

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date:	June 16, 2020	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Ordinance	<input type="checkbox"/> Public Hearing
Department:	Facilities Development & Operations		

I. EXECUTIVE BRIEF


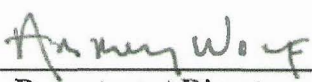


Motion and Title: Staff recommends motion to approve: Amendment No. 3 with eight (8) annual low voltage contracts to update the contract terms and conditions to remove the cumulative capacity maximum.

Contractor	Resolution #	Status
A) Active Alarms, Inc.	R2016-1133	Local / Non-SBE
B) Audio Video Systems, Inc.	R2016-1134	Local / SBE
C) Fire and Security Solutions, Inc.	R2016-1136	Local / Non-SBE
D) GNM Hough, Inc.	R2016-1139	Non-Local / Non-SBE
E) Protect Video, Inc.	R2016-1141	Local / SBE
F) Security & Sound Systems, Inc.	R2016-1142	Local / SBE
G) Johnson Controls Fire Protection LP (fka SimplexGrinnel, LP)	R2016-1143	Local / Non-SBE
H) Universal Cabling Systems, Inc.	R2016-1144	Local / SBE

Summary: On September 13, 2016, the Board approved the annual low voltage contract. The magnitude of work requirements for annual low voltage contracts executed after April 6, 2018 differs from those established in the original low voltage contracts. The original annual contracts had a cumulative value of \$600,000 for the term. Amendment No. 3 modifies the original annual contracts by eliminating and replacing the terms and conditions in section 16.1, Magnitude of Work. These Amendments will standardize the Magnitude of Work for all of the annual low voltage contracts. These annual contracts expire on September 12, 2021. Work is awarded as work orders on a lump-sum, competitively bid basis among the pool of pre-qualified low voltage contractors. Contractors are allowed to qualify at any time and be added to this annual contract. Projects \$100,000 and over are advertised on the vendor self-service (VSS) website while projects \$200,000 and over are also advertised in the newspaper. Projects under \$100,000 are bid among the pool of pre-qualified contractors (currently twenty-two (22) have pre-qualified) and for projects over \$100,000, the bidding pool is expanded to include any additional bidders responding to the specific project advertisement that submit a qualification application at least 10 days before the bid due date. The Low Voltage annual contract was presented to the Goal Setting Committee on January 2, 2019 and the committee established an Affirmative Procurement Initiative (API) of price preference for Small Business Enterprise (SBE) contractors if their bid is within 10% of the lowest non-small business bid. Actual Small/Minority/Women Owned Business Enterprise (S/M/WBE) participation will be identified on each work order, and will be tracked cumulatively for each work order issued. Current cumulative S/M/WBE participation for all work orders to-date under the Low Voltage Annual is 46.66%. **(Capital Improvements) Countywide (LDC)**

Background & Justification: (continued on page 3)

- Attachments:**
- 1. Active Alarms, Inc. – Amendment No. 3
 - 2. Audio Video Systems, Inc. – Amendment No. 3
 - 3. Fire and Security Solutions, Inc. -Amendment No. 3
 - 4. GNM Hough, Inc. – Amendment No. 3
 - 5. Protect Video, Inc. – Amendment No. 3
 - 6. Security & Sound Systems, Inc. – Amendment No. 3
 - 7. Johnson Controls Fire Protection LP (fka SimplexGrinnel, LP) – Amendment No. 3
 - 8. Universal Cabling Systems, Inc. – Amendment No. 3
 - 9. Annual Contract – Low Voltage 16376: Control Sheet

Recommended By:			5/20/20
		Department Director	Date
Approved By:			6/10/2020
		County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	* _____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes x No
Does this items include use of federal funds? Yes No x

Budget Account No: Fund Dept Unit Object Program


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


* There is no fiscal impact associated with this agenda item. Work Orders requiring BCC approval will be brought to the Board and fiscal impact will be addressed at that time; otherwise, funding will come from previously approved BCC projects.

C. Departmental Fiscal Review: _____

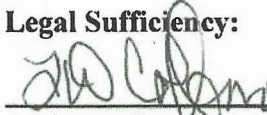
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:


OFMB 5/26/2020
LM 5/26


Contract Development and Control
6-5-2020

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

Background & Justification: On September 13, 2016, the annual low voltage contract was approved Board for an initial term of two (2) years, with three (3) renewal options each for a period of one (1) year, at the sole option of the County. The county has exercised all of the renewal options. To date, twenty-two (22) Contractors are currently prequalified under the annual low voltage contract. Amendment No. 3 will standardize the Magnitude of Work section across all of the annual contracts.

AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Active Alarms, Inc., hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1133) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1176) dated August 14, 2018, and Amendment No. 2 (R2019-1341) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. Recitals. The above recitals are true and correct and incorporated herein.

2. Contract Terms Affirmed. Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

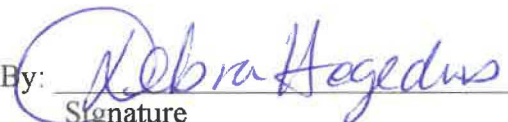
APPROVED AS TO TERMS AND
CONDITIONS

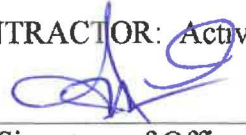
By:  _____
Assistant County Attorney

By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

CONTRACTOR: Active Alarms, Inc.,

By:  _____
Signature
Debra Hegedus
Name Printed

By:  _____
Signature of Officer
Andrew Gross
Print Name
Its: President
Title

CERTIFICATE OF LIABILITY INSURANCE

ACTIALA-01

ENGLISHB

DATE (MM/DD/YYYY)

8/20/2019

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
Insurance Office of America, Inc.
PO Box 5788
Jacksonville, FL 32247

CONTACT NAME: Barbara English

NAME.
PHONE

PHONE
(A/C, No, Ext): (904) 398-5656 22170

FAX

FAX (A/C, No): (904) 562-6077

E-MAIL ADDRESS: barbara.english@ioausa.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Everest Indemnity Insurance Company

10851

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Active Alarms Inc.
7512 Dr. Phillips Blvd. Suite 50-503
Orlando, FL 32819

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	X	COMMERCIAL GENERAL LIABILITY			51GLM00277-191	8/18/2019	8/18/2020	EACH OCCURRENCE \$ 1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
								MED EXP (Any one person) \$ 5,000
								PERSONAL & ADV INJURY \$ 1,000,000
								GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG \$ 2,000,000
	X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						Errors&Omission \$ Included
		OTHER:						
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
		HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
								\$
		UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
		EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
		DED <input type="checkbox"/> RETENTION \$						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				E.L. EACH ACCIDENT \$
		If yes, describe under DESCRIPTION OF OPERATIONS below						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)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to General Liability when required by written contract per form # ECG205960 (4/12). Coverage is Primary & Non-Contributory per form ECG24543(8/05). Waiver of Subrogation also applies to certificate holder with respect to General Liability when required in written contract per form #ECG24522 (4/02).

"Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents, c/o Facilities Development & Operations Department" are added as an additional insured with respects to General Liability coverage per form ECG20596 as required by written contract, subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

CANCELLATION

**Palm Beach County
c/o Capital Improvements Division
2633 Vista Parkway
West Palm Beach, FL 33411**

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

Barbara Englein

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/11/2020

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).

PRODUCER Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Workers Compensation Group	561-392-3300	CONTACT Workers Compensation Group NAME: PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132 E-MAIL ADDRESS: certs@workerscompgroup.com																					
INSURED Active Alarms, Inc. 9694 Kilgore Road Orlando, FL 32836-5704		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Bridgefield Employers Ins</td><td>10701</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Bridgefield Employers Ins	10701	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER C :																							
INSURER D :																							
INSURER E :																							
INSURER F :																							

COVERAGES			CERTIFICATE NUMBER:		REVISION NUMBER:			
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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							EACH OCCURRENCE \$
	<input type="checkbox"/>	CLAIMS-MADE						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/>	OCCUR						MED EXP (Any one person) \$
								PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$
	POLICY	<input type="checkbox"/> PRO-JECT						PRODUCTS - COMP/OP AGG \$
		LOC						
	OTHER: _____							\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
								\$
	UMBRELLA LIAB							EACH OCCURRENCE \$
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	OCCUR CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				830-26993	03/01/2020	03/01/2021	PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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)
Project Number 16376

CERTIFICATE HOLDER	CANCELLATION
PBCCONT Palm Beach County c/o c/o Capital Improvements Division 2633 Vista Parkway West Palm Beach, FL 33411	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

AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Audio Video Systems, Inc., hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1134) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1178) dated August 14, 2018, and Amendment No. 2 (R2019-1342) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. Recitals. The above recitals are true and correct and incorporated herein.

2. Contract Terms Affirmed. Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY


APPROVED AS TO TERMS AND
CONDITIONS

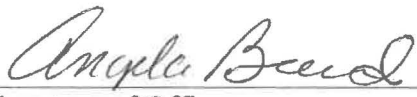
By: 
Assistant County Attorney

By: 
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

CONTRACTOR: Audio Video Systems, Inc.

By: 
Signature
STEVEN H. DESHOCK
Name Printed

By: 
Signature of Officer
Angela Barnard
Print Name

Its: President
Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2020

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PRODUCER
Merrill Insurance Group, Inc.
1520 S Bay Street
Eustis FL 32726-5555

INSURED
Audio Video Systems, Inc.
1860 Old Okeechobee Road
West Palm Beach FL 33409

AUDIVID-01

CONTACT NAME: Ashley Burkett		
PHONE (A/C, No, Ext): 352-589-5200	FAX (A/C, No): 352-589-5222	
E-MAIL ADDRESS: ashley@merrillinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lloyds of London AAIN#AA1122000		15792
INSURER B : Owners		32700
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1835680424

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	
A	GENERAL LIABILITY <div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div><div></div><div>GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC</div></div>	Y	Y	OPL00400-3	12/28/2019	12/28/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liab	\$ 1,000,000 \$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ 1,000,000
B	AUTOMOBILE LIABILITY <div><input checked="" type="checkbox"/> ANY AUTO <div><input type="checkbox"/> ALL OWNED AUTOS <div><input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS</div></div></div>		Y	5154726000	12/23/2019	12/23/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
A	<div><input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <div><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</div><div><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$</div></div>			OPL00400-3UMB	12/28/2019	12/28/2020	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$
	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				<div><input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER</div> <div>E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT</div>	<div>\$ \$ \$</div>

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

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Certificate holder is added as additional insured for general liability on a primary-noncontributory basis as required by contract. Waiver of Subrogation applies in favor of certificate holder for General Liability and Automobile Liability as required by contract.

Project Number 16376

Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents, c/o Facilities Development & Operations Department

CERTIFICATE HOLDER

Palm Beach County
c/o Capital Improvements Division
2633 Vista Parkway
West Palm Beach FL 33411

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

Christopher Bell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2019

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 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 PRIMEPAY INSURANCE GROUP LLC 76250755 1487 DUNWOODY DRIVE WEST CHESTER PA 19380	CONTACT NAME:	
	PHONE (866) 808-1174 (A/C, No, Ext):	FAX (888) 443-6112 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hartford Casualty Insurance Company	
	INSURER B :	
INSURED AUDIO VIDEO SYSTEMS, INC. 1860 OKEECHOBEE RD STE 104 WEST PALM BEACH FL 33409-5220	NAIC# 29424	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	SCHEDULED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	76 WEG PK2099	07/18/2019	07/18/2020	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)							
Those usual to the Insured's Operations. Project #16376 Project Name: Annual Low Voltage Contract 2016							

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Insurance Tracking Services, Inc. PO BOX 20270 LONG BEACH CA 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 <i>Susan L. Castaneda</i>

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AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Fire and Security Solutions Inc. hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1136) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1179) dated August 14, 2018, and Amendment No. 2 (R2019-1344) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. **Recitals.** The above recitals are true and correct and incorporated herein.

2. **Contract Terms Affirmed.** Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

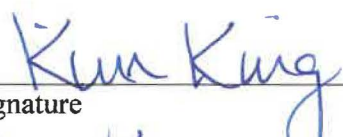

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

By:  _____
Assistant County Attorney


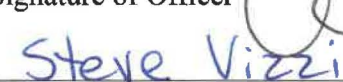
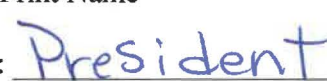
APPROVED AS TO TERMS AND
CONDITIONS

By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

By:  _____
Signature
 _____
Name Printed

CONTRACTOR: Fire and Security
Solutions, Inc.

By:  _____
Signature of Officer
 _____
Print Name
Its:  _____
Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2020

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).

PRODUCER Rivard Insurance Agency 1014 Gateway Blvd #107 Boynton Beach FL 33426		CONTACT NAME: Joni Saunders PHONE (A/C, No, Ext): 5617398346 E-MAIL ADDRESS: jsaunders@rivardinsurance.net FAX (A/C, No):																						
INSURED Fire and Security Solutions Inc 3000 HIGH RIDGE RD BOYNTON BEACH FL 33426		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>EVEREST NATL INS CO</td><td>10120</td></tr><tr><td>INSURER B :</td><td>MERCURY IND CO OF AMER</td><td>11201</td></tr><tr><td>INSURER C :</td><td>EVEREST NATL INS CO</td><td>10120</td></tr><tr><td>INSURER D :</td><td>ASSOCIATED INDUSTRIES INS CO INC</td><td>23140</td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	EVEREST NATL INS CO	10120	INSURER B :	MERCURY IND CO OF AMER	11201	INSURER C :	EVEREST NATL INS CO	10120	INSURER D :	ASSOCIATED INDUSTRIES INS CO INC	23140	INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A :	EVEREST NATL INS CO	10120																						
INSURER B :	MERCURY IND CO OF AMER	11201																						
INSURER C :	EVEREST NATL INS CO	10120																						
INSURER D :	ASSOCIATED INDUSTRIES INS CO INC	23140																						
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	Y		51GLM13242-191	08/01/2019	08/01/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
	OTHER:							
B	AUTOMOBILE LIABILITY			BA090000014007	09/05/2019	09/05/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			51CC004767-191	08/01/2019	08/01/2020	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	AWC1067897	08/01/2019	08/01/2020	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AND AGENTS IS ENDORSED AS AN ADDITIONAL INSURED ON GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
PBC BOARD OF COUNTY COMMISSIONERS C/O CAPITAL IMPROVEMENTS 2633 VISTA PARKWAY WEST PALM BEACH FL 33411	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 Joni Y Saunders

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AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment (“Amendment”) to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County (“County”), a political subdivision of the State of Florida and GNM Hough, Inc. hereinafter referred to as “Contractor”.

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1139) (hereinafter the “Annual Contract”) under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1181) dated August 14, 2018, and Amendment No. 2 (R2019-1345) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. **Recitals.** The above recitals are true and correct and incorporated herein.

2. **Contract Terms Affirmed.** Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

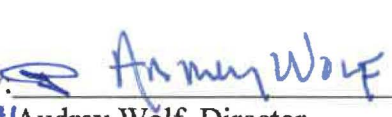
By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY


By:  _____
Assistant County Attorney


APPROVED AS TO TERMS AND
CONDITIONS

By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

CONTRACTOR: GNM Hough, Inc.

By:  _____
Signature
Branden Bordon
Name Printed

By:  _____
Signature of Officer
Gina Hough
Print Name
President
Its: _____
Title



GNMHO-1

OP ID: L7

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2020

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).

PRODUCER
Advanced Insurance & Financial
12240 SW 53rd St. Ste. 501
Cooper City, FL 33330
Lori Zapata

954-436-4027

CONTACT NAME: Advanced Insurance & Financial

PHONE (A/C, No, Ext): 954-436-4027

FAX (A/C, No): 954-680-7066

E-MAIL: thebest@advancedagents.net

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Arch Specialty Insurance Group

21199

INSURER B : Nautilus Insurance Co

17370

INSURER C : Infinity

10061

INSURER D :

INSURER E :

INSURER F :

INSURED
GNM Hough, Inc.
11870 W. State Road 84
Suite C9
Davie, FL 33325

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 GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			AGL0051257-02	01/07/2020	01/07/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			509-82004-6683-001	05/06/2020	05/06/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AN079022	01/07/2020	01/07/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-EE 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)

Certificate holder is listed as additional insured, Palm Beach County
Board of County Commissioners, a political subdivision of
the State of Florida, its officers, employees and agents, c/o Facilities
Development & Operations Department

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County
c/o Capital Improvements
Division
2633 Vista Parkway
West Palm Beach, FL 33411

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

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/8/2019

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		CONTACT NAME:	
ALL IN ONE INSURANCE		PHONE (A/C, No, Ext): (352)674-9015	
526 N US Hwy 441/27		FAX (A/C, No): (352)674-9037	
Lady Lake, FL 32159		E-MAIL ADDRESS: bsabotka@bellsouth.net	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A :	
GNM HOUGH, INC		INSURER B :	
11870 W State Road 84 Suite C9		INSURER C :	
DAVIE		INSURER D : FLORIDA CITRUS,BUSINESS & INDUSTRIES FUND	
FL 33325		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						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						RETENTION \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	106-47699	8/20/2019	8/20/2020	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Capital Improvements Division 2633 Vista Parkway West Palm Beach, FL 33411-5603 Phone: (561) 233-0283 Thearn@pbcgov.org	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

AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Protect Video, Inc. hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1141) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1182) dated August 14, 2018, and Amendment No. 2 (R2019-1346) dated September 10, 2019, the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. **Recitals.** The above recitals are true and correct and incorporated herein.

2. **Contract Terms Affirmed.** Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

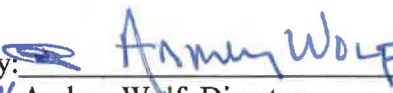
By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor


APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

By:  _____
Assistant County Attorney

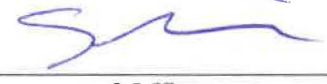
APPROVED AS TO TERMS AND
CONDITIONS

By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

By:  _____
Signature
4/23/20
Name Printed

CONTRACTOR: Protect Video, Inc.

By:  _____
Signature of Officer
Shad D. Moore
Print Name
Its: President
Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2020

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).

PRODUCER	CONTACT NAME: David L. Laufer
Strictly Commercial Insurance	PHONE (A/C, No, Ext): (561) 741-7150
5740 Forestwood Ct.	FAX (A/C, No):
Jupiter, FL 33458	E-MAIL ADDRESS: strictlycomm@bellsouth.net
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Century Surety Company
	INSURER B : Integon Preferred Insurance Company
	INSURER C : Technology Insurance Company, Inc.
	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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CCP876090	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			2008383868	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			None			EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3845542	01/01/2020	01/01/2021	PER STATUTE 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)

Low & high voltage wiring installation

Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents, c/o Facilities Development & Operations Department. The Additional Insured endorsement shall provide coverage on a primary basis.

CERTIFICATE HOLDER	CANCELLATION
PALM BEACH COUNTY C/O CAPITAL IMPROVEMENTS DIVISION 2633 VISTA PARKWAY WEST PALM BEACH, FL 33411	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  <BML>

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AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Security & Sound Systems, Inc. hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1142) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1183) dated August 14, 2018, and Amendment No. 2 (R2019-1347) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. **Recitals.** The above recitals are true and correct and incorporated herein.

2. **Contract Terms Affirmed.** Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,


By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor


APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

By:  _____
Assistant County Attorney

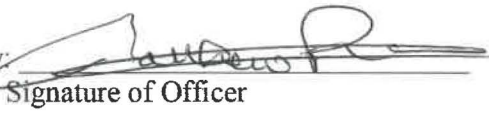
APPROVED AS TO TERMS AND
CONDITIONS

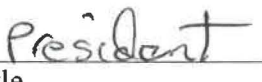
By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

By:  _____
Signature
BYARD HEY
Name Printed

CONTRACTOR: Security & Sound Systems,
Inc.

By:  _____
Signature of Officer
Matthew Rector
Print Name

Its:  _____
Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2020

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.

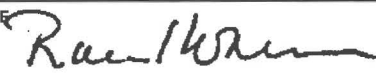
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in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

PRODUCER	CONTACT NAME: Scott Schoen
Warren Insurance Corporation	PHONE (A/C, No, Ext): (561) 362-6005
950 Peninsula Corporate Circle	FAX (A/C, No): (561) 362-7005
Suite 1012	E-MAIL ADDRESS: scott@warrenins.com
Boca Raton FL 33487	INSURER(S) AFFORDING COVERAGE
	INSURER A : Technology Insurance Company
	INSURER B : Crum & Forster Specialty Insurance Company
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED	NAIC #
Security & Sound Systems, Inc. (3995)	42376
6590 W Rogers Circle #8	44520
Boca Raton FL 33487	
F: (561)241-1451	

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			
B	GENERAL LIABILITY			X	X	GLO-062534	02/14/2020	02/14/2021	EACH OCCURRENCE	\$ 1,000,000		
	X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 5,000		
									PERSONAL & ADV INJURY	\$ 1,000,000		
									GENERAL AGGREGATE	\$ 2,000,000		
									PRODUCTS - COMP/OP AGG	\$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:												
		POLICY	X	PRO-JECT		LOC				\$		
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS				SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
		HIRED AUTOS				NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$		
										\$		
B		UMBRELLA LIAB		X	OCCUR	X	X	SEO-107251	02/14/2020	02/14/2021	EACH OCCURRENCE	\$ 2,000,000
	X	EXCESS LIAB			CLAIMS-MADE						AGGREGATE	\$ 2,000,000
		DED		RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					TWC3840721	01/01/2020	01/01/2021	X	WC STATU-TORY LIMITS		OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			Y / N						E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			n	N / A				X	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County c/o Ebix Insurance Compliance PO Box 100085-DX Duluth, GA 30096	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  <SS> !

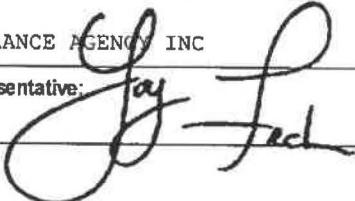
CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder: PALM BEACH COUNTY C/O EBIX INSURANCE COMPLIANCE PO BOX 100085-DX DULUTH, GA 30096	Named Insured: SECURITY & SOUND SYSTEMS INC. 6590 W ROGERS CIR STE 8 BOCA RATON FL 33487-2739
--	---

Automobile Liability			
Insurer Name: Allstate Insurance Company			
Policy Number: 648842601			
<input type="checkbox"/> 1 – Any Auto	<input type="checkbox"/> 2 – Owned Autos Only	<input type="checkbox"/> 3 – Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 – Owned Autos Other Than Priv. Pass. Autos Only	<input checked="" type="checkbox"/> 5 – Owned Autos Subject to No Fault	<input type="checkbox"/> 6 – Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 – Specifically Described Autos	<input checked="" type="checkbox"/> 8 – Hired Autos Only	<input checked="" type="checkbox"/> 9 – Non-owned Autos Only	
Policy Effective Date: 02-14-2020		Policy Expiration Date: 02-14-2021	
Limits Of Insurance:	Combined Single Limit (each accident)		
	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			

Interested Party Type: CERTIFICATE HOLDER
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

Producer: J.S.F. INSURANCE AGENCY INC	
Authorized Representative: 	
Date: 05-14-20	

Includes copyrighted material of Insurance Services Office, Inc., with its permission

AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment (“Amendment”) to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County (“County”), a political subdivision of the State of Florida and Johnson Controls Fire Protection LP (fka SimplexGrinnell, LP) hereinafter referred to as “Contractor”.

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1143) (hereinafter the “Annual Contract”) under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1184) dated August 14, 2018, and Amendment No. 2 (R2019-1348) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. Recitals. The above recitals are true and correct and incorporated herein.

2. Contract Terms Affirmed. Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of

work during the contract period. Each Work Order under this Annual Contract will be lump sum or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,

By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

APPROVED AS TO TERMS AND
CONDITIONS

By: _____
Assistant County Attorney

By: Audrey Wolf
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

By: Samantha Allen
Signature
Samantha Allen
Name Print

CONTRACTOR: Johnson Controls Fire
Protection LP (fka SimplexGrinnell, LP)

By: Bryan L. Roberts
Signature of Officer
BRYAN L. ROBERTS
Print Name

Its: AREA SERVICE MANAGER
Title

DELEGATION OF AUTHORITY CERTIFICATE

The undersigned, Nate Manning, Vice President, Field Operations, pursuant to the authority vested in him by: (i) a Sub-Delegation of Authority from the President of **Johnson Controls, Inc.**, a Wisconsin corporation ("JCI"), dated May 14, 2020, (ii) an Incumbency Certificate and Delegation of Authority from the general partner of **Johnson Controls Fire Protection LP**, a Delaware limited partnership ("JCFP"), dated May 14, 2020, and (iii) a Written Consent in Lieu of Special Meeting of the Management Board from **Johnson Controls Security Solutions LLC**, a Delaware limited liability company ("JCSS"), dated April 27, 2020, hereby authorizes:

Bryan L. Roberts
Area Service Manager

(the "Delegate") to perform, on behalf of each of JCI, JCFP and JCSS, the acts described below:

To execute and deliver any and all contracts for the performance of work, sale of goods, and furnishing of services, and any other instruments in connection therewith and in the ordinary course of business and in accordance with the current Global Approval Authority Matrix.

This authority does not extend to:

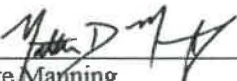
- a. contracts without a (i) financial cap on liability, (ii) fault based indemnity, and (iii) waiver of consequential damages, unless approved in accordance with the current Global Approval Authority Matrix;
- b. further sub-delegation of the above acts absent necessary approvals in writing;
- c. the execution of surety, performance or bid bonds;
- d. the signing of any notes, contracts, or any other agreement to borrow money in the name of JCI, JCFP and JCSS, or any form of guaranty for the payment or performance of obligations of any subsidiary, affiliate, or joint venture of JCI, JCFP and JCSS; or
- e. the signing, on behalf of JCI, JCFP and JCSS, of any deeds, abstracts, offers to purchase or any other instruments pertaining to the purchase or sale of real property.

Any actions taken by such Delegate within the scope of acts authorized herein taken between the date of expiration of any prior delegation of authority and the date hereof are hereby ratified, confirmed and approved as the acts and deeds of JCI, JCFP and JCSS.

This authority shall remain in full force and effect for one year from the date of issue unless earlier terminated by JCI, JCFP or JCSS or shall automatically terminate upon the end of Delegate's employment with any affiliated company of Johnson Controls International plc.

Signed at Milwaukee, Wisconsin, this 22nd day of May, 2020.

**Johnson Controls, Inc., Johnson Controls
Fire Protection LP, and Johnson Controls
Security Solutions LLC**

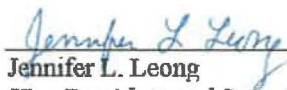


Nate Manning
Vice President, Field Operations

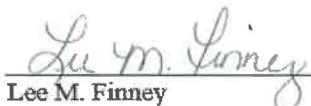
ATTEST



Steven W. Keane
Vice President and Assistant Secretary
Johnson Controls, Inc.



Jennifer L. Leong
Vice President and Secretary
Johnson Controls Fire Protection LP



Lee M. Finney
Vice President and Secretary
Johnson Controls Security Solutions LLC

AMENDMENT NO. 3 TO ANNUAL CONTRACT

This Amendment ("Amendment") to the Annual Contract for Low Voltage Services is made and entered into on _____, by and between Palm Beach County ("County"), a political subdivision of the State of Florida and Universal Cabling Systems, Inc. hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, on September 13, 2016, the parties hereto entered into the Annual Contract (R2016-1144) (hereinafter the "Annual Contract") under which the Contractor provides awarded work to the County for various projects as bid from time to time under the Annual Contract; and

WHEREAS, the Annual Contract has been amended by Amendment No. 1 (R2018-1185) dated August 14, 2018, and Amendment No. 2 (R2019-1349) dated September 10, 2019, (the Annual Contract and the Amendments collectively will be referred to as the Contract); and

WHEREAS, the County and the Contractor desire to amend certain contract conditions of the Contract.

NOW THEREFORE, in consideration of the mutual covenants, promises and representations contained herein, the Parties agree as follows:

1. Recitals. The above recitals are true and correct and incorporated herein.

2. Contract Terms Affirmed. Except as set forth below, the terms and conditions of the Contract shall remain in full force and effect and are hereby ratified and affirmed by the parties hereto.

Contract Modifications and Additions. The following provisions of the Contract are modified as follows:

Section 16.1(I) Magnitude of Work is deleted in its entirety and replaced with the following:

16.1 General

I. Magnitude of Work. Each bidder should fully understand that the Board of County Commissioners does not commit under this Annual Contract to award any specific amount of work during the contract period. Each Work Order under this Annual Contract will be lump sum

or lump sum with certain unit prices. Each Work Order under this Annual Contract will be competitively bid by multiple Qualified Contractors. Projects \$100,000 and over will also be advertised on VSS. Projects \$200,000 and over will also be advertised in the local newspaper. Additional contractors will be allowed to qualify for this Annual Contract throughout the term of the Annual Contract. When an Invitation for Bid/Quote for a project is advertised on VSS, a contractor may qualify for this Annual Contract during the solicitation period if its Qualification Application is received at least 10 days before the due date for bids/quotes. *The magnitude of the work shall be determined by individual Work Orders issued against this Contract by Palm Beach County.*

The County reserves the right to award and use multiple contracts for this work.

The County reserves the right to limit the amount of awards based on the projected need of the County.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of Florida
BOARD OF COUNTY
COMMISSIONERS,


By: _____
Deputy Clerk

By: _____
Dave Kerner, Mayor

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY


APPROVED AS TO TERMS AND
CONDITIONS

By:  _____
Assistant County Attorney


By:  _____
Audrey Wolf, Director
Facilities Development & Operations
Department

WITNESS:

CONTRACTOR: Universal Cabling
Systems, Inc.

By:  _____
Signature

Krista McNevin
Name Printed

By:  _____
Signature of Officer

Mark Vanson
Print Name

Its: President
Title



CERTIFICATE OF LIABILITY INSURANCE

MAR 1 2020

DATE (MM/DD/YYYY)

3/2/2020

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).

PRODUCER	Risk Strategies Company 3250 N. 29th Ave Hollywood, FL 33020	CONTACT NAME:	
		PHONE (A/C No. Ext): 954-963-6666	FAX (A/C No.): 954-963-9776
		E-MAIL ADDRESS: alucerts@risk-strategies.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Trust Insurance Company	
		INSURER B: FCCI Insurance Company	
		INSURER C: Federal Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Universal Electric of Florida, Inc.
& Philco Electric of Florida, Inc.
6784 NW 17th Ave
Fort Lauderdale FL 33309.

COVERAGES	CERTIFICATE NUMBER: 54402874	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 WYD	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"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: E&O Ded: \$10,000	<input checked="" type="checkbox"/>	GL100037851-02	3/1/2020	3/1/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 Contractors E&O \$1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	UNAU28619	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	<input checked="" type="checkbox"/>	EBU061213441	3/1/2020	3/1/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	001WC20A45306	3/1/2020	3/1/2021	<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
E	Equipment Floater		45468354	3/1/2020	3/1/2021	\$100,000 Leased/Rented Equip. \$1,000 Deductible

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

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES, AND AGENTS IS ENDORSED AS AN ADDITIONAL INSURED ON GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
PBC BOARD OF COUNTY COMMISSIONERS C/O CAPITAL IMPROVEMENTS 2633 N. JOG ROAD WEST PALM BEACH FL 33411	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 Michael Christian



ADDITIONAL REMARKS SCHEDULE

AGENCY Risk Strategies Company		NAMED INSURED Universal Electric of Florida, Inc. & Philco Electric of Florida, Inc. 6784 NW 17th Ave Fort Lauderdale FL 33309
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 (03/16)
HOLDER: PBC BOARD OF COUNTY COMMISSIONERS C/O CAPITAL IMPROVEMENTS
ADDRESS: 2633 N. JOG ROAD WEST PALM BEACH FL 33411

**** Workers Compensation Coverage ****
Blanket Waiver of Subrogation is provided when required by written contract.

**** General Liability Coverage ****
Blanket Additional Insured Endorsement CGL 084 (10 13) Owners, Lessees or Contractors Automatic Status When Required in Construction Agreement with your ongoing operations and products-completed operations. Automatic primary and non-contributory when required in a written contract or agreement.

First Choice Contractors Liability Endorsement CGL 088 (10 13) Automatic additional insured coverages: Covers a person or organization with respect to liability for damages in whole or in part by your work under a written agreement (eliminates sole negligence); Owner, Lessor or Manager of premises; Mortgagee, assignee, or receiver of premises; State or political subdivisions permits only; Lessor of leased equipment; vendors. Blanket Waiver of Subrogation when required by written contract.

***** Equipment Floater *****
Replacement Cost valuation for Equipment 5 years old or newer.

*****Commercial Auto*****
Additional Insured by Contract, Agreement or Permit & Waiver of Transfer of Rights of Recovery against others to us coverage by Business Auto Coverage Enhancement Endorsement CA 88 10 01 10.

*****Excess Liability*****
Excess/Umbrella Liability policy follows form.

*****Cancellation*****
10 days before the effective date of cancellation for non-payment of premium
45 days before the effective date of cancellation for any reason other than non-payment of premium.

Procurement Project Implementation Group

ATTACHMENT #9