







MEMORANDUM

Community Services Department
810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336
www.pbcgov.com/communityservices



Palm Beach County
Board of County Commissioners
Mack Bernard, Mayor
Dave Kerner, Vice Mayor
Hal R. Valeche
Gregg K. Weiss
Robert S. Weinroth
Mary Lou Berger
Melissa McKinlay

County Administrator
Verdenia C. Baker

TO: Verdenia C. Baker, County Administrator
Board of County Commissioners
THRU: Nancy L. Bolton, Assistant County Administrator
Board of County Commissioners
FROM: James E. Green, Director
Community Services Department
DATE: February 25, 2019
RE: Ryan White Amendment No. 1 with Health Care
District of Palm Beach County

Handwritten initials NYB in a circle

Handwritten initials JEG

Pursuant to Resolution R-2013-0519, your signature is needed for the approval of Amendment No. 1 to Intergovernmental Agreement for Ryan White Part A HIV Health Support Services with the Health Care District of Palm Beach County (R2018-0371). The Resolution authorizes the County Administrator, or designee, signatory authority on contract amendments related to the Ryan White Program Part A HIV Health Support Services for not more than ten percent (10%) of the contracted amount, or \$150,000, whichever is greater.

The purpose of Amendment Number 1 is to increase the contract total amount by \$7,187 for a new contract amount not to exceed \$132,587 for ADAP, emergency financial assistance and nutritional supplements. The amendment will align the changes in dollar amounts swept during the past year and terminate the contract for future grants year.

Staff will submit this item at the next BCC meeting as a receive and file item to allow the Clerk and Comptroller's Office to receive and file the items in accordance with PPM CW-O-051.

For additional information, please contact Taruna Malhotra at 561-355- 4716

Approved by:

Signature of Assistant Department Director
Assistant Department Director
Signature of Assistant County Attorney
Assistant County Attorney

Signature of QFMB
QFMB
Signature of Assistant County Administrator
Assistant County Administrator

Attachments: Resolution No. R2013-0519
Ryan White Amendment No.1 with HealthCare District of Palm Beach County

"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

RESOLUTION NO. R-2013-0519

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR HIS DESIGNEE, SIGNATORY AUTHORITY ON CONTRACT AMENDMENTS FOR INDIVIDUAL RYAN WHITE CONTRACTED AGENCIES FOR NOT MORE THAN TEN PERCENT OF THE CONTRACTED AMOUNT OR \$150,000, WHICHEVER IS GREATER.**

WHEREAS, Palm Beach County has adopted an optional Home Rule Charter pursuant to Section 1(g) of Article VIII of the Florida State Constitution and Chapter 125 of the Florida Statutes; and

WHEREAS, Section 125.85, Florida Statutes, authorizes the delegation of any powers and duties not set forth therein by resolution or ordinance of the Board of County Commissioners; and

WHEREAS, the delegation of signing authority to the County Administrator, or his designee, on contract amendments not involving more than 10% or \$150,000 of the total agency contracted amount, whichever is greater. This would facilitate timely spending of grant funds which would better enable the grantee to avoid Federal penalty because 95% of grant funds must be spent within a program year; and

WHEREAS, the agenda process is, at times, not conducive to allowing documents to be executed with the greatest dispatch; and

WHEREAS, the delegation to the County Administrator, or his designee, the authority to execute amendments to standard contracts would eliminate delays caused by such items to be brought before the Board of County Commissioners and would therefore be consistent with the goal of the grantee to expend funds in compliance with the Federal mandate; and

WHEREAS, the specific delegation of signatory authority is in accordance with PPM#CW-O-051 when said documents follow the format as set forth in paragraph 2 herein below, which document is incorporated herein and made a part hereof.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, as follows:**

1. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made a part hereof.
2. The County Administrator, or his designee, is hereby expressly authorized to execute, on behalf of the Board of County Commissioners, contract amendments related to the Ryan White Part A Program funds.
3. This delegation of signature authority is strictly limited to the parameters set forth herein above so that the execution of the aforementioned document by the County Administrator constitutes a ministerial act on his part in accordance with PPM #CW-O-051.

4. The foregoing Resolution was offered by Commissioner Taylor, who moved its adoption. The motion was seconded by Commissioner Vana, and upon being put to a vote, the vote was as follows:

Commissioner Steven L. Abrams, Mayor	<u>Aye</u>
Commissioner Priscilla A. Taylor, Vice Mayor	<u>Aye</u>
Commissioner Hal R. Valeche	<u>Aye</u>
Commissioner Paulette Burdick	<u>Aye</u>
Commissioner Shelley Vana	<u>Aye</u>
Commissioner Mary Lou Berger	<u>Aye</u>
Commissioner Jess R. Santamaria	<u>Aye</u>

The Chair thereupon declared the Resolution duly passed and adopted this 7th day of May, 2013.

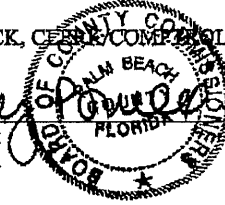
APPROVED AS TO FORM  
LEGAL SUFFICIENCY

By: [Signature]  
Chief Assistant County Attorney

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, COUNTY COMPTROLLER

By: [Signature]  
Deputy Clerk



APPROVED AS TO TERMS  
AND CONDITIONS

BY: [Signature]  
DEPARTMENT HEAD

**AMENDMENT NO. 1 TO INTERGOVERNMENTAL  
AGREEMENT FOR PROVISION  
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO THIS AGREEMENT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2018-0371) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **Health Care District of Palm Beach County**, hereinafter referred to as the DISTRICT, an independent Special Taxing District of the State of Florida subject to the terms of the Palm Beach County Health Care Act (2003 Fla. Laws 326-2003), authorized to do business in the State of Florida, whose Federal Tax I.D. is **65-0145123**.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Emergency Financial Assistance/Prior Authorizations.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on April 10, 2018 is hereby amended as follows:

- I. The first paragraph of **ARTICLE 4 – SCHEDULE** is hereby amended to read: “The term of this intergovernmental agreement shall be for one (1) year, starting March 1, 2018 and shall automatically terminate on February 28, 2019.
- II. New Exhibit “B1” attached hereto shall replace Exhibit “B” in its entirety.
- III. **ARTICLE 3 – PAYMENTS TO DISTRICT/REIMBURSABLE** is hereby amended to reflect a total not to exceed amount for GY18 of **ONE HUNDRED THIRTY-TWO THOUSAND, FIVE HUNDRED AND EIGHTY-SEVEN DOLLARS (\$132,587)**.
- IV. New Exhibit D – Subaward Data
- V. **New Article 9 - Nondiscrimination** to read as follow: The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the AGENCY warrants and represents that throughout the term of the Contract, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Contract.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Amendment to the

Contract shall be and are hereby changed to conform to this Amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

**THIS SPACE INTENTIONALLY LEFT BLANK**

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**

BY Verdenia C. Baker  
Verdenia C. Baker, County Administrator

AGENCY:

Health Care District of Palm Beach County  
Agency's Name Typed

Jenny Lee Trask  
Witness

Jenny Lee Trask  
Name Printed

DocuSigned by:  
Darcy J. Davis  
Agency's Signatory CEO

Darcy J. Davis  
Darcy J. Davis  
Agency's Signatory Typed

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

Shelene C. O'Connell  
Assistant County Attorney

**APPROVED AS TO TERMS AND CONDITIONS**

James E. Green  
James Green, Director  
Department of Community Services

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

DocuSigned by:  
By: Valerie Shahriari  
Valerie Shahriari, Esq. 61411688CABA47F...  
General Counsel  
Health Care District of Palm Beach County



**UNITS OF SERVICE RATE AND DEFINITION**  
**2018 RYAN WHITE PART A - CONTRACT**

**Agency: Health Care District of Palm Beach County**

Description	Total GY18
Food Bank/Nutritional Supplements	\$5,225
Emergency Financial Assistance/Prior Authorizations	\$52,337
ADAP/Local Supplemental Drug Reimbursement Program	\$75,025*
<b>Total Contract for (3) year period</b>	<b>\$132,587</b>

Annual Allocations do not rollover to future years if unspent.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission of Prescription Dispensing Reports. \*As part of the ADAP/Local Supplemental Drug services, the Agency is allowed to bill a dispensing fee of SEVEN dollars (\$7.00) per unit. The backup documentation - copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

Emergency Financial Assistance/Prior Authorizations payments can be made for back services and also to pay forward payments when payments are due within the grant period but are paying for expenses outside the grant period to bring the client current. This includes items due on the first or tenth of the month outside the grant period, which must be issued or mailed to meet the due date.

Payments are limited to essential prescription and over the counter medications and nutritional. All payments made for services rendered or to be rendered outside of the current grant year must be submitted separate from all other reimbursement requests.

## Exhibit D

Subaward Data<sup>1</sup>

(i)	Subrecipient Name	Health Care District of Palm Beach County
(ii)	Subrecipient Unique Entity Identifier:	65-0145123
(iii)	Federal Award Identification Number (FAIN):	6 H89HA00034-25-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	5/22/2018
(v)	Subaward Period of Performance Start Date:	03/01/2018
	Subaward Period of Performance End Date:	02/28/2019
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Subrecipient:	112,587
(vii)	Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation:	112,587
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	112,587
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	U.S. Department of Health and Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Lawrence Momodu
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra
	Contact Information for Palm Beach County Project Director:	Taruna Malhotra
(xi)	CFDA Number and Name:	93.914 HIV Emergency Relief Project Grants
(xii)	Identification of Whether Subaward is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

<sup>1</sup> This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/26/2019

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> Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Health Care District of Palm Beach Cnty. 1515 N. Flagler Dr., Suite 101 West Palm Beach FL 33401 USA	INSURER A: Swiss Re International SE		AA1370020
	INSURER B: National Union Fire Ins Co of Pittsburgh		19445
	INSURER C: American Alternative Ins Corp		19720
	INSURER D:		
	INSURER E:		
	INSURER F:		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570075156643**      **REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY    Coll. Ded. \$1,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS    X <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY    X <input checked="" type="checkbox"/> Comp. Ded. \$1,000    X			CA 0871599	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION			CSHLCL700494 Claims Made GL/AL/PL/AV SIR applies per policy terms & conditions	07/01/2017	07/01/2019	EACH OCCURRENCE AGGREGATE      \$5,000,000 Ea.Loss/Med. Incident      \$5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
c	Misc Liab Cvg			9005570 Helicopter Liability & Hu	10/01/2018	10/01/2019	Non Owned Ea. Occ      \$50,000,000 PD Hangers/Contents      \$2,000,000 SL Airport Premises      \$50,000,000

Certificate No : 570075156643

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

Self-insured retention for Professional Liability is \$500,000 Each Medical Incident or Loss/\$575,000 Aggregate for year 17-18. Self-insured retention for Professional Liability is \$500,000 Each Medical Incident or Loss/\$750,000 Aggregate for year 18-19. Upon erosion of the self insured aggregate for Medical Professional, a maintenance retention of \$50,000 will apply for each and every claim. The General Liability self insured retention is \$500,000 Each Loss. RE: Ryan White Part A HIV Health Support Services. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Community Services Department are included as Additional Insured in accordance with the policy provisions of the Excess General Liability policy.

<b>CERTIFICATE HOLDER</b>  Palm Beach County Board of County Commissioners C/o Department of Community Services Attn: Ryan White Program Manager 810 Datura Street West Palm Beach FL 33401 USA	<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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Health Care District of Palm Beach Cnty.	
POLICY NUMBER See Certificate Number: 570075156643			
CARRIER See Certificate Number: 570075156643	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
C	Misc Liab Cvg			9005570 Helicopter Liability & Hi	10/01/2018	10/01/2019	Med Pay Ea. Person	\$100,000
							Med Pay. Ea. Occur.	\$1,000,000



**CERTIFICATE OF COVERAGE**

**Certificate Holder**

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

**Administrator**

Issue Date 10/26/18

**Florida League of Cities, Inc.**  
**Department of Insurance and Financial Services**  
**P.O. Box 530065**  
**Orlando, Florida 32853-0065**

**COVERAGES**

THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT

COVERAGE PROVIDED BY:

**FLORIDA MUNICIPAL INSURANCE TRUST**

**AGREEMENT NUMBER:** FMIT 0878

**COVERAGE PERIOD:** FROM 10/1/18

**COVERAGE PERIOD:** TO 10/1/19 12:01 AM STANDARD TIME

**TYPE OF COVERAGE - LIABILITY**

**General Liability**

- Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- Errors and Omissions Liability
- Employment Practices Liability
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

**Limits of Liability**

**Automobile Liability**

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

**Limits of Liability**

**TYPE OF COVERAGE - PROPERTY**

- Buildings**
  - Basic Form
  - Special Form
- Personal Property**
  - Basic Form
  - Special Form
- Agreed Amount
- Deductible N/A
- Coinsurance N/A
- Blanket
- Specific
- Replacement Cost
- Actual Cash Value

**Miscellaneous**

- Inland Marine
- Electronic Data Processing
- Bond

**Limits of Liability on File with Administrator**

**TYPE OF COVERAGE - WORKERS' COMPENSATION**

- Statutory Workers' Compensation
- Employers Liability
  - \$1,000,000 Each Accident
  - \$1,000,000 By Disease
  - \$1,000,000 Aggregate By Disease
- Deductible N/A
- SIR Deductible N/A

**Automobile/Equipment - Deductible**

- Physical Damage      NA - Comprehensive - Auto      NA - Collision - Auto      NA - Miscellaneous Equipment

**Other**

**Description of Operations/Locations/Vehicles/Special**

**Items RE:** Contract: Ryan White

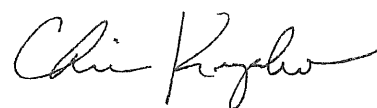
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

**Designated Member**

Health Care District of Palm Beach County  
 1515 North Flagler Drive Suite 101  
 West Palm Beach FL 33401

**Cancellations**

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE