

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	<u>\$208,349</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$208,349</u>	_____	_____	_____	_____
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____
 Does this item include the use of federal funds? Yes _____ No X

Budget Account No: Fund 4100 Department 120 Unit 8451 RSource 4416

B. Recommended Sources of Funds/Summary of Fiscal Impact:

This Amendment shifts the rental payment schedule by 5 months, including commencement and termination at the end of the Lease; therefore there is no fiscal impact for the Lease as a whole. Fiscal year 2020 payments will be \$208,349 less than originally anticipated.

C. Departmental Fiscal Review: Walter Duncan

III. REVIEW COMMENTS

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

[Signature] 11/16/2020
 OFMB [Signature] 1/16

[Signature] 1/22/2020
 Contract Dev. and Control

B. Legal Sufficiency:

[Signature] 1/23/20
 Assistant County Attorney

C. Other Department Review:

 Department Director

REVISED 11/17

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

CERTIFICATE
(Corporation)

The undersigned hereby certifies that the following are true and correct statements:

1. That Ira P. Berman is the Secretary of Gulfstream Product Support Corporation, a corporation organized and existing in good standing under the laws of the State of Delaware, hereinafter referred to as the "Corporation", and that the following Resolutions are true and correct copies of certain Resolutions adopted by the Board of Directors of the Corporation as of the 10th day of January, 2020, in accordance with the laws of the State of Delaware, the Articles of Incorporation and the By-laws of the Corporation:

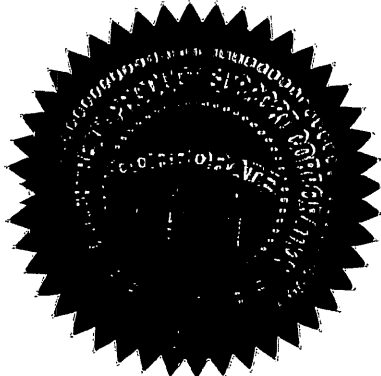
RESOLVED, that the Corporation shall enter into that certain Second Amendment to Fixed Base Operator Lease Agreement between Palm Beach County, a political subdivision of the State of Florida and the Corporation (the "Agreement"), a copy of which is attached hereto; and be it

FURTHER RESOLVED, that James P. Whalen, the Assistant Secretary of the Corporation, is hereby authorized and instructed to execute such Agreement and such other instruments as may be necessary and appropriate for the Corporation to fulfill its obligations under the Agreement.

2. That the foregoing resolutions have not been modified, amended, rescinded, revoked or otherwise changed and remain in full force and effect as of the date hereof.

3. That the Corporation is in good standing under the laws of the State of Florida, and has qualified, if legally required, to do business in the State of Florida and has the full power and authority to enter into such Agreement.

IN WITNESS WHEREOF, the undersigned has set his hand and affixed the Corporate Seal of the Corporation the 10th day of January, 2020.



Seal

A handwritten signature in black ink, appearing to read "Ira P. Berman", written over a horizontal line.

[Signature]

Ira P. Berman, Secretary
Gulfstream Product Support Corporation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2020

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 Aon Risk Services South, Inc. 3565 Piedmont Rd. NE, Suite 700 Atlanta, GA 30305	CONTACT NAME: Nick Schuver	
	PHONE (A/C, No, Ext): 404 240 6056 FAX (A/C, No): E-MAIL ADDRESS: nick.schuver@aon.com PRODUCER CUSTOMER ID #:	
INSURED Gulfstream Product Support Corporation 500 Gulfstream Rd. Savannah, GA 31408	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Great American E & S Insurance Company	37532
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - EA EMPLOYEE \$
	Contractors Pollution Liability - Project policy			CSP E379437 00	11/26/2018	05/26/2020	E.L. DISEASE - POLICY LIMIT \$
A		Y	Y				Each pollution incident \$5,000,000 Policy aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage provided for all construction services performed pursuant to the design-build construction agreement between Gulfstream Product Support Corporation and Gray Construction, Inc. dated 12/3/18 at the site identified as PBI Golfview Jet Aviation Lease Parcel "B" (W-5) at Green St. and N. Military Trail, Palm Beach International Airport. Jet Aviation International, Inc. is a named insured on the policy. Cert Holder is an additional insured with a waiver of subrogation

CERTIFICATE HOLDER CANCELLATION

Palm Beach County Board of County commissioners c/o Palm Beach County Department of Airports 846 Palm Beach International Airport West Palm Beach FL 33406	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

DATE (MM/DD/YYYY)
12/16/2019

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).

PRODUCER Aon Risk Services Northeast, Inc. One Liberty Plaza, 165 Broadway, Suite 3201 New York, NY 10006	CONTACT NAME: Barbara Lane
	PHONE (A/C, No, Ext): 212 441-1230 FAX (A/C, No): E-MAIL ADDRESS: Barbara.Lane@aon.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : See Attached Security Page	NAIC #
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Gulfstream Aerospace Corporation and any Gulfstream Affiliate Company
500 Gulfstream Road
Savannah, GA 31407

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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <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	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
A	See Below for Type of Insurance:			See Attached Security Page	11/01/2019	11/01/2020	E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Aviation General Liability including Airport Premises/Operations Liability, Aircraft Products/Completed Operations Liability, Hangarkeepers Liability, Personal Injury
Limits of Liability: \$10,000,000 combined single limit bodily injury and property damage per occurrence and in the aggregate. Hangarkeepers Liability \$10,000,000 per aircraft and \$20,000,000 per occurrence/annual aggregate.
See attached for special provisions

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners c/o Palm Beach County Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406-1470	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 Aon Risk Services Northeast, Inc.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Gulfstream Aerospace and any Gulfstream Affiliate Company	
POLICY NUMBER See Attached Security Page		500 Gulfstream Road Savannah, GA 31407	
CARRIER See Attached Security Page	NAIC CODE	EFFECTIVE DATE: 11/01/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

SPECIAL PROVISIONS:

To the extent required but solely in connection with FBO Agreement between Jet Aviation International and Palm Beach County Board of County Commissioners and Assignment and Assumption of Lease to Gulfstream Aerospace Corporation, subject to the terms, conditions, limitations and exclusions, the policies shall apply as follows:

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Palm Beach County Department of Airports, 846 Palm Beach International Airport, West Palm Beach, Florida 33406 are included as Additional Insureds with respect to the operations of the Named Insured under the terms of the above mentioned agreements. This provision does not extend to any claims arising out of the use of any airport product manufactured, sold, handled or distributed by the Certificate Holder

The above insurance shall be primary and non-contributory to any coverage carried by Certificate Holder as per the terms of above agreements

The inclusion of more than one corporation, person, organization, firm or entity as Insured under this policy shall not in any way affect the rights of any such corporation, person, organization, firm or entity either as respects any claim, demand, suit, or judgment made, brought or recovered, by or in favor of any other Insured, or by or in favor of any employee of such other Insured. The policies shall protect each corporation, person, organization, firm or entity in the same manner, as though a separate policy had been issued to each; but nothing herein shall operate to increase the Insurer's liability as set forth elsewhere in the policies beyond the amount or amounts for which the Insurer would have been liable if only one person or interest had been named as Insured.

Should the above mentioned contract of insurance be cancelled, adversely changed or non-renewed by the Underwriters during the above named certificate period in such manner as to affect this document, we the undersigned, will endeavor to provide 30 days written Notice to the holder of this document (ten days (10) with respect to non-payment of premium or such lesser periods as customary for war and nuclear). However, failure to give such notice shall impose no obligation of any kind upon the undersigned or upon the Underwriters.

**JET AVIATION INTERNATIONAL
ADDITIONAL INSURED – DESIGNATED ORGANIZATION**

It is agreed that with respect to the operations of Jet Aviation International in the United States, SECTION II – WHO IS AN INSURED is amended to include as insureds the organizations shown in the Schedule below under Coverage A with respect to your *aviation operations*.

SCHEDULE

Teterboro Airport, Teterboro, NJ

Macquarie Airports North America

Port Authority of New York & New Jersey

Massachusetts Port Authority Civil Air Terminal

Hanascom Field, Bedford, MA

St. Louis Downtown Airport, Cahokia, IL

Palm Beach Board of County Commissioners

Palm Beach International Airport, West Palm Beach, FL

City of Houston, P.O. Box 60106, Houston, TX 77205-0106

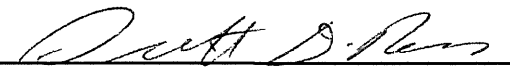
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

This endorsement is effective: November 1, 2019

Attached to and forming part of AVIATION GENERAL LIABILITY INSURANCE FORM GD-19L of policy number 281702L/19 of the Company

Issued to: GENERAL DYNAMICS CORPORATION, ET AL.

GLOBAL AEROSPACE, INC.

BY: 

Endorsement No. 21



AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Gulfstream Aerospace Corporation and any Gulfstream Affiliate Corporation	
POLICY NUMBER See Below		500 Gulfstream Road	
CARRIER See Below	NAIC CODE	Savannah, GA 31407	
		EFFECTIVE DATE: 11/01/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Gulfstream Aerospace Corporation Policy Security List	
Policy Period: November 1, 2019 to November 1, 2020	
Insurer:	Policy Number:
Global Aerospace Inc.	281702H/L19
AIG Aviation	PL0533935-26
Lloyds of London and Various Insurance Companies through Aon Limited	AVLON1902060
XL Specialty Insurance Company	UA00015773AV19A
Allianz Global Risks U.S. Insurance Company	A1PR000196219AM
Starr Surplus Lines Insurance Company	SASLAMR63616319-08
Old Republic Insurance Company	MP 000309-01
<p>The above 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-insuring Insurer who for any reason does not satisfy all or part of its obligation.</p>	



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/10/2020

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PRODUCER Aon Risk Services, Inc. of Washington 1120 20th Street N.W., #600 Washington DC 20036	CONTACT NAME: PHONE (A/C. No. Ext): (202) 223-0673 FAX (A/C. No.): (202) 331-8409 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 10000136	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Gulfstream Aerospace 500 Gulfstream Road Savannah, Georgia 31408 United States	A: National Union Fire Insurance Company of Pittsburgh, PA (AIG) 19445	
	B: New Hampshire Insurance Company (AIG) 23841	
	H: American Home Assurance Company 19380	
	G: Insurance Company of the State of PA 19429	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** CERT05433 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS		Y	2991950(AOS) 2991952(VA) 2991951(MA)	07/01/2019 07/01/2019 07/01/2019	07/01/2020 07/01/2020 07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION		Y	CSUSA1901610(Lloyds)	07/01/2019	07/01/2020	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000	
B B B B B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERS/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	014649307(COS) 014649305(CA) 014649309(FL) 014649310(MA,WI) 014649308(ME) 014649311(AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT) 018177166(OR)	07/01/2019 07/01/2019 07/01/2019 07/01/2019 07/01/2019 07/01/2019	07/01/2020 07/01/2020 07/01/2020 07/01/2020 07/01/2020 07/01/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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	

Certificate No :

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

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners c/o Palm Beach County Department of Airports 846 Palm Beach International Airport West Palm Beach, Florida 33406 United States	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. Authorized Representative <i>Aon Risk Services, Inc. of Washington</i>
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AGENCY CUSTOMER ID: 10000136

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Aon Risk Services, Inc. of Washington		NAMED INSURED Gulfstream Aerospace	
POLICY NUMBER See Certificate Number: CERT05433		500 Gulfstream Road	
CARRIER See Certificate Number: CERT05433	NAIC CODE	Savannah, Georgia 31408 United States	
		EFFECTIVE DATE: 07/01/2019	

ADDITIONAL REMARKS

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

This certificate replaces any previously issued certificates.

Contract Start Date: 01/10/2020
Contract End Date:

Contract Description:
The contract description is provided for informational purposes only; it does not convey any rights under the policy.
Please note that coverage is only evidenced for the insurance term indicated on page 1.

Lease of FBO at Palm Beach International Airport

Workers compensation includes United States Longshore and Harbor Workers Act (33 USC Section 901-950) coverage.

General Dynamics self insures auto physical damage.

A waiver of subrogation is granted in favor of the certificate holder where required by written contract.

If there is a question regarding this certificate please contact: Nichols, Mary Email: mary.nichols@gulfstream.com Phone: 912-965-3318



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/18/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY MARSH USA INC. 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386 CN102961372--19-20		PHONE (A/C, No, Ext): 	COMPANY Various - See Attached	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER See Attached
INSURED General Dynamics Corporation 11011 Sunset Hills Road Reston, VA 20190		EFFECTIVE DATE 10/01/2019	EXPIRATION DATE 10/01/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 RE: LEASED LOCATION AT 4390 GREEN STREET, PALM BEACH INTERNATIONAL AIRPORT, WEST PALM BEACH 33406

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
ALL RISK PROPERTY COVERAGE INCLUDES: BUILDINGS PERSONAL PROPERTY BUSINESS INCOME BOILER & MACHINERY OTHER DEDUCTIBLES MAY APPLY AS PER POLICY TERMS AND CONDITIONS.				X		1,000,000,000	5,000,000

REMARKS (Including Special Conditions)

INSURANCE INCLUDES ALL-RISK PROPERTY INSURANCE INCLUDING FLOOD AND WINDSTORM. ORDINANCE & LAW COVERAGE IS INCLUDED. WAIVER OF SUBROGATION IS INCLUDED WHERE REQUIRED BY WRITTEN CONTRACT. CERTIFICATE HOLDER IS/ARE LOSS PAYEE, AS REQUIRED BY WRITTEN CONTRACT.

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.

ADDITIONAL INTEREST		CLE-006517024-01	
NAME AND ADDRESS PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS C/O PALM BEACH COUNTY DEPARTMENT OF AIRPORTS 846 PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH, FL 33406	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	MORTGAGEE	<input checked="" type="checkbox"/> WAIVER OF SUB.	
	LOAN #		
AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Agneta Jernbeck Bak <i>Agneta Jernbeck Bak</i>			



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA INC.		NAMED INSURED General Dynamics Corporation 11011 Sunset Hills Road Reston, VA 20190	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance

2019-2020 Property Policy Numbers & Limits
 Carrier - Policy Number - Participation

- Primary \$10M
- General Dynamics Self Insurance - \$1,000,000
- Primary \$50M
- SCOR UK Company Limited - BOWPN1900547 - \$2,500,000
- Primary \$100M
- Houston Specialty Insurance Company - PRO440331 - \$11,000,000
- Primary \$250M
- Starr Surplus Lines Insurance Company - SLSTPTY11226419 - \$10,000,000
- Westport Insurance Corporation - NAP 0450049 09- \$25,000,000
- ACE American Insurance Company - GPA D37823120 010- \$50,000,000
- Primary \$1B
- Zurich American Insurance Company - PPR 6692509-09 - \$150,000,000
- Factory Mutual Insurance Company - 1057690 - \$250,000,000
- \$40M Excess of \$10M
- AIG Specialty Insurance Company - 25032721 - \$4,000,000
- \$450M Excess of \$50M
- Oil Casualty Insurance Ltd. - P-101566-1019-00 - \$22,500,000
- PartnerRe Ireland Insurance dac - F609360 - \$45,000,000
- \$150M Excess of \$100M
- Arch Insurance Company - PRP0059127-04 - \$7,500,000
- Lloyd's of London Synd. NEON 2468 - BNPD19AA852Z - \$5,000,000
- Liberty Bermuda Specialty Markets (50%) & Oil Casualty Insurance, Ltd (50%) - LSP0005615 - \$4,000,000

- \$250M Excess of \$250M
- Great Lakes Insurance SE - F02512142019 - \$37,500,000
- HDI Global Specialty SE - PR0269119000- \$25,000,000
- Starr Surplus Lines Insurance Company - SLSTPTY11226419 - \$30,000,000
- Chubb Bermuda Insurance Limited - GENDYNAMIC01430P06 - \$20,000,000
- \$500M Excess of \$500M
- Chubb Bermuda Insurance Ltd. - GENDYNAMIC01430P06 - \$100,000,000
- Mitsui Sumitomo Insurance Company of America - EXP7000492 - \$100,000,000
- Starr Surplus Lines Insurance Company - SLSTPTY11226419 - \$50,000,000
- Zurich American Insurance Company - PPR 6692509-09 - \$50,000,000

6. LENDERS LOSS PAYEE AND MORTGAGEE INTERESTS AND OBLIGATIONS

- A. The Company will pay for loss to specified property insured under this Policy to each specified Lender Loss Payee (hereinafter referred to as Lender) as its interest may appear, and to each specified Mortgagee as its interest may appear, under all present or future mortgages upon such property, in order of precedence of the mortgages.
- B. The interest of the Lender or Mortgagee (as the case may be) in property insured under this Policy will not be invalidated by:
 - 1) any act or neglect of the debtor, mortgagor, or owner (as the case may be) of the property.
 - 2) foreclosure, notice of sale, or similar proceedings with respect to the property.
 - 3) change in the title or ownership of the property.
 - 4) change to a more hazardous occupancy.

The Lender or Mortgagee will notify the Company of any known change in ownership, occupancy, or hazard and, within 10 days of written request by the Company, may pay the increased premium associated with such known change. If the Lender or Mortgagee fails to pay the increased premium, all coverage under this Policy will cease.

- C. If this Policy is cancelled at the request of the Insured or its agent, the coverage for the interest of the Lender or Mortgagee will terminate 10 days after the Company sends to the Lender or Mortgagee written notice of cancellation, unless:
 - 1) sooner terminated by authorization, consent, approval, acceptance, or ratification of the Insured's action by the Lender or Mortgagee, or its agent.
 - 2) this Policy is replaced by the Insured, with a policy providing coverage for the interest of the Lender or Mortgagee, in which event coverage under this Policy with respect to such interest will terminate as of the effective date of the replacement policy, notwithstanding any other provision of this Policy.
- D. The Company may cancel this Policy and/or the interest of the Lender or Mortgagee under this Policy, by giving the Lender or Mortgagee written notice 120 days prior to the effective date of cancellation, if cancellation is for any reason other than non-payment. If the debtor, mortgagor, or owner has failed to pay any premium due under this Policy, the Company may cancel this Policy for such non-payment, but will give the Lender or Mortgagee written notice 10 days prior to the effective date of cancellation. If the Lender or Mortgagee fails to pay the premium due by the specified cancellation date, all coverage under this Policy will cease.
- E. The Company has the right to invoke this Policy's SUSPENSION clause. The suspension of insurance will apply to the interest of the Lender or Mortgagee in any machine, vessel, or part of any machine or vessel, subject to the suspension. The Company will provide the Lender or Mortgagee at the last known address a copy of the suspension notice.

- F. If the Company pays the Lender or Mortgagee for any loss, and denies payment to the debtor, mortgagor or owner, the Company will, to the extent of the payment made to the Lender or Mortgagee be subrogated to the rights of the Lender or Mortgagee under all securities held as collateral to the debt or mortgage. No subrogation will impair the right of the Lender or Mortgagee to sue or recover the full amount of its claim. At its option, the Company may pay to the Lender or Mortgagee the whole principal due on the debt or mortgage plus any accrued interest. In this event, all rights and securities will be assigned and transferred from the Lender or Mortgagee to the Company, and the remaining debt or mortgage will be paid to the Company.
- G. If the Insured fails to render proof of loss, the Lender or Mortgagee, upon notice of the Insured's failure to do so, will render proof of loss within 60 days of notice and will be subject to the provisions of this Policy relating to APPRAISAL, SETTLEMENT OF CLAIMS, and SUIT AGAINST THE COMPANY.
- H. Other provisions relating to the interests and obligations of the Lender or Mortgagee may be added to this Policy by agreement in writing.

**SECOND AMENDMENT TO FIXED BASE OPERATOR LEASE AGREEMENT
BETWEEN PALM BEACH COUNTY AND
GULFSTREAM PRODUCT SUPPORT CORPORATION**

THIS SECOND AMENDMENT TO FIXED BASE OPERATOR LEASE AGREEMENT (this "Amendment") is made and entered into as of _____, 2020 (the "Effective Date"), by and between Palm Beach County, a political subdivision of the State of Florida ("County"), and Gulfstream Product Support Corporation, a Delaware corporation, having its office and principal place of business at 1500 Perimeter Road, West Palm Beach, FL 33406 ("Tenant").

WITNESSETH:

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

WHEREAS, the parties entered into that certain Fixed Base Operator Lease Agreement dated March 14, 2017 (R-2017-0281), as amended by that certain First Amendment dated October 2, 2018 (R-2018-1507) and assigned to Tenant pursuant to an Assignment and Assumption of Lease dated October 16, 2018 ("Lease"); and

WHEREAS, Tenant requested an extension to the construction deadline to May 31, 2020, which was granted by the Department on December 26, 2019, due to delays beyond the reasonable control of Tenant, including delays related to Hurricane Dorian; and

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

NOW, THEREFORE, in consideration of the premises and of the mutual covenants herein contained, and 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. Recitals and Definitions. The foregoing recitals are true and correct and are hereby incorporated herein by reference. Terms not defined herein shall have the meanings set forth in the Lease.

2. Article 3, Commencement Date/Term, of the Lease is hereby amended to delete Section 3.01, Term, in its entirety and replace it with the following:

3.01 Term. The term of this Lease shall commence on the first to occur: (a) the date of substantial completion of the Required Improvements as evidenced by a certificate of occupancy; (b) the date Tenant commences using the Premises (or any part thereof) for the conduct of its business (other than construction); or (c) May 31, 2020 ("Commencement Date"), and terminate twenty (20) years from the Commencement Date ("Initial Term"), unless sooner terminated pursuant to the terms of this Lease.

3. Article 4, Premises and Privileges, of the Lease is hereby amended to delete Section 4.09(A) in its entirety and replace it with the following:

- (A) Subject to the terms, conditions and limitations of this Section, County agrees to relocate that portion of the E-3 ½ Canal to provide airside access to the Expansion Area as generally depicted in the attached Exhibit “B” (“Access Project”), which shall be completed on or before December 31, 2022, unless otherwise agreed to in writing by the parties.

4. Article 4, Premises and Privileges, of the Lease is hereby amended to delete Section 4.09(H) in its entirety and replace it with the following:

- (H) In the event County is unable to secure binding commitments sufficient to satisfy the Funding Condition on or before December 31, 2020, after exercising good faith efforts to do so, County shall notify Tenant in writing, whereupon the parties shall be released from all further liability and obligations under this Section 4.09. The Funding Condition may be extended upon mutual agreement of the parties in writing without formal amendment hereto.

5. Article 8, Construction of Alterations and Improvements, of the Lease is hereby amended to extend the completion date of the Required Improvements from no later than December 31, 2019, to no later than May 31, 2020.

6. Rental Credit. County shall reimburse Tenant for rental payments made prior to the amended Commencement Date as provided in paragraph 2 above, which shall be paid by County in the form of rental credits against future rental amounts payable to County under the Lease. Rental credits shall be applied against amounts payable to County as they become due, until such time as there are no rental credits remaining.

7. Entire Agreement. Except as modified herein, all terms and conditions of the Lease shall remain in full force and effect. In the event of any conflict or inconsistency between the provisions of the Lease and the provisions of this Amendment, the provisions of this Amendment shall govern and control.

8. Counterparts. This Amendment may be executed in any number of counterparts, each of which shall be effective only upon delivery and thereafter shall be deemed an original, and all of which shall be taken to be one and the same instrument, for the same effect as if all parties hereto had signed the same signature page. Any signature page of this Amendment may be detached from any counterpart of this Amendment without impairing the legal effect of any signatures thereon and may be attached to another counterpart of this Amendment identical in form hereto but having attached to it one or more additional signature pages.

9. Effective Date. This Amendment shall become effective when signed by both parties and approved by the Palm Beach County Board of County Commissioners.

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

ATTEST:

PALM BEACH COUNTY, a political subdivision of the State of Florida by its Board of County Commissioners

SHARON R. BOCK

By: _____
Clerk and Comptroller

By: _____
Dave Kerner, Mayor

(SEAL)

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: _____
County Attorney

By: Laura Burke
Director, Department of Airports

Signed, sealed and delivered in the presence of two witnesses

Tenant: GULFSTREAM PRODUCT SUPPORT CORPORATION

for Tenant:

Kandice Harvey
Signature

[Signature]
Signature

Kandice Harvey
Print Name

James P. Whalen
Print Name

Pam Mc Nulty
Signature

Assistant Secretary
Title

Pam Mc Nulty
Print Name

(Seal)

PBI – FBO Lease Agreement
Gulfstream Product Support Corporation

