## PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

## **AGENDA ITEM SUMMARY**

Meeting Date: April 2, 2019	[X] Consen [] Worksh	t [ ] Regular op [ ] Public Hearing
Submitted By: Department of Airports	<b>;</b>	
<u>I. EXE</u>	ECUTIVE BRIEF	
Motion and Title: Staff recommends Signatory Airline Agreement with Ameri Agreement), replacing Exhibit "B" to th counter space from American Airlines' le Palm Beach International Airport (PBI), e	ican Airlines, Inc. (R-20 ne Agreement, to remo easehold for a rental re	116-0974, as amended) (the ve 72 square feet of ticket eduction of \$2,590.91 at the
<b>Summary:</b> American Airlines has agree will result in positioning the Airport's come Third Amendment results in a net repore ferential use space. Delegation of agreement above was approved by the B	nmon-use ticket counter eduction of 72 square f authority for execution	rs to a central location. This feet in American Airlines' on of the standard County
Background and Justification: N/A		
Attachments: One (1) Third Amendme	nt to Signatory Airline A	greement
Recommended By: Departm	Seebec nent Director	2-25-19 Date
Approved By:	Administrator	3/8/19

## **II. FISCAL IMPACT ANALYSIS**

A. Five Year Summary of Fiscal Impact:					
Fiscal Years	<u>2019</u>	<u>2020</u>	<u>2021</u>	2022	2023
Capital Expenditures Operating Costs Operating Revenues Program Income (County) In-Kind Match (County)	\$2,591	\$-0-	<b>\$-0-</b>	\$-0-	\$-0-
NET FISCAL IMPACT # ADDITIONAL FTE POSITIONS (Cumulative)	<b>\$2,591</b>	\$-0-	\$-0-	<u>\$-0-</u>	<u>\$-0-</u>
Is Item Included in Current Bud Does this item include the use			o No _X	_	
Budget Account No: Fund <u>41</u> Reporting Cate	00 Departr	ment <u>120</u>	Unit <u>8430</u>	RSource 44	114
B. Recommended Sources of	Funds/Sum	mary of Fisc	al Impact:		
The relocation of American Airlines' ticket counters resulted in a net reduction of 72 square feet to American Airlines' preferential use space. The relocation was effective February 20, 2019. The FY2019 rental rate for American Airlines, a signatory airline, is \$58.98 per square foot. The Signatory Airline Agreement expires September 30, 2019.					
C. Departmental Fiscal Review:					
III. REVIEW COMMENTS					
A. OFMB Fiscal and/or Contract Development and Control Comments:					
Thompony 3/1/19 OFMB			Contract 3/	Dev. and Co	what 35)
B. Legal Sufficiency:			,	jes no	
Assistant County Attorney	<u>3-6-19</u>				
C. Other Department Review:					
Department Director	-				

**REVISED 11/17** 

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT)

From:

Jackie Binns A. Steve Schlamp

Subject: Date: RE: American Airlines insurance review Friday, February 22, 2019 9:11:25 AM

Attachments:

image001.png

The insurance is approved.

#### Jackie

Jacqueline Binns, ARM-P
Property & Casualty Insurance and Claims Manager
Palm Beach County
Risk Management Division
100 Australian Av, Suite 200
West Palm Beach, FL 33406
jbinns@pbcgov.org
(561) 233-5422



From: Steve Schlamp < schlamp@pbia.org> Sent: Thursday, February 21, 2019 11:54 AM

To: Risk-InsReq@pbcgov.org>; Jackie Binns A. <JBinns@pbcgov.org>

Subject: American Airlines insurance review

Good morning – American Airlines operates at PBI thru a Signatory Airline Agmt. The first attachment is the Agmt, see Article 12 for the insurance requirements. The second and third attachments are American's COIs. It appears American is compliant but as we're processing an agenda to the BCC please review. Thank you.

#### Steve

Steven K. Schlamp
Assistant Airports Properties Manager
Palm Beach County Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406
(561) 471-7456 Fax: (561) 471-7427

E-Mail: schlamp@pbia.org





#### Willis Towers Watson | | | | | | | | |

CERTIFICATE OF INSURANCE
Issued on behalf of Insurers by
Willis Towers Watson – Willis Aerospace-Americas
200 Liberty Street
New York, N.Y. 10281-1003
Telephone (212) 915-8888, Fax (212) 519-5431

This is to certify to:

Palm Beach County, Board of County Commissioners c/o Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406 Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801 Contract Numbers: PBI-AM-15-01 and PBI-AM-14-02

(Sometimes referred to herein as the Certificate Holder(s))

that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:

NAMED INSURED:

American Airlines Group Inc.; and American Airlines, Inc.; including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

NAMED INSURED'S ADDRESS:

P. O. Box 619616

Dallas/Ft. Worth Airport, Texas 75261-9616

**INSURANCE COVERAGES:** 

Airline Liability Insurance (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

#### Willis Towers Watson | | | | | | | |

**POLICY PERIOD:** 

**Regarding Airline Liability Insurance:** December 22, 2018 to December 22, 2019 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:** 

Worldwide.

LIMITS OF LIABILITY:

Note: Aggregate Limits may be reduced due to paid claims

As respects Airline Liability Insurance: Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$100,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

As respects Personal Injury other than passengers: US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

As respects Excess Advertiser's Liability, Excess Automobile Liability and Excess Employers Liability: This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

As respects Excess Aviation War Hijacking and Other Perils Liability Insurance to pay the difference between:

- (1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$100,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and
- (2) sublimit contained in the Primary Policy of US\$250,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:** 

**Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

USE OF VEHICLES INSURED:

**Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**CONTRACT(S):** 

Airline-Airport Use and Lease Agreement. Contract No. PBI-AM-15-01 and PBI-AM-14-02

# WillisTowers Watson [1] [1]

regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)")

**EQUIPMENT INSURED:** 

Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").

## Willis Towers Watson | ... | ...

#### SECURITY (the "Insurers")

The Insurers, their Policy Numbers and the Policy Period for the Renewal Policy Period may be found at the following website:

http://access.willis.com/site/ams/SitePages/Home.aspx

The Logon is: ext\usa.security

The Password is: willis4444

#### Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

For Assistance please contact Jennie Lee at jennie.lee@willistowerswatson.com.

#### WillisTowers Watson IIIIIIII

#### **SPECIAL PROVISION(S)**

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

**Solely as respects Liability Coverage(s):** Palm Beach County, a political subdivision of the State of Florida, its Officers, Employees, and Agents, c;/o Department of Airport and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

Solely as respects Liability Coverage(s): Such insurance as is afforded the Named Insured under the policies applies to liability assumed by the Named Insured under the Contract(s), but only to the extent of the coverage otherwise afforded under the policies.

Solely as respects Liability Coverage(s): In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective as to the Additional Insureds until thirty (30) days (seven (7) days or such shorter period as may be customary in the case of Aircraft Hull War Risks and Allied Perils Insurance and Extended Coverage Endorsement (Aviation Liabilities) / ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

DATE OF ISSUE:

December 21, 2018

AUTHORIZED REPRESENTATIVE:

Willis Towers Watson Willis Aerospace-Americas



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2018

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).

this certificate does not confer rights to the certificate holder in fieu of s	uch endorsement(s).		
PRODUCER	CONTACT		
Willis of Arizona, Inc.	NAME: PHONE 1 977 945 7379 FAX 1 999 467 9979		
c/o 26 Century Blvd	(A/C, No, Ext): 1-877-945-7378	X C, No): 1-888-467-2378	
P.O. Box 305191	E-MAIL ADDRESS: certificates@willis.com		
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Insurance Company of the State of	f Pennsylv 19429	
INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	INSURER B: New Hampshire Insurance Company		
	INSURER C: American Home Assurance Company	19380	
	INSURER D: National Union Fire Insurance Company of P 19445		
	INSURER E: Commerce & Industry Insurance Com	mpany 19410	
COVERAGES	INSURER F:		

<u> </u>	INSURER F:						
			TE NUMBER: W6767898			REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	MENT, LERM OR CONDITION ( N. THE INSURANCE AFFORDS	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPEC	T TO MUICU TUIC
INSF		ADDL SU INSD W	JBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$ \$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:		l l			GENERAL AGGREGATE	\$
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$
<u> </u>	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	X ANY AUTO OWNED SCHEDULED	Y				BODILY INJURY (Per person)	\$
^	AUTOS ONLY AUTOS	Y	CA 7742330	07/01/2018	07/01/2019	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
<u></u>							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE S	8
	EXCESS LIAB CLAIMS-MADE					AGGREGATE S	· · · · · · · · · · · · · · · · · · ·
	DED RETENTION \$		ļ				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					× PER STATUTE ER	
В	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WG 010177151	07/04/0040	, ,		1,000,000
	(Mandatory in NH)	"	WC 018177151	07/01/2018	07/01/2019	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000
С	Workers Compensation		WC 018177146	07/01/2018	07/01/2019		1,000,000
	and Employers Liability - CA					Disease-policy limit \$	1,000,000
	Per Statute					Disease-each employee\$	1,000,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
	omobile Coverage applies only	to ve	hicles off of the rest	ricted airport	premises.		
SEE	ATTACHED						
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l							i

CERTIFICATE HOLDER	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.
Palm Beach County, Board of County Commissioners c/o Department of Airports	AUTHORIZED REPRESENTATIVE
846 Palm Beach International Airport West Palm Beach, FL 33406	John Jacoba

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 16370949

BATCH: 769938

AGENCY CUSTOMER ID:	-
LOC #·	A Company of the Comp

NAMED INSURED
American Airlines Group Inc., et al (see attached)
4333 Amon Carter Boulevard
Fort Worth, TX 76155



POLICY NUMBER See Page 1

## ADDITIONAL REMARKS SCHEDULE

Page \_ 2 of \_ 3

CARRIER	***************************************	NAIC CODE		
See Page 1		See Page 1	EFFECTIVE DATE: See Page 1	
ADDITIONAL REMARKS		<u></u>		
THIS ADDITIONAL REMARKS FORM IS	A SCHEDULE TO ACC	ORD FORM,		
	TLE: Certificate of		Insurance	
Palm Beach County Board of Count Employees, c/o Palm Beach Count 33406 are included as Additiona	y Department of A	irports, 84	6 Palm Beach Internation	ate of Florida, its Officers and nal Airport, West Palm Beach, Florida n by written contract.
INSURER AFFORDING COVERAGE: Ins POLICY NUMBER: WC 018177147	urance Company of EFF DATE: 07/01/2		of Pennsylvania P DATE: 07/01/2019	NAIC#: 19429
TYPE OF INSURANCE: Workers Compensation and Employers Liability - FL Per Statute	LIMIT DESCRIPTION Each accident: Disease-policy li Disease-each empl	.mit	LIMIT AMOUNT: \$1,000,000 \$1,000,000 \$1,000,000	
INSURER AFFORDING COVERAGE: New POLICY NUMBER: WC 018177152	Hampshire Insuran		P DATE: 07/01/2019	NAIC#: 23841
TYPE OF INSURANCE: Workers Compensation and Employers Liability - NY Per Statute	LIMIT DESCRIPTION Each accident: Disease-policy li Disease-each empl	mit	LIMIT AMOUNT: \$1,000,000 \$1,000,000 \$1,000,000	
INSURER AFFORDING COVERAGE: New POLICY NUMBER: WC 018177148	Hampshire Insuran EFF DATE: 07/01/2		P DATE: 07/01/2019	NAIC#: 23841
TYPE OF INSURANCE: Workers Compensation and Employers Liability - ME Per Statute	LIMIT DESCRIPTION Each accident: Disease-policy li Disease-each empl	mit	LIMIT AMOUNT: \$1,000,000 \$1,000,000 \$1,000,000	

AGENCY CUSTOMER ID:	
1.00.#	

NAMED INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155



POLICY NUMBER

Willis of Arizona, Inc.

# ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

See Page 1		TOLE WOLLIN IN 70133			
CARRIER	NAIC CODE				
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHED	ULE TO ACORD FORM,				
	ificate of Liability	Insurance			
INSURER AFFORDING COVERAGE: National Un	ion Fire Insurance Co	ompany of Pittsburgh	NAIC#: 19445		
		P DATE: 07/01/2019			
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:			
Workers Compensation	Each accident:	\$1,000,000			
and Employers Liability - MA,ND,OH,WA	Disease-policy limit	\$1,000,000			
WI,WY - Per Statute	Disease-each employe				
INSURER AFFORDING COVERAGE: New Hampshi	re Insurance Company		NAIC#: 23841		
		P DATE: 07/01/2019	NAIC#: 23041		
TYPE OF INSURANCE:					
Workers Compensation	LIMIT DESCRIPTION: Each accident:	LIMIT AMOUNT:			
and Employers Liability-AK, AZ, IL, KY, NC	Disease-policy limi	\$1,000,000			
NH, NJ, PA, UT, VA, VT-Per Statute	Disease-each employ	• • •			
	cucii ciipioj	\$1,000,000			
INSURER AFFORDING COVERAGE: Insurance Co		of Pennsylvania	NAIC#: 19429		
POLICY NUMBER: CA 7742332					
TYPE OF INSURANCE: LIMIT D	ESCRIPTION:	LIMIT AMOUNT:			
	d Single Limit	\$1,000,000			
Any Auto Ea accid		. ,			
		<u>.</u>			
INSURER AFFORDING COVERAGE: Commerce & I	-dustum T				
		Mpany ATE: 07/01/2019	NAIC#: 19410		
	OTTOLOUGH EARL L	AIE. 07/01/2019			
	ESCRIPTION:	LIMIT AMOUNT:			
	l Single Limit	\$1,000,000			
Any Auto Ea accid	lent				
		•			

## American Airlines Group Inc. Named Insureds

American Airlines Group Inc. American Airlines, Inc. Americas Ground Services, Inc. Avion Assurance, Ltd. Envoy Aviation Group Inc.

Eagle Aviation Services, Inc.

Envoy Air Inc. (operates under the trade name "American Eagle")

Executive Airlines, Inc.

Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle") PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")

#### **Incumbency Certificate**

I, Kenneth Wimberly, the Assistant Corporate Secretary of American Airlines, Inc. (the "Company"), am authorized to execute and deliver this Certificate on behalf of the Company and hereby certify that David J. Anderson is authorized to sign the Third Amendment to Signatory Airline Agreement between Palm Beach County, a political subdivision of the State of Florida and American Airlines, Inc., a Delaware corporation.

<u>Name</u>

<u>Position</u>

David J. Anderson

**Director - Properties** 

IN WITNESS WHEREOF, I have hereto set my hand and the seal of the Company this day of

Assistant Corporate Secretary

# THIRD AMENDMENT TO SIGNATORY AIRLINE AGREEMENT BETWEEN PALM BEACH COUNTY AND AMERICAN AIRLINES, INC.

THIS THIRD AMENDMENT TO SIGNATORY AIRLINE AGREEMENT (this "Third Amendment") is made and entered into this <u>February 20</u>, 20<u>19</u>, by and between Palm Beach County, a political subdivision of the State of Florida ("County"), and American Airlines, Inc., a Delaware corporation, having its offices and principal place of business at 4333 Amon Carter Blvd., MD 5317, Fort Worth, Texas 76155 ("Airline").

#### WITNESSETH:

**WHEREAS,** County, by and through its Department of Airports (the "Department"), owns and operates the Palm Beach International Airport, located in Palm Beach County, Florida; and

WHEREAS, pursuant to the Signatory Airline Agreement between County and Airline dated June 13, 2016 (R-2016-0974) (the "Agreement"), as amended, Airline leases various terminal facilities and equipment at the Airport in connection with its operations as a commercial air carrier; and

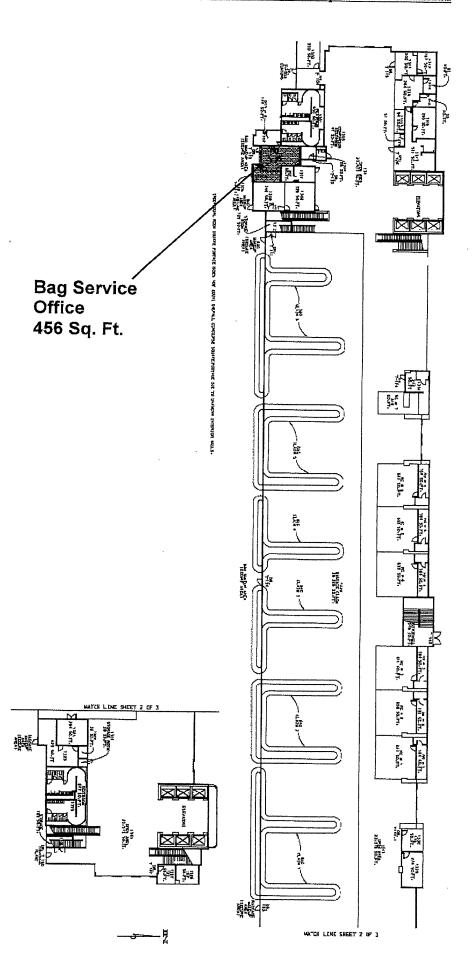
WHEREAS, the parties desire to amend the Agreement as provided for herein.

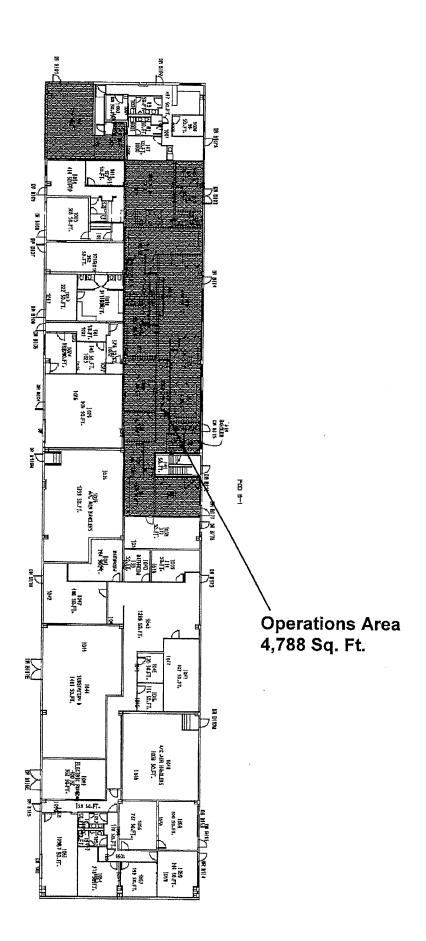
- NOW, THEREFORE, in consideration of the premises and of the mutual covenants herein contained, and for other good and valuable consideration, the receipt of which the parties hereby expressly acknowledge, the parties hereto covenant and agree to the following terms and conditions:
- 1. The foregoing recitals are true and correct and are hereby incorporated herein by reference and made a part hereof. Terms not defined herein shall have the meaning ascribed to them in the Agreement.
- 2. The parties agree that effective February 20, 2019, Exhibit "B", Preferential Use Premises (Terminal Areas), to the Agreement shall be deleted in its entirety and replaced with Exhibit "B", Preferential Use Premises (Terminal Areas), attached to this Third Amendment.
- 3. Exhibits attached hereto and referenced herein shall be deemed to be incorporated into this Third Amendment by such reference.
- 4. Except as specifically modified herein, all of the terms and conditions of the Agreement shall remain unmodified and in full force and effect and are hereby ratified and confirmed by the parties hereto.
  - 5. This Third Amendment shall become effective February 20, 2019.

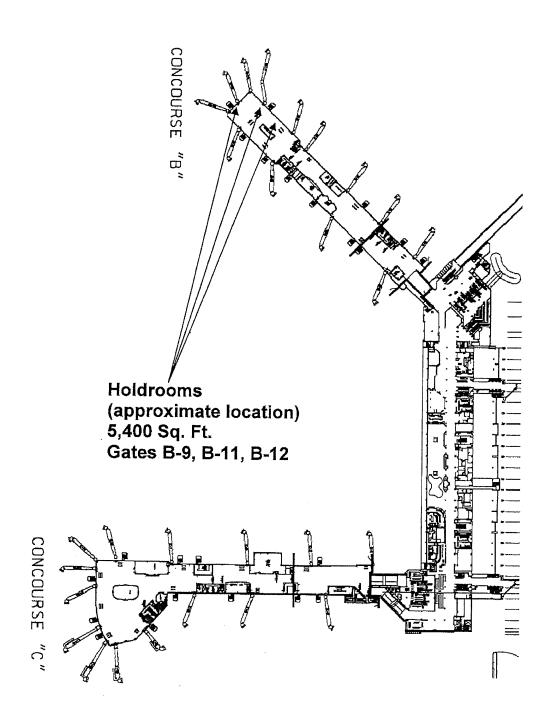
(Remainder of page intentionally left blank)

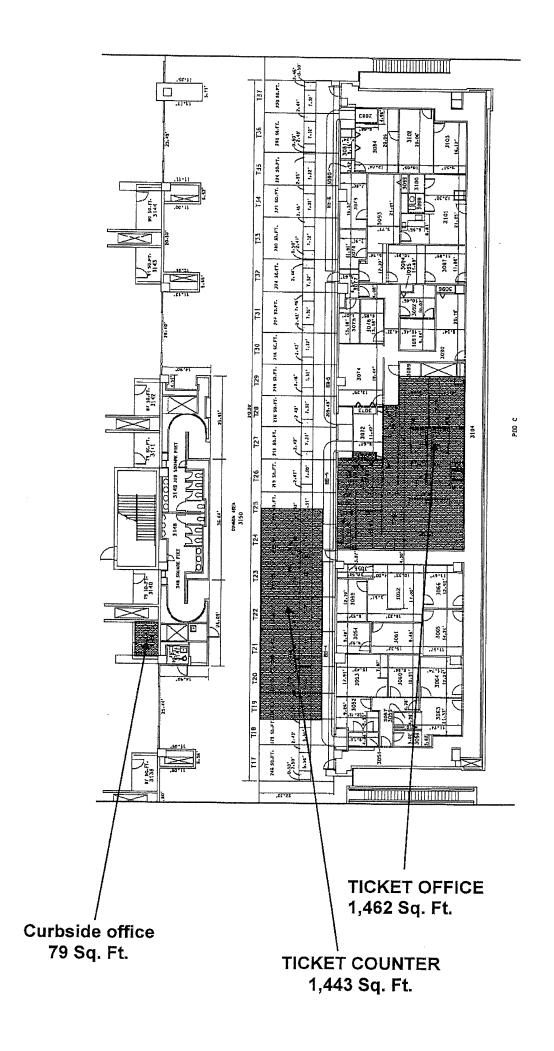
IN WITNESS WHEREOF, the parties hereto have duly executed this Third Amendment as of the day and year first above written.

Signed, sealed and delivered in the presence of two (2) witnesses for	PALM BEACH COUNTY, a political subdivision of the State of Florida
County	BY: Leura Buke
Print Name	Director, Department of Airports
Signature Steven K. Schlang Print Name	
APPROVED AS TO FORM & LEGAL	
SUFFICIENCY:	
County Attorney	
Signed, sealed and delivered in the presence of two (2) witnesses for Airline:	Airline: American Airlines, Inc.  By:
Signature Lack Ston	Typed or printed name of Gorporate-Officer-
Print Name	Title: David J. Anderson
Signature Styron	Director- Corporate Real Estate (Seal)
Print Name Robinson	









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