

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	<u>\$39,939</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u><u>\$39,939</u></u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

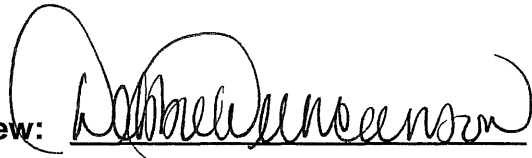
Is Item Included in Current Budget? Yes _____ No X
 Does this item include the use of federal funds? Yes _____ No X

Budget Account No: Fund 4111 Department 121 Unit A301-215 Object 6504
 Reporting Category _____

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

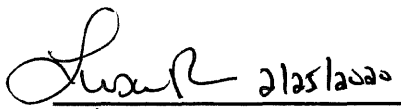

Approval of this item provides budget for Change Order No. 14 to the contract with West Construction, Inc. in the amount of \$39,939. Funding sources consist of Local Airport Revenue of \$39,939; which includes a transfer from Reserves in the amount of \$39,939.

C. Departmental Fiscal Review:



III. REVIEW COMMENTS

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


 OFMB 


 Contract Dev. and Control 

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

 Department Director

REVISED 11/17

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

WEST CONSTRUCTION, INC.

Filing Information

Document Number 555487
FEI/EIN Number 59-1809068
Date Filed 12/16/1977
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 12/30/1983

Principal Address

820 NORTH 4TH STREET
 LANTANA, FL 33462-1710

Changed: 05/01/2017

Mailing Address

820 NORTH 4TH STREET
 LANTANA, FL 33462-1710

Changed: 05/01/2017

Registered Agent Name & Address

MORGAN, MARTHA A
 820 NORTH 4TH STREET
 LANTANA, FL 33462-1710

Name Changed: 04/23/1993

Address Changed: 05/01/2017

Officer/Director Detail

Name & Address

Title VP

WEST, DONNIE E
 820 NORTH 4TH STREET
 LANTANA, FL 33462

Title PTD

MORGAN, MARTHA A
820 NORTH 4TH STREET
LANTANA, FL 33462

Title SEC/ VP

WEST, MATTHEW F
820 NORTH 4TH STREET
LANTANA, FL 33462

Annual Reports

Report Year	Filed Date
2018	01/10/2018
2019	01/16/2019
2020	01/13/2020

Document Images

01/13/2020 -- ANNUAL REPORT	View image in PDF format
01/16/2019 -- ANNUAL REPORT	View image in PDF format
01/10/2018 -- ANNUAL REPORT	View image in PDF format
05/01/2017 -- Reg. Agent Change	View image in PDF format
01/06/2017 -- ANNUAL REPORT	View image in PDF format
02/22/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
01/26/2016 -- ANNUAL REPORT	View image in PDF format
01/07/2015 -- ANNUAL REPORT	View image in PDF format
01/24/2014 -- ANNUAL REPORT	View image in PDF format
01/03/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- ANNUAL REPORT	View image in PDF format
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01/08/2003 -- ANNUAL REPORT	View image in PDF format
01/24/2002 -- ANNUAL REPORT	View image in PDF format
01/10/2001 -- ANNUAL REPORT	View image in PDF format
02/24/2000 -- ANNUAL REPORT	View image in PDF format
03/12/1999 -- ANNUAL REPORT	View image in PDF format
02/16/1998 -- ANNUAL REPORT	View image in PDF format
03/11/1997 -- ANNUAL REPORT	View image in PDF format
04/05/1996 -- ANNUAL REPORT	View image in PDF format
04/19/1995 -- ANNUAL REPORT	View image in PDF format

CORPORATE CERTIFICATE

PBC PROJECT NUMBER: LN 17-1

DATE: 5/17/17

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

1. That he/she is the Secretary of West Construction, Inc Corporation, a corporation organized and existing in good standing under the laws of the State of Florida, 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 17th day of January, 20 17 in accordance with the laws of the State of the State of Incorporation of the Corporation, the Articles of Incorporation and the By-laws of the Corporation:

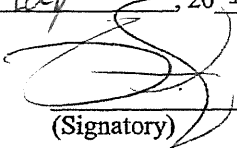
RESOLVED, that the Corporation shall enter into that certain Agreement between Palm Beach County, a political subdivision of the State of Florida and the Corporation, a copy of which is attached hereto, and be it

FURTHER RESOLVED, that Martha A. Morgan the President 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 or its State of Incorporation if other, 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 17th day of May, 20 17.



(Signatory)

Matthew F. West
(Print Signatory's Name)
It's Secretary

(CORPORATE SEAL)

SWORN TO AND SUBSCRIBED before me this 17th day of May 2017 by the
Secretary of the aforesaid corporation, who is personally known to me OR who produced _____
_____ as identification and who did _____ take an oath.



Notary Signature

Aurora Vega

Print Notary Name

NOTARY PUBLIC
State of Florida at Large

My Commission Expires:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2019

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 JDA Insurance Group 120 N Federal Hwy., Suite #301 Lake Worth FL 33460		CONTACT NAME: Anthony Entenza PHONE (A/C, No., Ext): (561) 296-0373 E-MAIL ADDRESS: danielle@thejdagroup.com FAX (A/C, No): (561) 828-0997	
INSURED West Construction Inc., West Architecture + Design, LLC. 820 N. 4th St. Lantana FL 33462		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company NAIC # 16535 INSURER B: American Guarantee & Liability Insurance Company 26247 INSURER C: American Guarantee & Liability Insurance Company 26247 INSURER D: INSURER E: INSURER F:	

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.

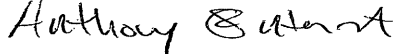
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLO039847303	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP039847403	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	AUC039847603	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER 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)

Re: Insured ID: LN17-1-PBC | ITS Account #: PLC2697. Palm Beach County - Airports Planning and Development

The Certificate Holder is named as additional insured including products and completed operations for general liability per form UGL1175FCW, automobile liability, and umbrella liability when required by written contract. General Liability and Auto Liability are primary and non contributory when required by written contract. Waiver of subrogation applies to general liability, automobile liability, and umbrella liability when required by written contract. Umbrella extends over general liability, auto liability and employer's liability. Should any of the above described policies be cancelled, notice will be delivered in accordance with the

CERTIFICATE HOLDER**CANCELLATION**

Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) P.O Box 20270 Long Beach FL 90801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY JDA Insurance Group		NAMED INSURED West Construction Inc., West Architecture + Design, LLC.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

delivered in accordance with the policy provisions.

CHANGE ORDER

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Owner Initiate | <input checked="" type="checkbox"/> | Quantity Overruns/Underruns |
| <input checked="" type="checkbox"/> | Differing Site Conditions | <input type="checkbox"/> | Request By Another Agency/Outside Party |
| <input type="checkbox"/> | Zoning/Code/Ordinance Changes | <input type="checkbox"/> | A. Reimbursable <input type="checkbox"/> B. Non-Reimbursable |
| <input checked="" type="checkbox"/> | Errors/Omissions/In Design | <input type="checkbox"/> | Other |

PROJECT: **Southside Redevelopment Phase 1 & 2
Palm Beach County Park
Airport (LNA)**

CHANGE ORDER NO: **Fourteen (14)**
 COUNTY/FAA PROJECT NO: **LN17-1**
 CONTRACT DATE: **July 11, 2017**
 (NTP 7/31/17)
 RESOLUTION NO. **R-2017-0935**
 DISTRICT # **Countywide**

TO: **West Construction Inc.
820 North 4th Street
Lantana, Florida 33462**

Description of Change:

This Change Order includes compensation for five (5) Contract Change Proposals (CCPs) as submitted by West Construction, Inc. This modification is referenced in the attached Exhibit 1 Summary by CCP number along with a description of the CCP, individual cost, category of change, time and a brief explanation. The Contract time will be increased by 106 days for substantial completion and 84 days for final acceptance for a total of 190 Calendar Days.

Total Change in Contract Amount..... **\$39,938.65**

EXECUTION OF THIS CHANGE ORDER ACKNOWLEDGES FINAL SETTLEMENT OF, AND RELEASES ALL CLAIMS FOR, COSTS AND TIME ASSOCIATED, DIRECTLY OR INDIRECTLY, WITH THE ABOVE STATED MODIFICATION(S), INCLUDING ALL CLAIMS FOR CUMULATIVE DELAYS OR DISRUPTIONS RESULTING FROM, CAUSED BY, OR INCIDENT TO, SUCH MODIFICATION(S), AND INCLUDING ANY CLAIM THAT THE ABOVE-STATED MODIFICATION(S) CONSTITUTES, IN WHOLE OR PART, A CARDINAL CHANGE TO THE CONTRACT.

The Original Contract Sum was **\$6,353,448.52**
 Net change by previous Change Orders **\$926,859.58**
 The Contract Sum prior to this Change Order was **\$7,280,308.10**
 The Contract Sum will be **increased** by this Change Order **\$39,938.65**
 The new Contract Sum including Change Order will be **\$7,320,246.75**
 The Contract Time will be **increased** by this Change Order **190 Calendar days**
 The Date of Substantial Completion of this Change Order therefore is **December 17, 2019**
 The Date of Final Completion of this Change Order therefore is **April 9, 2020**

AECOM	West Construction Inc.	PBC Board Of County Commissioners
Engineer/Architect	Contractor	Owners
7650 W. Courtney Campbell Causeway	820 North 4th Street	PO Box 21229
Tampa FL 33607-1462	Lantana, Florida 33462	West Palm Beach, FL 33416-1229
Name and Title: Jose Polo, Construction Manager	Name and Title: <i>Matthew F. West, VP</i>	Name and Title: Dave Kerner, Mayor
Signature <i>Jose Polo</i>	Signature <i>Matthew F. West</i>	Signature
Date: <i>2-27-2020</i>	Date: <i>2/26/2020</i>	Date:

PALM BEACH COUNTY DEPARTMENT OF AIRPORTS

Attest: SHARON R. BOCK
Clerk & Comptroller

Approved As To Terms
Terms and Conditions

Approved as to Form and Legal
Sufficiency

By: _____
Deputy Clerk

By: *Laura Bube*
Director of Airports

By: _____
County Attorney

PROJECT INFORMATION									
AIRPORT:		PALM BEACH INTERNATIONAL AIRPORT							
PROJECT:		LN17-1 SOUTHSIDE REDEVELOPMENT PHASE 1 & 2							
CONTRACTOR:		WEST CONSTRUCTION INC							
CONTRACT:		RESOLUTION NO: R-2017-0935							
EXHIBIT 1 CHANGE ORDER NO 14: SUMMARY									
BID ITEM #	Ref Doc	DESCRIPTION	UNIT	QTY	UNIT COST	AMOUNT	DAYS	CODE	SUMMARY EXPLANATION
Existing Pay Items									
New Pay Items									
CO 14.1	CCP 60R1/FB 34	Landscape additions	LS	1.00	\$739.01	\$739.01	0	Omission	CO No 13 included relocating the dumpster enclosure for Fire Station 35. It did not include screening the enclosure. County code Art 5, CH. B., Sec. 1(A)(8)(d) requires screening of dumpster enclosures with a 36" tall hedge.
CO 14.2	CCP 61R3/FB 36	Root Barriers	LS	1.00	\$2,407.32	\$2,407.32	0	Omission	Palm Beach County requires that root barriers be installed on trees that are planted less than 10-ft from utilities. The root barrier requirement was not reflected in the contract documents.
CO 14.3	CCP 62R1 FB 37R1	Drainage Modifications - add Flume	LS	1.00	\$9,247.08	\$9,247.08	0	Omission	The runoff from the adjacent fire station parking lot is creating erosion as it flows to Structure S-12. This scope includes installing a concrete flume, erosion control fabric and resodding the area
CO 14.4	CCP 63/FB 38	Parking Lot Island Modifications	LS	1.00	\$23,861.30	\$23,861.30	See CO 14.7	Error/Omission	During the final inspections by PBC the landscaping inspector noted that there were (2) parking island that did not meet code requiring a minimum distance between trees and utilities. This scope includes partial demolition of (2) islands installed per contract and reconstructing larger islands. The work impacts, curbs, landscaping, irrigation and marking/signage.
CO 14.5	CCP64/FB 39	Install Photo Eyes at Vehicle Gates	LS	1.00	\$3,683.94	\$3,683.94	0	Unforeseen	The wireless edge safety sensors that were installed as the second safety factor required per code are impacted by interference with radio frequencies. These will be replaced with (5) Photo eyes - hard wired conduit/cable to each of the operators (V1, V2, V3, V4) and (2) for V7 Double gate
Contract Time									
CO 14.6		Substantial Completion					106		There was an outstanding condition of the building permit that required the utility easements under the footprint of the new hangar building be terminated. The utilities were relocated to the parking lot as part of this project and new easements which are contingent on the final as-builts are to be recorded and provided to the utilities. A temporary certificate of occupancy was issued by the building department with this requirement remaining on December 17, 2019. This requires an extension of 106 Calendar Days for Substantial Completion.
CO 14.7		Final Completion					84		As noted in item CO 14.4 there was a code violation noted upon final inspection by the landscaping inspector. The final completion date will be extended by 84 Calendar Days to get approval for the amended site plan, complete the work on the parking islands and complete the termination of the existing easements.
		Total Change Order No.14				\$39,938.65	0		
LEGEND									
									Error
						\$36,254.71			Omission/recommended and/or required in project.
						\$0.00			Other Agency
						\$0.00			Department of Airports
						\$3,683.94			Conditions not normally anticipated or encountered in construction.
						\$0.00			Quantity Underruns, contract adjustments.
						\$39,938.65			Total Change Order # 14



PHILADELPHIA
INSURANCE COMPANIES

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

BOND RIDER

Bond No: PB12159900081

Principal: West Construction, Inc., 820 N. 4th Street, Lantana, FL 33462

Obligee: Palm Beach County, 846 Palm Beach International Airports, West Palm Beach, FL 33406

Surety: Philadelphia Indemnity Insurance Company, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

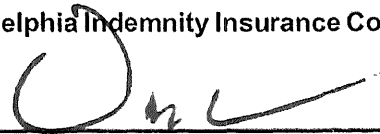
Effective: February 18, 2020

It is agreed that: the contract amount has increased by \$39,938.65 from \$7,280,308.10 to \$7,320,246.75 as per change order number 14.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 18th day of February, 2020.

Philadelphia Indemnity Insurance Company

By: 
Warren M. Alter, Attorney in Fact

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

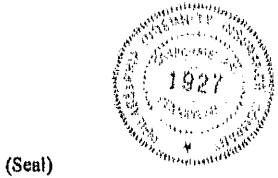
KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint David T. Satine, Warren M. Alter and Jonathan A. Bursevich of Alter Surety Group, Inc., its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

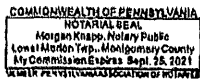
FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public: Morgan Knapp
residing at: Bala Cynwyd, PA
My commission expires: September 25, 2021

(Notary Seal)

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 18th day of February, 20 20



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

**SCHEDULE 1
LIST OF PROPOSED DBE FIRMS
(Attachment _____ to Bid Form)**

Project/Bid Name: Southside Redevelopment Program Phase 1 & 2 Project/Bid No: LN 17-1

Name of Prime Bidder: West Construction Inc. Change Order/Task/Amendment No. (if applicable): CO No. 14

Contact Person: Matthew West Bid Opening Date: _____

Address: 820 N. 4th St., Lantana, FL 33462 Department: Airports

Phone No.: 561-588-2027 Fax No: 561-582-9419 E-mail Address: aolivera@westconstructioninc.net

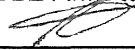
Name, Address & Phone No. of DBE Firm	Description of Type of Work	Classification (Check applicable box)	Dollar Amount			
			Black	Hispanic	Women	Other (Please Specify)
Roberts Traffic Marking 2210 Hayes Street Hollywood, FL 33020 954-929-2922	Pavement Striping	<input type="checkbox"/> Prime Contractor <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$2,480.00	\$
		<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$	\$
		<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	\$	\$	\$	\$

Total Value of DBE Participation: \$2,480.00

Notes:

- The amounts listed on this form for each DBE Firm must be supported by the price included on Schedule 2, "Letter of Intent to Perform as a Disadvantaged Business Enterprise", in order to be counted toward attainment of the DBE goal.
- Firms identified on this form must be certified as a DBE by the State of Florida's Unified Certification Program.
- If materials or supplies are proposed to be purchased from a DBE regular dealer, sixty percent (60%) of the proposed expenditure is counted toward attainment of the DBE goal. Reduce dollar amount to 60% of supplier's quote for purposes of determining value of DBE participation. Amounts listed on Schedule "2" should reflect the full expenditure (i.e., do not reduce supplier's quote).

By signing this form the undersigned Prime Bidder is committing to utilize the above referenced DBE Firms on the Project and that the Prime Bidder will monitor the DBE Firms to ensure that the work is actually performed by the by the DBE Firms.

By:  _____
Signature

Angel Olivera, PM
Print Name/Title of Person Executing on Behalf of the Prime

Date: 2/Feb/2020

*Additional sheets may be used if necessary.

**SCHEDULE 2
(Attachment __ to the Bid Form)**

LETTER OF INTENT TO PERFORM AS A DISADVANTAGED BUSINESS ENTERPRISE

Project/Bid No.: Southside Redevelopment Program Phase 1 & 2 Project/Bid Name: LN 17-1

Change Order/Task/Amendment No. (if applicable): CO No. 14

Name of Prime Bidder: West Construction Inc.

Name of DBE Firm: Roberts Traffic Marking, Corp. The undersigned is certified as a Disadvantaged Business Enterprise by the State of Florida's Unified Certification Program. Check one or more classifications as applicable:

- Black Hispanic Women Other (Please Specify) _____
 Prime Contractor Subcontractor Manufacturer Supplier

The undersigned is prepared to perform the following described work in connection with the above-referenced project (specify in detail the particular work and/or parts thereof to be performed):

Additional Sheets may be used as necessary.

Line Item/Lot No.	Item Description	Qty/Units	Unit Price	Total Price
CO 14.4	Pavement Striping	1/ls	\$2,480.00	\$2,480.00

at the following price¹: \$2,480.00
(Subcontractor/Supplier's Quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If the undersigned intends to subcontract any portion of the work described above to another subcontractor, please complete the following:

<u>N/A</u> (Name of Subcontractor)	\$ <u>N/A</u> (Amount of Subcontract)	<input type="checkbox"/> DBE Certified
<u> </u> (Name of Subcontractor)	\$ <u> </u> (Amount of Subcontract)	<input type="checkbox"/> Non-DBE
<u> </u> (Name of Subcontractor)	\$ <u> </u> (Amount of Subcontract)	<input type="checkbox"/> DBE Certified
<u> </u> (Name of Subcontractor)	\$ <u> </u> (Amount of Subcontract)	<input type="checkbox"/> Non-DBE

The undersigned affirms that it has the resources necessary to perform the work described above without subcontracting the work to another subcontractor, except as noted above. The undersigned subcontractor/supplier understands that the provision of this form to the Prime Bidder does not prevent the subcontractor from providing quotations to other bidders.

ROBERTS TRAFFIC MARKING
 Printed Name of DBE Subcontractor
 By: [Signature]
 Signature
 Date: 2/10/2020

¹ Do not reduce supplier's quote on this Schedule. Adjustments for purposes of determining the value of a supplier's participation should be reflected on Schedule 1 only. See "Note 3" on Schedule 1. Amounts for materials and supplies should be broken out in the table above.

Palm Beach County Park Airport
 LN17-1 Southside Redevelopment Phase 1 & 2
 West Construction Inc.
 Fin. Proj. No.:422467-1-94-01, 425723-1-94-01, 427915-1-94-01, 434600-1-94-01
 Contract Date : July 11, 2017
CONTRACT HISTORY

	ORIGINAL	CURRENT
Contract Date:	7/11/2017	
RESOLUTION NO	R-2017-0935	
DATE: NTP (ADMIN)	7/31/2017	
CONTRACT TIME (ADMIN)	60	186
DATE: NTP (CONSTRUCTION)	9/29/2017	2/2/2018
CONTRACT TIME (SUBSTANTIAL COMPLETION)	330	684
DATE	8/24/2018	12/17/2019
CONTRACT TIME (FINAL COMPLETION) =	30	114
FINAL COMPLETION DATE	9/23/2018	4/9/2020
CONTRACT AMOUNT =	\$6,353,448.52	\$7,320,246.75
LD's-Admin Phase	\$500.00	
LD's for Substantial	\$3,000	
LD's for Final	\$1,500.00	

Important:
 This duration does not include the time associated with administrative NTP. Construction NTP was based on 2/2/18

CHANGE ORDER No.	DATE	DESCRIPTION	CHANGE ORDER TIME	VALUE OF TIME EXTENSION	CHANGE ORDER AMOUNT	*TOTAL VALUE OF CHANGE ORDER ADJUSTED FOR TIME	LEAD DEPT APPROVAL	CRC APPROVAL	CUMULATIVE APPROVAL (LEAD PLUS CRC)-DAYS SEE NOTE 2	CUMULATIVE APPROVAL (LEAD PLUS CRC) - VALUE	CUMMULATIVE PERCENT CHANGE - SEE NOTE 1	BCC APPROVAL	NEW CONTRACT AMOUNT	STATUS
1		Time Extension for Administrative NTP	30	\$15,000	\$0.00	\$15,000.00	\$0.00		30	\$0.00			\$6,353,448.52	Approved on 10/03/17
2		Time Extension for Administrative NTP	36	\$18,000	\$0.00	\$18,000.00		\$0.00	66	\$0.00			\$6,353,448.52	Approved on 11/15/17
3		Time Extension for Administrative NTP	35	\$17,500	\$0.00	\$17,500.00		\$0.00	101	\$0.00			\$6,353,448.52	Approved on 12/13/17
4		CCP, 001, 002R, 003, 004, 007, 010	0	\$0	(\$3,385.96)	(\$3,385.96)		(\$3,385.96)		(\$3,385.96)	-0.05%		\$6,350,062.56	Approved on 3/21/18
5		CCP 008, 009, 011, 013, 014	0	\$0	\$61,544.22	\$61,544.22		\$61,544.22		\$61,544.22	0.97%		\$6,411,606.78	Approved on 5/2/18
6		CCP 015 Demo 702	0	\$0	\$31,862.25	\$31,862.25	\$31,862.25			\$93,406.47	1.47%		\$6,443,469.03	Approved on 5/14/18
7		Permitting Delav Demo Bldg 702	25	\$12,500	\$0.00	\$171,500.00						\$0.00	\$6,443,469.03	Approved on 7/10/18 R2018-0988
8		CCP 16, 17, 19, 20, 21, 22, 25, 26	30	\$90,000	\$110,661.79	\$200,661.79						\$110,661.79	\$6,554,130.82	Approved on 11/20/18 R2018-1765
9		CCP 008R4, 19R1, 24R1, 28R2, 29R1, 30 R1	0	\$0	\$176,192.09	\$176,192.09						\$176,192.09	\$6,730,322.91	1/15/19 Board meeting R2018-0036
10		CCP 31, 32, 33, 34	0	\$0	\$14,460.35	\$14,460.35	\$14,460.35			\$107,866.82	1.70%		\$6,744,783.26	Approved 1/30/19
11		CCP, 38, 40, 41	30	\$15,000	\$7,413.98	\$22,413.98		\$7,413.98	96	\$115,280.80	1.81%	R2019-0608 May 7, 2019 agenda	\$6,752,197.24	Approved by CRC on 4/3/19

Important:
 Negative values are tracked separately

Palm Beach County Park Airport
 LN17-1 Southside Redevelopment Phase 1 & 2
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LD's-Admin Phase	\$500.00	
LD's for Substantial	\$3,000	
LD's for Final	\$1,500.00	

portunity:
 This duration does not include the time associated with administrative NTP. Construction NTP was issued on 2/2/18

CHANGE ORDER No.	DATE	DESCRIPTION	CHANGE ORDER TIME	VALUE OF TIME EXTENSION	CHANGE ORDER AMOUNT	*TOTAL VALUE OF CHANGE ORDER ADJUSTED FOR TIME	LEAD DEPT APPROVAL	CRC APPROVAL	CUMULATIVE APPROVAL (LEAD PLUS CRC)-DAYS SEE NOTE 2	CUMULATIVE APPROVAL (LEAD PLUS CRC) - VALUE	CUMMULATIVE PERCENT CHANGE - SEE NOTE 1	BCC APPROVAL	NEW CONTRACT AMOUNT	STATUS
12		CCP 42,43,44,47,49	135	\$67,500	\$441,042.40	\$508,542.40			0	\$0.00		\$441,042.40	\$7,193,239.64	6/18/19 R2019-0806
13		CCP 45, 46, 48, 50, 51,52,53,54,55,56		\$0	\$87,068.46	\$87,068.46						\$87,068.46	\$7,280,308.10	8/20/19 Board Meeting
14		Code Compliance Issues-Substantial	106	\$53,000	\$39,938.65	\$92,938.65						\$39,938.65	\$7,320,246.75	2/12/20 Board Meeting
		Code Compliance Issues-Final Acceptance	84	\$126,000	\$0.00	\$126,000.00								
Total			564		\$966,798.23	\$	46,322.60	\$65,572.24				\$854,903.39	\$7,320,246.75	

To be approved by the Dept
 To be approved by the CRC
 To be approved by the Board

243

Pursuant to PPM CW-F-050

\$ 190.00

Approval Authority
 CO Value
 \$0-50,000
 \$50,001-100,000
 >\$100,001

Cumm CO Value
 \$0-100,000
 See Note 1

Authority
 Lead Dept
 CRC
 BCC

Cumulative Days
 0-30 days
 31-90
 120

Authority
 Lead Dept
 CRC
 BCC

Time Extensions in excess of 90 Days must be approved by the Board and does not count towards the Cumulative Limit

Cumulative Value - Revised as of 8/24/09

- When the cumulative value of changes or additional work approved by the Lead or CRC exceeds the greater of \$250,000 or 5% of the original contract an agenda item notifying the board that the item puts it in the excess category must be prepared and forwarded as a Receive and File item
- When the cumulative time extensions approved by a combination of the Lead Dept and the CRC exceeds 120 Cal Days then an agenda item notifying the board that the item puts it in the excess category must be prepared and forwarded as a Receive and File item

*Time must also be evaluated based on value of LD's for projects over \$1,000,000. The value of the time extension is not included when calc the cumulative value

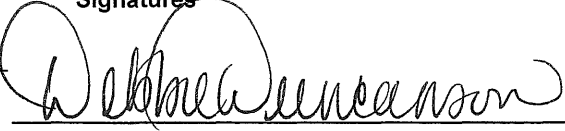
BUDGET TRANSFER
 BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA

Fund 4111 Airport Passenger Improvement and Development Fund

Advantage Document Numbers:
 BGEX 021120/980

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ADOPTED BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 02/14/2020	REMAINING BALANCE
<u>Expenditures</u>								
121-A301-6504	lotb Non Infrastructure	1,281,387	239,516	39,939	0	279,455	239,355	40,100
121-A900-9909	Reserves Improvement Program	19,584,408	18,072,213	0	39,939	18,032,274	0	18,032,274
Total Appropriations & Expenditures				<u>39,939</u>	<u>39,939</u>	<u>0</u>		

	Signatures	Date	By Board of County Commissioners
OFMB		<u>2/20/2020</u>	At Meeting of
INITIATING DEPARTMENT/DIVISION			<u>March 17, 2020</u>
Administration/Budget Department Approval			Deputy Clerk to the Board of County Commissioners
OFMB Department - Posted			



WESTCON-11

EDENL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2019

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 License # 0E67768 Insurance Office of America, Inc. Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Tara McKay PHONE (A/C, No, Ext): (561) 296-6153 26053 FAX (A/C, No): (561) 776-0670 E-MAIL ADDRESS: Tara.McKay@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED West Construction Inc 820 N 4th ST Lantana, FL 33462	INSURER A: Builders Mutual Insurance Company NAIC # 10844	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	X WCP1069688-0	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Insured ID: LN17-1-PBC | ITS Account #: PLC2697. Palm Beach County - Airports Planning and Development

Waiver of Subrogation with respect to Workers' Compensation per form #WC000313.

CERTIFICATE HOLDER Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) P.O Box 20270 Long Beach, CA 90801	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
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