelers Insurance															
INSURER E : Crum & Forster Specialty Ins	44520														
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
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 checked="" type="checkbox"/> LOC OTHER:			6607K157015	03/22/2018	03/22/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> 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			8107K148184	03/22/2018	03/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<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			CUP7K16875A	03/22/2018	03/22/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB6K967849	03/22/2018	03/22/2019	<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
E	Professional Liab			PKC104899	03/22/2018	03/22/2019	Claims Made \$ 2,000,000
E	Pollution Liab			PKC104899	03/22/2018	03/22/2019	Policy Limit \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is named as additional insured including products and completed operations for general liability per CGD14, and auto liability when required by written contract. General Liability is primary and non-contributory when required by written contract. Waiver of subrogation applies to general liability, auto liability, and workers' compensation for the certificate holders when required by written contract. Umbrella extends over general liability, auto liability, and employer's liability. Cancellation applies as per policy terms, conditions and exclusions.

RE: All Projects Performed 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 named as an Additional Insured with respect to General Liability when required by written contract. Retro Date - Professional Liability - 08/26/2004.

## 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

**FIRST AMENDMENT TO THE ANNUAL CONSTRUCTION MATERIALS TESTING,  
GEOTECHNICAL ENGINEERING AND INSPECTION SERVICES  
CONTRACT NO. R2017-1660  
DATED NOVEMBER 7, 2017, BY AND BETWEEN  
TERRACON CONSULTANTS, INC., AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Construction Materials Testing, Geotechnical Engineering and Inspection (Testing Lab) Services Contract dated November 7, 2017, (R2017-1660), hereinafter "CONTRACT" by and between Terracon Consultants, 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 November 7, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Testing Lab Services CONTRACT for engineering services and other related tasks throughout Palm Beach County; and

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. 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.

3. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
4. Except as provided herein, all other provisions of the Annual Testing Lab Services CONTRACT dated November 7, 2017, (R2017-1660), hereby confirmed shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties have caused this First Amendment to the Annual Testing Lab Services Contract (R2017-1660) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**Terracon Consultants, Inc.**  
a Delaware Corporation

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Melissa McKinlay, Mayor

SEAL

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

BY: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

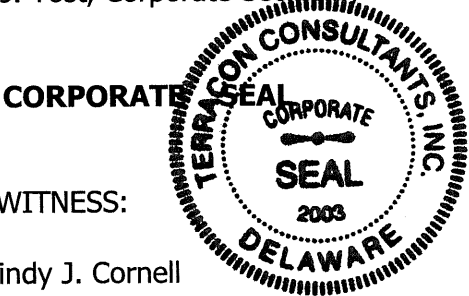
APPROVED AS TO TERMS  
AND CONDITIONS:

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

BY: *Michael J. Yost*  
Michael J. Yost, Corporate Secretary



ATTEST WITNESS:  
Cindy J. Cornell  
BY: \_\_\_\_\_  
(Print Name)

*Cindy J. Cornell*  
(Signature)

Barbara L. Boerner  
BY: \_\_\_\_\_  
(Print Name)

*Barbara L. Boerner*  
(Signature)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

DATE (MM/DD/YYYY)  
4/9/2018

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Company	
	INSURER B: Travelers Property Casualty Co of America	
	INSURER C: The Travelers Indemnity Company	
INSURED 1367976 TERRACON CONSULTANTS, INC. 1225 OMAR ROAD WEST PALM BEACH FL 33405	NAIC #	
	19437	
	25674	
	25658	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES TERC001 CERTIFICATE NUMBER: 12404216 REVISION NUMBER: XXXXXXXX

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> XCU COVERAGE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	TC2J-GLSA-1118L293	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	TC2J-CAP-131J3858 TJBAP131J3895	1/1/2018 1/1/2018	1/1/2019 1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	N	N	ZUP-91M46583 (EXCLUDES PROF. LIAB.)	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B C 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	N/A	TC2JUB131J374218 (AOS) TC2JUB131J374218 (CA) TRKUB131J384618 (AZ,MA,WI)	1/1/2018 1/1/2018 1/1/2018	1/1/2019 1/1/2019 1/1/2019	<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
A	PROFESSIONAL LIABILITY	N	N	26030216	1/1/2018	1/1/2019	\$2,000,000 EACH CLAIM & \$3,000,000 IN THE ANNUAL AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
Re: Construction Materials Testing, Geotechnical Engineering & Inspection Annual Services Agreement on a Task Order Basis; 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 & Agents are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation & professional liability where required by written contract. Professional Liability Retroactive Date: Full Prior Acts.

CERTIFICATE HOLDER	CANCELLATION
12404216 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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**FIRST AMENDMENT TO THE ANNUAL CONSTRUCTION MATERIALS TESTING,  
GEOTECHNICAL ENGINEERING AND INSPECTION SERVICES  
CONTRACT NO. R2017-1661  
DATED NOVEMBER 7, 2017, BY AND BETWEEN  
TIERRA SOUTH FLORIDA, INC., AND PALM BEACH COUNTY**

THIS FIRST AMENDMENT to the Annual Construction Materials Testing, Geotechnical Engineering and Inspection (Testing Lab) Services Contract dated November 7, 2017, (R2017-1661), hereinafter "CONTRACT" by and between Tierra South Florida, 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 November 7, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Testing Lab Services CONTRACT for engineering services and other related tasks throughout Palm Beach County; and

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. 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.

3. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
4. Except as provided herein, all other provisions of the Annual Testing Lab Services CONTRACT dated November 7, 2017, (R2017-1661), hereby confirmed shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties have caused this First Amendment to the Annual Testing Lab Services Contract (R2017-1661) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**Tierra South Florida, Inc.**  
a Florida Corporation

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Melissa McKinlay, Mayor

BY: \_\_\_\_\_  
Raj Krishnasamy, P.E., President

**SEAL**

**CORPORATE SEAL**

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

ATTEST WITNESS:

BY: Bonni Furt  
(Print Name)

BY: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

BY: Kumar Vedula, PE  
(Print Name)

\_\_\_\_\_  
(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



TIERSOU-01

NCHANDUVI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2017

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (703) 827-2277 <b>FAX (A/C, No):</b> (703) 827-2279 <b>E-MAIL ADDRESS:</b> admin@amesgough.com																					
<b>INSURED</b>  Tierra South Florida, Inc 2765 Vista Parkway, Suite 10 West Palm Beach, FL 33411	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER B:</td><td>Hartford Insurance Company Midwest (XV) A+</td><td>37478</td></tr><tr><td>INSURER C:</td><td>Hartford Casualty Insurance Company (XV) A+</td><td>29424</td></tr><tr><td>INSURER D:</td><td>Continental Casualty Company (CNA) A, XV</td><td>20443</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Twin City Fire Insurance Company	29459	INSURER B:	Hartford Insurance Company Midwest (XV) A+	37478	INSURER C:	Hartford Casualty Insurance Company (XV) A+	29424	INSURER D:	Continental Casualty Company (CNA) A, XV	20443	INSURER E:			INSURER F:		
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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 SUBR INSD 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 <input checked="" type="checkbox"/> Contractual Liab. <input checked="" type="checkbox"/> Primary/NonContrib GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		42UUNNI5420	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	AUTOMOBILE LIABILITY <input checked="" 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		42UENNL1551	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		42RHUNI5231	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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	42WEEK1279	09/01/2017	09/01/2018	<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		AEH591879490	09/01/2017	09/01/2018	Per Claim 1,000,000
D	Liability		AEH591879490	09/01/2017	09/01/2018	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: All Projects in Palm Beach County.

Palm Beach County, a Political Subdivision of the State of Florida, it's officers, employees, and agents are included as additional insured with respects to General Liability, Auto Liability, and Umbrella Liability when required by written contract via GL Endt (HG 00 01 06 05) and Auto Endt (HA 99 16 03 12). Professional Liability coverage is written on a claims-made basis. Retroactive Date: 09/01/2008.

## 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