

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: March 17, 2020 Consent [X] Regular [ ]  
Public Hearing [ ]

Department: Water Utilities Department

I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** Amendment No. 3 to the System-Wide Wellfield Maintenance for Palm Beach County Water Utilities Department (WUD) (Contract) with Aquifer Maintenance and Performance Systems, Inc., (AMPS) to renew for an additional 12-month period and to increase the Contract amount by \$300,000 to \$1,989,076.

**Summary:** On March 14, 2017 the Board of County Commissioners approved the Contract (R2017-0315) with AMPS in the amount of \$1,189,076. On January 23, 2018, Amendment No. 1 (R2018-0075) to the Contract renewed the Contract for an additional 12-month period. On February 5, 2019, Amendment No. 2 (R2019-0217) to the Contract renewed the Contract for an additional 12-month period and increased the Contract by \$500,000 to \$1,689,076. WUD has undertaken a total of \$1,236,918.40 of authorized maintenance work under the Contract through December 31, 2019. Historically, WUD has spent approximately \$412,000 annually to maintain the existing wellfields. An increase of \$300,000 is required for the continuation of maintenance which shall include replacement of associated pumps and motors reaching the end of life expectancy. The requested amount shall increase contract funding to \$1,989,076. The proposed 12-month renewal and increase of funds will allow for the continuation of system-wide wellfield maintenance to maintain adequate raw water supply to WUD's water treatment plants. The renewal of the Contract does not guarantee nor authorize any work. Work will be assigned during the 12-month renewal period by formal Construction Delivery Orders (KDO) drawn against the Contract with the project cost identified on each KDO. The unit prices contained in the Contract will be used in determining the cost of the KDOs. This Contract was procured under the requirements of the 2002 Small Business Enterprise (SBE) Ordinance (R2002-0064) prior to the adoption of the new Equal Business Opportunity Ordinance on October 16, 2018. The SBE participation goal established under the 2002 Ordinance was 15% overall participation. WUD staff coordinated with the Office of Equal Business Opportunity to confirm that the proposed renewal was consistent with the principles of the Equal Business Opportunity Ordinance. The Contract provides for 0% SBE participation; however, AMPS has since been certified as an SBE for the provision of well services, including drilling, plugging, consulting, maintenance and repair. AMPS is a Palm Beach County company. (WUD Project No. 16-001/VMG) Countywide (MJ)

**Background and Justification:** The Contract provides for maintenance of surficial production wells for Water Treatment Plant Nos. 2, 3, 8, 9 and 11. The renewal of the Contract will provide for the continued maintenance of existing system-wide wellfields to maintain an adequate raw water supply.

**Attachments:**

1. Two (2) Originals of Amendment No. 3
2. Location Map
3. Certificate of Liability Insurance

Recommended By: Jim Stiles Department Director Date: 2-9-2020

Approved By: Will J. Blum Assistant County Administrator Date: 2/21/2020

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	<u>\$300,000</u>	\$0	\$0	<u>0</u>	<u>0</u>
Operating Costs	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
External Revenues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Program Income (County)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
In-Kind Match County	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>NET FISCAL IMPACT</b>	<b><u>\$300,000</u></b>	\$0	\$0	<u>0</u>	<u>0</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Budget Account No.: Fund 4001 Dept 720 Unit 2534 Object 4615  
 Budget Account No.: Fund 4001 Dept 720 Unit 2537 Object 4615  
 Budget Account No.: Fund 4001 Dept 720 Unit 3GUA Object 4615

Is Item Included in Current Budget? Yes  No   
 Does this Item Include the use of federal funds Yes  No

Reporting Category N/A

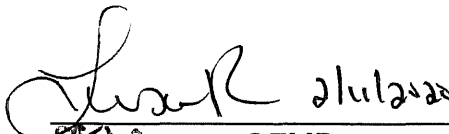
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

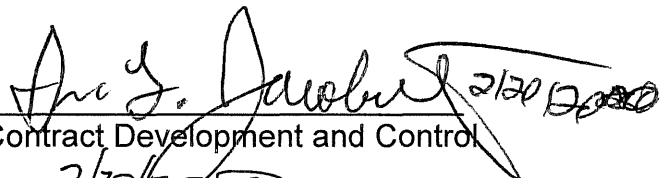
Contract will be funded by Water Utility Department user fees.

**C. Department Fiscal Review:** \_\_\_\_\_

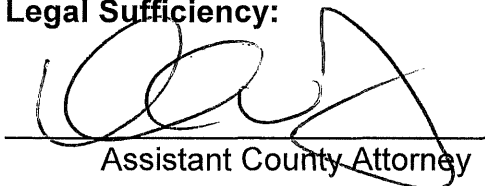
**III. REVIEW COMMENTS**

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

  
 \_\_\_\_\_  
 OFMB  
 2/10

  
 \_\_\_\_\_  
 Contract Development and Control  
 2/20/2020

**B. Legal Sufficiency:**

  
 \_\_\_\_\_  
 Assistant County Attorney  
 2/24/2020

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT NO. 3 TO CONTRACT  
WITH AQUIFER MAINTENANCE AND  
PERFORMANCE SYSTEMS, INC. -  
SYSTEM-WIDE WELLFIELD  
MAINTENANCE FOR PALM BEACH  
COUNTY  
WATER UTILITIES DEPARTMENT**

This Amendment No.3, dated \_\_\_\_\_, to the Contract (R-2017-0315) dated March 14, 2017, 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 **Aquifer Maintenance and Performance Systems, Inc. (FEIN #65-0071672)** a corporation authorized to do business in the State of Florida, hereinafter referred to as the CONTRACTOR.

**WITNESSETH**

**WHEREAS**, the parties have entered into a Contract under which the CONTRACTOR provided certain professional services to the COUNTY for various projects in accordance with the contract for the:

**System-wide Wellfield Maintenance for  
Palm Beach County Water Utilities Department  
Contract No. WUD 16-001VMG**

**WHEREAS**, the Contract was amended on January 23, 2018 (R-2018-0075) to extend the Contract for an additional one (1) year period (the "First Amendment");

**WHEREAS**, the Contract was amended on February 5, 2019 (R-2019-0217) to extend the Contract for an additional one (1) year period and to increase the contract amount by \$500,000 from \$1,189,076 to \$1,689,076 to provide for the wellfield maintenance activities to be undertaken under the extended contract term (the "Second Amendment");

**WHEREAS**, the parties hereto desire to amend the Contract to extend it for an additional one (1) year period and increase the contract amount by \$300,000 from \$1,689,076 to \$1,989,076 to provide for the wellfield maintenance activities to be undertaken under the extended contract term.

**NOW, THEREFORE**, in consideration of the premises and of the mutual covenants

hereinafter set forth and for such other good and valuable consideration, the receipt of which the parties hereto expressly acknowledge, the parties covenant and agree to the following terms and conditions:

1. The term of this Contract as set forth in Special Conditions Section 14 is renewed for one (1) additional year through March 14, 2021, and the not to exceed amount is hereby increased by \$300,000 from \$1,689,076 to \$1,989,076.
2. Except as specifically modified above, the terms and conditions of the Contract dated March 14, 2017, as amended by the First Amendment dated January 23, 2018, and the Second Amendment dated February 5, 2019, are hereby confirmed and remain in full force and effect.

**THE REST OF THIS PAGE INTENTIONALLY LEFT BLANK**

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY and CONTRACTOR has hereunto set its hand the day and year above written.

ATTEST:  
SHARON R. BOCK  
CLERK ANDCOMPTRROLLER

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

By \_\_\_\_\_  
Dave Kerner, Mayor

\_\_\_\_\_  
Deputy Clerk

APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY

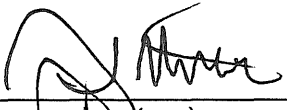

APPROVED AS TO TERMS AND  
CONDITIONS

\_\_\_\_\_  
Assistant County Attorney

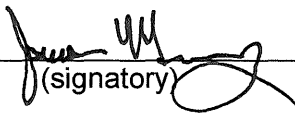
  
 \_\_\_\_\_  
Jim Stiles, Director  
Water Utilities Department

'CONTRACTOR'

By: AQUIFER MAINTENANCE and  
PERFORMANCE SYSTEMS, INC.

  
\_\_\_\_\_  
(witness signature)  
  
\_\_\_\_\_  
(witness name printed)

a \_\_\_\_\_ Florida \_\_\_\_\_ corporation  
(insert state of corporation)

By:   
\_\_\_\_\_  
(signatory)

(Corporate Seal)

\_\_\_\_\_  
James Murray  
(print signatory's name)

By: \_\_\_\_\_  
President  
(print title)

\_\_\_\_\_  
1/29/20, 2020  
(date of execution)

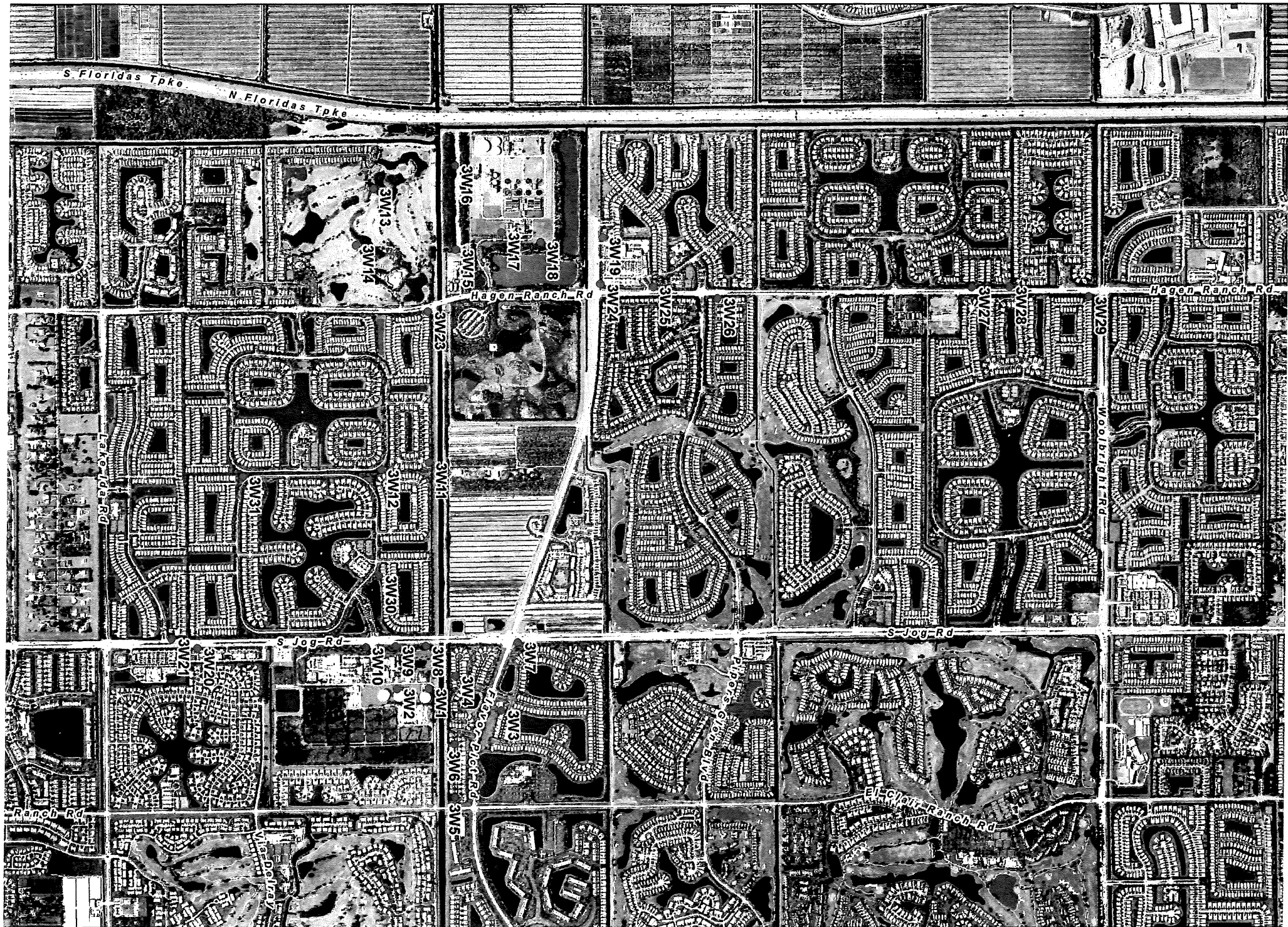
\_\_\_\_\_  
7146 Haverhill Road  
(Contractor's Official Address)

\_\_\_\_\_  
West Palm Beach, FL 33407  
(Contractor's City, State, Zip Code)

# Water Treatment Plant No. 2 Wellfield

ATTACHMENT 2





# Water Treatment Plant No. 8 Wellfield



Legend  
● Pr



# Water Treatment Plant No. 9 Wellfield





**ATTACHMENT 3**



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
01/03/2020

**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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Townsend Insurance Services, LLC 5931 NW 61st Mnr  Parkland FL 33067	<b>CONTACT NAME:</b> Michael Gegerson <b>PHONE (A/C, No, Ext):</b> (954) 764-9099 <b>FAX (A/C, No):</b> (954) 960-6357 <b>E-MAIL ADDRESS:</b> darcy@townsendinsuranceservices.com
<b>INSURED</b>  Aquifer Maintenance and Performance Systems Inc 7146 Haverhill Road North  West Palm Beach FL 33407	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: GRANITE STATE INS CO      23809 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		02-CA-069971035-2	08/02/2019	08/02/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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)

<b>CERTIFICATE HOLDER</b>  Palm Beach County Board of County Commissioners 8100 Forest Hill Boulevard  West Palm Beach FL 33413	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2019

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.

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PRODUCER: Brown & Brown of Florida, Inc. CONTACT NAME: Jessica. INSURER(S) AFFORDING COVERAGE: Everest National Insurance Company, Indian Harbor Insurance Company.

COVERAGES CERTIFICATE NUMBER: 19-20 Master 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADD'L SUBR INSD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

Palm Beach County c/o Insurance Tracking Services, Inc (ITS) are included as Additional Insured per. Primary And Noncontributory - Other Insurance Condition CG 20 01 04 13. Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization CG 20 10 04 13.

CERTIFICATE HOLDER: Palm Beach County c/o Insurance Tracking Services, Inc (ITS). 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/08/2019

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: Allantia.Certrequest@marsh.com		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
342881-FL-WC-19-20	781021	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Illinois National Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> DecisionHR, Inc. 11101 Roosevelt Blvd N St. Petersburg, FL 33716		<b>NAIC #</b> 23817	

**COVERAGES**      **CERTIFICATE NUMBER:** ATL-004758226-07      **REVISION NUMBER:** 2

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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 023540396	06/01/2019	06/01/2020	<input checked="" type="checkbox"/> PER STATUTE <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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage is provided for only those employees leased to but not subcontractors of Aquifer Maintenance & Performance System  
Waiver of Subrogation applies to the Workers Compensation policy where required by written contract.

**CERTIFICATE HOLDER**

Palm Beach County Board of  
 County Commissioners  
 PO Box 140528  
 Kansas City, MO 64114

**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  
 of Marsh USA Inc.  
 Henry L. Whiting

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy)

This endorsement, effective 12:01 AM 06/01/2019 forms a part of Policy No. WVC 023540396

Issued to DECISIONHR

By ILLINOIS NATIONAL INSURANCE CO.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION TO WHOM YOU  
BECOME OBLIGATED TO WAIVE YOUR  
RIGHTS OF RECOVERY AGAINST, UNDER ANY  
CONTRACTOR AGREEMENT YOU ENTER INTO PRIOR  
TO THE OCCURRENCE OF LOSS.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Tennessee, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



Authorized Representative

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