PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: 3	September 10, 2019	[X]	Consent Ordinance	[]	Regular Public Hearing
Submitted By: Submitted For:	Community Service Division of Human		Veteran Servi	ces	

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to Contract for Provision for Financial Assistance with The Homeless Coalition of Palm Beach County, Inc. (R2019-0939), to extend the end date from September 30, 2019 to March 31, 2020, and increase the contract amount by \$71,200 for a new total contract amount not to exceed \$131,600, to provide stipends and purchase equipment and supplies for the Parks to Work program participants.

Summary: The Homeless Coalition of Palm Beach County, Inc. (Homeless Coalition) will provide stipends to approximately nine (9) homeless individuals that are referred from the Palm Beach County Division of Human & Veteran Services (DHVS) Homeless Outreach Programs: Parks to Work Initiative and Assertive Community Outreach Initiative or any other outreach efforts. Parks to Works is a program designed to assist homeless individuals who are present in the Palm Beach County parks. Individuals targeted are those that have been homeless for extended periods of time with medical, substance, and/or mental health issues that make them unemployable by mainstream employers. Each program participant will earn \$10 an hour for six (6) hours per day, five (5) days a week. Participants will receive weekly stipends based on hours worked, for a total of 26 weeks and the Homeless Coalition will provide equipment and supplies. Since the program's inception on February 12, 2018, there have been 38 individuals to participate in the Parks to Work program. Currently, 100% of individuals that participated in the programs received intensive case management, which includes: emergency shelter/housing, medical care, substance abuse treatment, mental health, behavioral health, vocational skills, employment skills, and financial education, with 24% of participants obtaining full time employment, and 8% maintaining full time employment outside of the Parks to Work program. Uwe Naujak, an employee of the Homeless Coalition, is a member of the Homeless Advisory Board. This board provides no oversight, regulation, management, or policy-setting recommendations regarding the agency contract listed above. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Section 2-443, of the Palm Beach County Code of Ethics. (Division of Human and Veteran Services) Countywide (HH)

Background and Justification: The DHVS coordinates outreach efforts throughout Palm Beach County including those efforts that target County parks. Several initiatives have been implemented to pilot new outreach efforts to include the Parks to Work Program and the Assertive Community Outreach Team in an effort to engage and house homeless individuals encountered on a daily basis. The availability to emergency shelter is an important aspect of outreach particularly when individuals have expressed a desire to engage in services.

Attachments: Amendment No. 1 to Contract for Provision for Financial Assistance								
Recommended		8/29/19						
	Department Director	Date '						
Approved by:	Vancy L Bolden	9/9/19						
	Assistant County Administrator	Date '						

II. FISCAL IMPACT ANALYSIS

Department Director

Fiscal Years	2019	2020	2021	2021	2022
Capital Expenditures					
Operating Costs		71,200			
External Revenue					
Program Income				4	
In-Kind Match (County)					
NET FISCAL IMPACT		71,200	-		
# ADDITIONAL FTE POSITIONS (Cumulative)					
Does this item include Budget Account No.: Fund <u>0001</u> Dept. <u>148</u> Un				P	No X eriod <u>FY20</u>
B. Recommended S Source of funding			ary of Fisca	ıl Impact:	
		acir County)	
C. Departmental Fis		r: <u>A</u>	Director of Fin	nancial and Si	upport Services
C. Departmental Fis	cal Review	r: <u>A</u>		nancial and S	upport Services
C. Departmental Fis A. OFMB Fiscal and	cal Review <u>III</u>	Julie Dowe,	<u>OMMENTS</u>		upport Services
A. OFMB Fiscal and	cal Review <u>III</u>	z: Julie Dówe, . REVIEW CC	<u>OMMENTS</u>	trol Commer	
A. OFMB Fiscal and	cal Review <u>III</u> or Contrac	z: Julie Dówe, . REVIEW CC	OMMENTS ent and Con	trol Commer	
A. OFMB Fiscal and	cal Review <u>III</u> or Contrac	z: Julie Dówe, . REVIEW CC	OMMENTS ent and Con	trol Commer	

AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE

THIS AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE (R2019-0939) 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 The Homeless Coalition of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is #27-1871869

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 funds for increase in clients and term of contract.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on July 2, 2019 is hereby amended as follows:

- I. Extend the contract date from September 30, 2019 to March 31, 2020.
- II. New Scope of Work Exhibit "A1" attached hereto shall replace the Work Plan Exhibit "A" in its entirety which decreases the number of clients.
- III. New Exhibit "B1" attached hereto.
- IV. Increase the contract amount by <u>SEVENTY ONE THOUSAND AND TWO</u> <u>HUNDRED DOLLARS (\$71,200).</u>
- V. Total amended contract not to exceed amount will be **ONE HUNDRED THIRTY ONE THOUSAND AND SIX HUNDRED DOLLARS (\$131,600).**

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.

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:	
Sharon R. Bock Clerk and Comptroller	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
BY	BYMack Bernard, Mayor
Deputy Clerk	AGENCY:
	The Homeless Coalition of Palm Beach County, Inc. Agency's Name Typed
	Sophia Euleston
	Agency's Signatory Sophia Eccleston
	Agency's Signatory Typed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS Docusigned by:
Assistant County Attorney	James Green, Director Department of Community Services

Exhibit A1

SCOPE OF WORK

DESCRIPTION OF SERVICES FOR The Homeless Coalition of Palm Beach County, Inc.:

The Agency shall provide Stipends for approximately nine (nine) Parks to Work program participants. Each participant will receive \$10 per hour, for six (6) hours per day, five (5) days a week. Participants will receive pay for the hours worked per week, for a total of 22 weeks per participant. The Agency will purchase equipment and program supplies for each program participant (E.g. boots, gloves, protective clothing, etc.).

MONITORING/REPORTING:

Desk audits will be conducted monthly by the County to determine programmatic and fiscal compliance.

BILLING/PAYMENTS:

Monthly, Exhibits B and C must be submitted by the tenth of each month for reimbursement.

All invoice billings for services relative to this contract must be submitted to Human Services by March 31, 2020.

Maximum

\$71,200

Amount

Agency: The Homeless Coalition of Palm Beach County, Inc.

EXHIBIT B

Monthly Allocation Palm Beach County Division of Human and Veteran Services

Service Date (s):										
FY20 Contract Amount	Request for Reimbursement	Final Total FY20 Contract								
\$70,200		\$70,200								
\$1000		\$1000								
\$71,200		\$71,200								
	\$70,200 \$1000	Amount Reimbursement \$70,200								

All expenditures and activities must be in compliance with the Scope of Work.

Authorized

October

1st

thru

March

 31^{st}

EXHIBIT C

LETTERHEAD STATIONERY

DATE:
AMOUNT OF REIMBURSEMENT REQUEST: \$
FOR MONTH OF:
I hereby certify that by personal examination of the records of this Agency that these expenses, as supported by the attached statements, were made on behalf of this agency for the purposes specified in its approved request for funding. Refer to Palm Beach County Board of County
Commissioners Contract #
Authorized Agency Representative
Date

Client#: 152387 HOMECOA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2019

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 any rights to the certificate holder in I	lieu of such endorsement(s).	
PRODUCER	CONTACT Regina Walker	
CBIZ Weekes & Callaway	PHONE (A/C, No, Ext): 561-257-3711 FAX (A/C, No): 561-900-	1944
3045 W. Atlantic Avenue	E-MAIL ADDRESS: Regina.Walker@CBIZ.com	
Delray Beach, FL 33445	INSURER(S) AFFORDING COVERAGE	NAIC#
561 278-0448	INSURER A: Alliance of Nonprofits for insurance Ri	
INSURED	INSURER B:	
The Homeless Coalition of Palm Beach	INSURER C:	
County, Inc.	INSURER D:	
810 Datura Street	INSURER E :	
West Palm Beach, FL 33401	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOV	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE ION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE Y HAVE BEEN REDUCED BY PAID CLAIMS.	IDIO
INSR TYPE OF INSURANCE INSR WVD POLICY NUMB	POLICY EFF POLICY EXP LIMITS	

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACTOR OF ANY DECENTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	X	Х	201940046	05/12/2019	05/12/2020	EACH OCCURRENCE	\$1,000,000	
^		^					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	
 -	CLAIMS-MADE X OCCUR			-			MED EXP (Any one person)	\$20,000	
1							PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
l	PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000	
	X POLICY JECT LOC							\$	
	OTHER: AUTOMOBILE LIABILITY	-		201940046	05/12/2019	05/12/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
Α				201010010			BODILY INJURY (Per person)	\$	
i	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	W HIRED W NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
1	X AUTOS ONLY X AUTOS ONLY							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
1	OLY MIND IN IDE	1						\$	
	DED RETENTION \$ WORKERS COMPENSATION	 					PER OTH- STATUTE ER		
1	AND EMPLOYERS' LIABILITY VIN		l				E.L. EACH ACCIDENT	\$	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	Liquor Liability	1		201940046	05/12/2019	05/12/2020	Aggregate \$1,000,00	00	
Α	Liquor Liability						Each Occ \$1,000,00	0	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Schedule, ma	y be attached if m	ore space is requ	ired)		
Pali	n Reach County Community Ser	vices	s, Pa	alm Beach County Board of	county con	imissioners	, a Fundan		
Cub	division of the State of Florida if	s Of	fice	rs. Employees and Agents a	are included	as addition	al insured		
on	Subdivision of the State of Florida its Officers, Employees and Agents are included as additional insured on General Liability policy per the attached endorsement. Waiver of Subrogation applies to General Liability								

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Community Services 810 Datura Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
West Palm Beach, FL 33401	AUTHORIZED REPRESENTATIVE CBIZ Insurance Services, Inc.

policy per the attached endorsement.



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 McKinlav

County Administrator

Verdenia C. Baker

"An Equal Opportunity Affirmative Action Employer"

Official Electronic Letterhead

MEMORANDUM

TO: Whom It May Concern

FROM:

DATE: March 28, 2019

RE: Non-Owned Auto Insurance Coverage

Please be advised that Inne does not own any corporate automobiles and therefore maintains liability insurance coverage for hired autos and non-owned autos only. Our certificate of insurance indicates policy information reflecting the same.

Michell Howell-Phelly 5/22/19 Name of Person Signing). Date



MARKEL INSURANCE COMPANY WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Issued June 11, 2019

Standard

1.The Insured's Name and Mailing Address: Homeless Coalition of Palm Beach County, Inc

810 Datura St

West Palm Bch , FL 33401-5204

NCCI Carrier Code: 22616 Policy Number: MWC0150464-01 Renewal of Policy:

Fein # / Risk ID # 650125852

For complete named insured: See Attached Named Insured Schedule Other work place not shown above: See Attached Location Schedule

SIC CODE: 8322

Type of entity: Nonprofit

2. The policy period is from 06/05/2019 to 06/05/2020 [12:01 AM Standard Time] at the insured's mailing address.

A. Workers Compensation Insurance: Part One of this policy applies to the Workers

Compensation Law of the states listed here: FLORIDA

B. Employers Liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A.

The limits of our liability under Part Two are:

Bodily Injury by accident:

\$ 1,000,000

each accident

Bodily Injury by disease:

\$ 1,000,000

policy limit

Bodily Injury by disease:

\$ 1,000,000

each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here: All states except those listed in Item 3A of the Information Page and the following states or territories: District

of Columbia, ID, MT, NY, ND, OH, OR, WA, WY, Puerto Rico and US Virgin Islands. D. This policy includes these endorsements and schedules: See Attached Schedule of Schedules and

Endorsements

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Information r	equired is sub	ject to ve	erification and change by addit.		
Code No.	Classificat	ions	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
		See A	ttached Schedule of Classification	and Premium Detail	
		Prem Total Total Prem Expe Terro Total Audit	ium for Increased Limits Part Two Premium Subject to Experience N Estimated Standard Premium ium Discount, if applicable nse Constant Charge rism Insurance Estimated Annual Premium Noncompliance Charge da FWCIGA Assessment Amount		\$120.00 \$4,403.00 \$4,403.00 \$0.00 \$160.00 \$27.00 \$4,590.00 \$0.00 \$4,590.00
Minimum Prem	ium: \$ 441.0	0	Dep	osit Premium: \$684.00	

Producer: Wallace Welch & Willingham Inc.

Date: 06/11/2019

Countersigned By:

Servicing Office:

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY

1 of 31



Client#: 152387 HOMECOA

ACORD.

West Palm Beach, FL 33401

CERTIFICATE NUMBER:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2019

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INSURER F :

COV	COVERAGES CERTIFICATE NOMBER.								
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.									
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A	X COMMERCIAL GENERAL LIABILITY	X	X	201940046			EACH OCCURRENCE	\$1,000,000	
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ŀ	CLAIMS-MADE A OCCUR						MED EXP (Any one person)	\$20,000	
ŀ							PERSONAL & ADV INJURY	\$1,000,000	
}	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
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ł	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			201940046	05/12/2019	05/12/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
^	ANY AUTO				*		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOG ONET							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						IPER OTH-	\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NIA					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
Α	Liquor Liability			201940046	05/12/2019	05/12/2020			
	•						Each Occ \$1,000,00	u	
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Pal	m Beach County Community Ser odivision of the State of Florida it	vices	i, Pi	Employees and Agents	s are included	as addition	al insured		
Sul	division of the State of Florida it General Liability policy per the at	s Oli	od e	andorsement Waiver of S	ubrogation ap	plies to Ge	neral Liability		
on	General Liability policy per the at icy per the attached endorsemen	tauli t	eu t	madiscincia traitor of o		•	•		
poi	icy per the attached endorsemen	٠.							
					ANOSII ATION				
CE	RTIFICATE HOLDER				ANCELLATION				
	Palm Beach County Con Services 810 Datura Street	nmui	nity		THE EXPIRATION ACCORDANCE V	N DATE THE WITH THE PO	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E PLICY PROVISIONS.	ANCELLED BEFORE BE DELIVERED IN	
	West Palm Beach, FL 33401								

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CBIZ Insurance Services, Inc.

REVISION NUMBER: