

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

<b>Meeting Date:</b> June 5, 2018	<input checked="" type="checkbox"/> <b>Consent</b>	<input type="checkbox"/> <b>Regular</b>
	<input type="checkbox"/> <b>Workshop</b>	<input type="checkbox"/> <b>Public Hearing</b>

<b>Department:</b>	Engineering & Public Works Department
<b>Submitted By:</b>	Engineering & Public Works Department
<b>Submitted For:</b>	Roadway Production Division

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve:

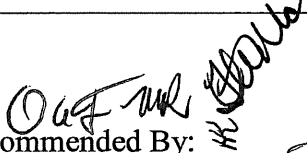

- A) the second amendment to the annual structural engineering services contract with Alan Gerwig & Associates, Inc. (AGA) R2017-0026, dated January 10, 2017, to add reporting language to the contract;
- B) the second amendment to the annual structural engineering services contract with R.J. Behar & Company, Inc. (RJB) R2017-0027, dated January 10, 2017, to add reporting language to the contract;
- C) the second amendment to the annual structural engineering services contract with Stantec Consulting Services, Inc. (SCS) R2017-0137, dated February 7, 2017, to add reporting language to the contract; and
- D) the second amendment to the annual structural engineering services contract with Wantman Group, Inc. (WGI) R2017-0138, dated February 7, 2017, to add reporting language to the contract.

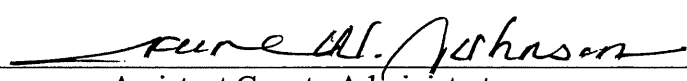
**SUMMARY:** In accordance with Palm Beach County's (County) adopted procedure, approval of these second amendments will add the additional reporting language required by the County to report information regarding the county of residency of the employees that work for the firms that are awarded contracts 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. Second Amendment with AGA and Certificates of Insurance (2)
- 2. Second Amendment with RJB and Certificate of Insurance (2)
- 3. Second Amendment with SCS and Certificates of Insurance (2)
- 4. Second Amendment with WGI and Certificate of Insurance (2)

 Recommended By:	 Department Director	5/18/18 Date
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Approved By:	 Assistant County Administrator	5/23/18 Date
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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: Alii Kovalainen

III. REVIEW COMMENTS

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

Lisa Ponz 5/16/18  
OFMB  
5/19/18  
5/16/18  
5/18/18  
Contract Dev. and Control  
5/23/18

B. Approved as to Form  
and Legal Sufficiency:

Assistant County Attorney  
5/23/18

C. Other Department Review:

\_\_\_\_\_  
Department Director

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

**SECOND AMENDMENT TO THE ANNUAL STRUCTURAL ENGINEERING  
SERVICES  
CONTRACT NO. R2017-0026  
DATED JANUARY 10, 2017, BY AND BETWEEN  
ALAN GERWIG & ASSOCIATES, INC., AND PALM BEACH COUNTY**

THIS SECOND AMENDMENT to the Annual Structural Engineering Services Contract dated January 10, 2017, (R2017-0026), hereinafter "CONTRACT" by and between Alan Gerwig & 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 January 10, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Structural Engineering 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 Structural Engineering Services CONTRACT dated January 10, 2017, (R2017-0026), hereby confirmed shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties have caused this Second Amendment to the Annual Structural Engineering Services Contract (R2017-0026) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

BOARD OF COUNTY COMMISSIONERS

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

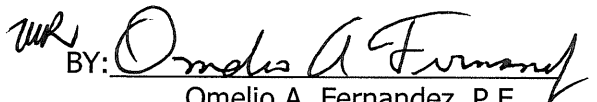
**S E A L**

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

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


CONSULTANT:  
**Alan Gerwig & Associates, Inc.**  
a Florida Corporation

  
BY: \_\_\_\_\_  
Alan Gerwig, P.E., President


**CORPORATE SEAL**

ATTEST WITNESS:

BY:   
(Print Name)

  
(Signature)

BY:   
(Print Name)

  
(Signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2017

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> Collinsworth Ins & Risk Mgmt Services In P.O. Box 661628  Miami Springs FL 33266	<b>CONTACT NAME:</b> Erinn E Collinsworth <b>PHONE (A/C, No, Ext):</b> (786) 930-4795 <b>FAX (A/C, No):</b> (786) 930-4794 <b>E-MAIL ADDRESS:</b> erinn@collinsworthinsurance.com
<b>INSURED</b> Alan Gerwig & Associates, Inc.  12798 W. Forest Hill Blvd. Suite 201 Wellington FL 33414	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Casualty Insurance Comp <b>INSURER B:</b> Underwriters at Lloyd's, Londo <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
(561) 792-9000	<b>NAIC #</b> 29424 AA1122000

COVERAGES CERTIFICATE NUMBER: Cert ID 2010 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	21 SBA RM9558	12/09/2017	12/09/2018	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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		21 SBA RM9558	12/09/2017	12/09/2018	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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		21 SBA RM9558	12/09/2017	12/09/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability		FEI-AEP-10824 Claims-Made Basis	08/25/2017	08/25/2018	Each Claim \$ 1,000,000 Policy Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Professional Liability Retroactive Date 8/25/1998; Professional Liability Deductible \$20,000 Each Claim  
Project Name: "FOR ALL PROJECTS WITH PALM BEACH COUNTY".  
If required by written contract, Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents, shall be named Additional Insured, excluding professional services, as respects to General Liability.

<b>CERTIFICATE HOLDER</b>  Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) P.O. Bo 20270  Long Beach CA 90801	<b>CANCELLATION</b>  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

KDA  
R004

DATE (MM/DD/YYYY)  
12/19/2017

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).

PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No): (888) 443-6112
PAYCHEX INSURANCE AGENCY INC/PAC 250881 P: F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED	NAIC# 29459	
ALAN GERWIG & ASSOCIATES, INC 12798 FOREST HILL BLVD STE 201 WELLINGTON FL 33414		

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 HYPD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N	N/A		76 WBG ZS1268	12/09/2017	12/09/2018	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE- EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Inc C/O Insurance Tracking Services (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 Susan S. Castaneda

12798 W. Forest Hill Boulevard  
Suite 201

Wellington, FL 33414

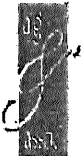
Phone: (561) 792-9000

Fax: (561) 792-9901

CA No. 7969

Alan Gerwig & Associates, Inc.

Consulting Engineers



October 5, 2017

Palm Beach County c/o Insurance  
Tracking Services, Inc. PO Box  
20270  
Long Beach, CA 90801

Re: ITS Account Number: PLC 1753 | Insured: Alan Gerwig & Associates  
Palm Beach County — Engineering Roadway Production  
Contract: Structural Engineering Annual Services

This letter is to serve as declaration that Alan Gerwig & Associates, Inc. does not own any automobiles at the present time. If any vehicles are acquired during the term of the contract, AGA agrees to purchase "all owned" auto coverage as of the date of acquisition.

Sincerely,

Alan Gerwig, P.E.  
President

**SECOND AMENDMENT TO THE ANNUAL STRUCTURAL ENGINEERING  
SERVICES**

**CONTRACT NO. R2017-0027**

**DATED JANUARY 10, 2017, BY AND BETWEEN  
R.J. BEHAR & COMPANY, INC., AND PALM BEACH COUNTY**

THIS SECOND AMENDMENT to the Annual Structural Engineering Services Contract dated January 10, 2017, (R2017-0027), hereinafter "CONTRACT" by and between R.J. Behar & Company, 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 January 10, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Structural Engineering 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 Structural Engineering Services CONTRACT dated January 10, 2017, (R2017-0027), hereby confirmed shall remain in full force and effect.

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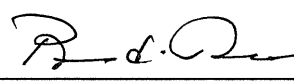
IN WITNESS WHEREOF, the parties have caused this Second Amendment to the Annual Structural Engineering Services Contract (R2017-0027) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**R.J. Behar & Company, Inc.**  
a Florida Corporation

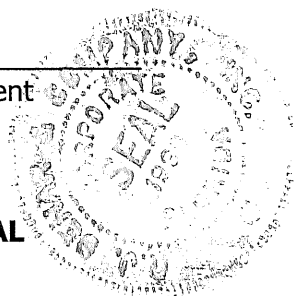
BOARD OF COUNTY COMMISSIONERS

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

BY:  \_\_\_\_\_  
Robert J. Behar, P.E., President

**S E A L**

**CORPORATE SEAL**



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

ATTEST WITNESS:

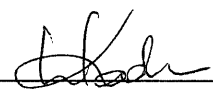
BY: Dereeth Behar  
(Print Name)

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

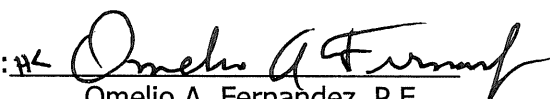
 \_\_\_\_\_  
(Signature)

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

BY: Lizanna Kadir  
(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

Client#: 25186

RJBEHARC

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/16/2017

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 Greyling Ins. Brokerage/EPIC 3780 Mansell Road, Suite 370 Alpharetta, GA 30022	CONTACT NAME: Nicole Larsen PHONE (A/C, No, Ext): 770-552-4225 E-MAIL ADDRESS: Nicole.Larsen@greyling.com FAX (A/C, No): 866-550-4082
INSURED R.J. Behar & Company, Inc. 6861 S.W. 196th Avenue Suite 302 Pembroke Pines, FL 33332	INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Co Ltd 11000 INSURER B : Travelers Casualty & Surety Co of Ameri 31194 INSURER C : Bazzley Insurance Company, Inc. 37540 INSURER D : INSURER E : INSURER F :

## COVERAGES

CERTIFICATE NUMBER: 17-18

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> LOC OTHER:		20SBUAC0037	11/17/2017	11/17/2018	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		20UEGNG0289	11/17/2017	11/17/2018	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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		20SBUAC0037	11/17/2017	11/17/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB8J138920	11/17/2017	11/17/2018	<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
C	Professional Liab & Pollution Liability		V20C99170101	11/17/2017	11/17/2018	Per Claim \$2,000,000 Aggregate \$3,000,000

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

Re: 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 are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation & professional liability where required by written contract. Retroactive Date: Full Retro.

## 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 Dan. Gling
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ACORD 25 (2016/03)  
#S909103/M908978

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NLAR1

**SECOND AMENDMENT TO THE ANNUAL STRUCTURAL ENGINEERING  
SERVICES  
CONTRACT NO. R2017-0137  
DATED FEBRUARY 7, 2017, BY AND BETWEEN  
STANTEC CONSULTING SERVICES INC., AND PALM BEACH COUNTY**

THIS SECOND AMENDMENT to the Annual Structural Engineering Services Contract dated February 7, 2017, (R2017-0137), hereinafter "CONTRACT" by and between Stantec Consulting Services 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 February 7, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Structural Engineering 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 Structural Engineering Services CONTRACT dated February 7, 2017, (R2017-0137), hereby confirmed shall remain in full force and effect.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

IN WITNESS WHEREOF, the parties have caused this Second Amendment to the Annual Structural Engineering Services Contract (R2017-0137) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**Stantec Consulting Services Inc.**

BOARD OF COUNTY COMMISSIONERS

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

BY: \_\_\_\_\_  
Robert T. Carballo, P.E., Vice President

SEAL

CORPORATE SEAL



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

ATTEST WITNESS:  
BY: TULTI HERRANDO  
(Print Name)

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

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

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

BY: Jessica Comellas  
(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



CERTIFICATE OF LIABILITY INSURANCE

10/1/2018

DATE (MM/DD/YYYY)  
9/14/2017

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 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): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	STANTEC CONSULTING SERVICES INC. 2056 VISTA PARKWAY, SUITE 100 WEST PALM BEACH FL 33411-6734	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
1420161		NAIC # 26883	

COVERAGES CERTIFICATE NUMBER: 14178204 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	Y/N <input type="checkbox"/> N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	Professional Liab	N N	GLOPR1701673	10/1/2017	10/1/2018	\$3,000,000 PER CLAIM/AGG
A			FULL PRIOR ACTS			INCLUSIVE OF COSTS
B	Contractors Pollution Liab		CPO8085428	10/1/2017	10/1/2019	\$3,000,000 PER LOSS/AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
2158 RE: FOR ALL PROJECTS WITH PALM BEACH COUNTY. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER.

CERTIFICATE HOLDER	CANCELLATION
14178204 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

5/1/2019

DATE (MM/DD/YYYY)  
4/26/2018

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

NAIC #

INSURER A: Zurich American Insurance Company

16535

INSURER B: Travelers Property Casualty Co of America

25674

INSURER C: American Guarantee and Liab. Ins. Co.

26247

INSURER D:

INSURER E:

INSURER F:

INSURED 1426517 STANTEC CONSULTING SERVICES INC.  
8211 SOUTH 48TH STREET  
PHOENIX AZ 85044

## COVERAGES

CERTIFICATE NUMBER: 14635414

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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	WARRANTY	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/CROSS <input checked="" type="checkbox"/> XCU COVERED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER	Y	Y	GLO0246172	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B B B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRER AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	Y	TC2J-CAP-8E086819 TJ-BAP-8E086820 TC2J-CAP-8E087017	5/1/2018 5/1/2018 5/1/2018	5/1/2019 5/1/2019 5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	Y	AUC9184637	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B B B	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	TC2J-UB-8E08592 (AOS) TRJ-UB-8E08593 (MA, WI) EXCEPT FOR OH ND WA WY	5/1/2018 5/1/2018	5/1/2019 5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
2158 RE: FOR ALL PROJECTS WITH PALM BEACH COUNTY. \*\*\* SEE ATTACHMENT \*\*\*

## CERTIFICATE HOLDER

14635414  
PALM BEACH COUNTY  
C/O INSURANCE TRACKING SERVICES INC. (ITS)  
P.O. BOX 20270  
LONG BEACH CA 90801

## CANCELLATION See Attachments

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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CONTINUATION DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS (Use only if more space is required)

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AND AGENTS ARE ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, BUT ONLY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED, AND THIS COVERAGE IS PRIMARY AND OTHER INSURANCE IS EXCESS AND NON CONTRIBUTORY, IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES IF REQUIRED BY WRITTEN CONTRACT AND ALLOWED BY STATE LAW. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER.

**OFFICER'S CERTIFICATE**  
of  
**STANTEC CONSULTING SERVICES INC., A NEW YORK CORPORATION**

I, the undersigned, do hereby certify that:

1. I am the duly elected and acting **Assistant Secretary of Stantec Consulting Services Inc., a New York corporation** (the "**Corporation**").
2. On **June 15, 2017**, the following resolution was adopted by the Corporation's Board of Directors:

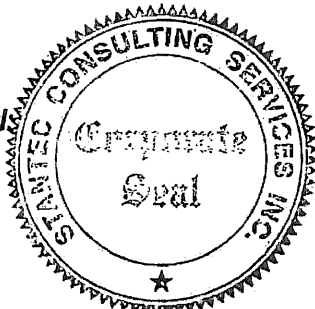
BE IT RESOLVED THAT:

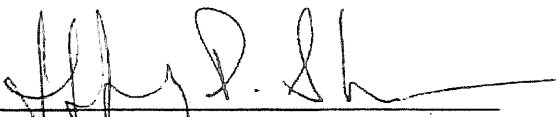
1. the Corporation hereby adopts the Operating and Signing Authority Policies, as modified or amended from time to time, of Stantec Inc.
  2. execution of any documents for and on behalf of the Corporation shall be governed by the Operating and Signing Authority Policies, as modified or amended from time to time, of Stantec Inc.;
  3. the Secretary or any of the Corporate Counsels of the Corporation be authorized, empowered and directed from time to time as required to facilitate the execution of contracts or submission of proposals, to sign, and to seal with the Corporate Seal, Certificates of the foregoing action evidencing the authority delegated in the Operating and Signing Authority Policies, as amended from time to time, of Stantec Inc.
3. **Robert Carballo** is a **Vice President** of the Corporation, and in that capacity, is duly authorized to sign contracts in accordance with the Corporation's Operating and Signing Authority Policies in connection with:

**Palm Beach County, Florida**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Corporation, this 17th day of October 2017.

Corporate Seal



  
Jeffrey P. Stone, Vice President &  
Associate General Counsel and  
Assistant Secretary



**SECOND AMENDMENT TO THE ANNUAL STRUCTURAL ENGINEERING  
SERVICES  
CONTRACT NO. R2017-0138  
DATED FEBRUARY 7, 2017, BY AND BETWEEN  
WANTMAN GROUP, INC., AND PALM BEACH COUNTY**

THIS SECOND AMENDMENT to the Annual Structural Engineering Services Contract dated February 7, 2017, (R2017-0138), hereinafter "CONTRACT" by and between Wantman 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 February 7, 2017, the CONSULTANT and COUNTY entered into a twelve month Annual Structural Engineering 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 Structural Engineering Services CONTRACT dated February 7, 2017, (R2017-0138), hereby confirmed shall remain in full force and effect.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

IN WITNESS WHEREOF, the parties have caused this Second Amendment to the Annual Structural Engineering Services Contract (R2017-0138) to be executed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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

CONSULTANT:  
**Wantman Group, Inc.**  
a Florida Corporation

BOARD OF COUNTY COMMISSIONERS

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

BY: \_\_\_\_\_  
Mario Echagarrua, Executive Vice President

**S E A L**

**CORPORATE SEAL**

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

ATTEST WITNESS:

BY: KIM DRAGGOS  
(Print Name)

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

Kim Draggos  
(Signature)

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

BY: Dawn Cox  
(Print Name)

Dawn Marie Cox  
(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

ACORD™

Client#: 25411

WANTGROU

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/12/2017

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 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 Greyling Ins. Brokerage/EPIC 3780 Mansell Road, Suite 370 Alpharetta, GA 30022	CONTACT NAME: Katie Kresner PHONE (A/C, No, Ext): 770.552.4225 FAX (A/C, No): 866.550.4082 E-MAIL: Katie.Kresner@greyling.com ADDRESS: Katie.Kresner@greyling.com
INSURED Wantman Group, Inc. 2035 Vista Parkway Suite 100 West Palm Beach, FL 33411	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins. Co. 19445 INSURER B: Continental Insurance Company 35289 INSURER C: New Hampshire Ins. Co. 23841 INSURER D: Lexington Insurance Company 19437 INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 17-18

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> LOG OTHER:		4613985	09/18/2017	08/01/2018	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 \$
A	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		9775972	09/18/2017	08/01/2018	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 EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10000	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	6049958687	09/18/2017	08/01/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
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 N/A	11569886	09/18/2017	08/01/2018	<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 Liability		027015040	09/18/2017	08/01/2018	Per Claim \$2,000,000 Aggregate \$2,000,000

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

Re: For All Projects with Palm Beach County; ITS Account Number PLC1800.

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.

Waiver of Subrogation is applicable where required by written contract & allowed by law.

Retroactive Date 7/1/1991. Professional Liability Deductible \$50,000.

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) P.O. Bo 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 <i>D.H. Gilling</i>
---	--

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ACORD 25 (2014/01) 1 of 2 The ACORD name and logo are registered marks of ACORD  
#S856540/M855537

KKRE1

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WANTMAN GROUP, INC.  
**Corporate Officers and Other Persons Authorized to Sign Contracts**  
(As of July 18, 2017)

**GROUP A** Promissory Notes, Leases, Obligations, Agreements, Contracts, etc.

David S. Wantman	President
Joel N. Wantman	Chairman of the Board

**GROUP B** Contracts for Professional Services (includes contract modifications, task orders, supplemental agreements, price proposals and letter contracts) pertaining to the scope of responsibility of the signer may be signed by the following individuals:

Mario Echagarrua	Executive Vice President – All Disciplines
Robin B. Petzold	Executive Vice President – Survey and SUE
Nancy A. Clements	Senior Vice President – Transportation
Michael L. Davis	Senior Vice President – Environmental/Planning/LA/Civil
Walter V. Kloss <sup>1</sup>	Vice President & Division Manager – Transportation

**\*\*GROUP C** Contracts for Professional Services (includes contract modifications, task orders, supplemental agreements, price proposals and letter contracts) pertaining to the scope of responsibility of the signer with **fees under \$300,000** may be signed by the following individuals:

Henri V. Belrose	Vice President & Senior Project Manager – Transportation
Sam Hall	Vice President & Senior Project Manager – Survey
Clayton Wolfe	Director – Structures
Erik L. Brueningsen	SUE Services Manager
Brian C. Rheault <sup>2</sup>	Structures Project Principal
Lynn Zolezzi <sup>3</sup>	Division Manager – Transportation Planning
Arnaldo Hernandez	Director – Architecture
Gary Cudney	Senior Vice President – Parking & Restoration
David Kent	Principal – Corporate Projects and Planning
Michael Ortlieb	Vice President – Parking Solutions

**\*\*GROUP D** Contracts for Professional Services using the WGI standard Proposal Forms (includes contract modifications, task orders, supplemental agreements, and price proposals) with **fees under \$50,000** may be signed by the following individuals:

Brian J. LaMotte	Vice President & Chief Marketing Officer
Jeffrey N. Brophy	Vice President – Land Planning
Brian Terry	Vice President – Land Planning
Bryan R. Donahue	Division Manager – Landscape
Jeremiah Slaymaker	Regional Manager – North Florida Survey / SUE
Rob McConnell	Vice President – Parking Solutions
Raymond Smith	Vice President – Parking Solutions
Torrey Thompson	Division Manager – Restoration
Fabio Seratto	Manager – Parking Solutions
Mark Sampson	Manager – Restoration

**\*\* ALL contracts for professional services with fees in excess of \$300,000 for GROUP C and \$50,000 for GROUP D shall be executed by an individual listed in GROUP B who is responsible for the primary scope of work included in the contract, or alternatively, an individual in GROUP A.**

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**ANY CONTRACT IN EXCESS OF \$1,500,000 REQUIRES THE SIGNATURE OF TWO (2) GROUP B OFFICERS OR  
ONE (1) GROUP A OFFICER.**

<sup>1</sup> Signature authority for contracts in excess of \$300,000 is limited to contracts with the Florida Department of Transportation.

<sup>2</sup> Signature authority applies to contracts with Palm Beach County, City of Boca Raton and Indian River County.

<sup>3</sup> Signature Authority applies to FDOT contracts only.