

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	<u>\$851,936</u>		<u>0</u>	<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>
NET FISCAL IMPACT	<u>\$851,936</u>		<u>0</u>	<u>0</u>	<u>0</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Budget Account No.: Fund 4011 Dept. 721 Unit W031 Object 6546

Is Item Included in Current Budget? Yes X No

Does this item include the use of federal funds? Yes No X

Reporting Category N/A

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

One (1) time expenditure from user fees, connection fees and balance brought forward.

C. Department Fiscal Review: _____ GE

III. REVIEW COMMENTS

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

Mark 3/26/21
OFMB BR 3/25

Contract Development and Control 4/11/21
3-31-21 TD

B. Legal Sufficiency:

Mr M. Jones 4/11/21
Assistant County Attorney

C. Other Department Review:

Department Director

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

WORK AUTHORIZATION NO. 1

**Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020**

Project Title: Lift Station Rehabilitation Priority Work Phase 1

PBCWUD Project No.: 21-032

Contractor: Hinterland Group Inc.

Address: 2051 West Blue Heron Blvd., Riviera Beach, FL 33404

Budget Line Item No. 4011-721-W031-6546

District: 1,3,4 and 5

This Work Authorization provides for: Installation of a corrosion barrier system in eleven (11) lift stations throughout the county and rehabilitation of another ten (10) lift stations. Lift station rehabilitations to include removal and replacement of bases, riser piping, valves, bypass pumpouts and various site work.

See **Attachment A** for detailed scope of services.

The Contract provides for 26.87% SBE participation, which includes 3.18% M/WBE participation, 3.18% MBE (H). Work Authorization No. 1 includes 5.86% SBE participation, which includes 0.00% M/WBE participation, 0.00% MBE (H). The cumulative SBE participation, including this Work Authorization is 5.86% which includes 0.00% M/WBE participation, 0.00% MBE (H).

1. Services completed by the Contractor to date:

See **ATTACHMENT B**

2. Contractor shall begin work within ten (10) calendar days from the issuance of Notice to Proceed (NTP). Execution of the Project will be accomplished as follows from the issuance of the NTP:

Substantial Completion 270 Calendar Days
Final Construction Completion 300 Calendar Days

Liquidated damages will apply as follows:

\$500.00 per day past substantial completion date.

\$250.00 per day past final completion date.

WORK AUTHORIZATION NO. 1

**Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020**

3. The compensation to be paid to the Contractor for providing the requested services in accordance with the Contract Bid Prices is \$851,935.01.
4. This Work Authorization does not amend, change, or modify the Contract which remains in full force and effect.
5. All Attachments to this Authorization are incorporated herein and made a part of the Work Authorization.

WORK AUTHORIZATION NO. 1

Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020

Project Title: Lift Station Rehabilitation Priority Work Phase 1

PBCWUD Project No.: 21-032

IN WITNESS WHEREOF, this Work Authorization is accepted, subject to the terms, conditions and obligations of the aforementioned Contract.

PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

Joseph Abruzzo, Clerk of the Circuit Court
& Comptroller, Palm Beach County

Palm Beach County
Board of County Commissioners

ATTEST:

Signed: _____

Typed Name: _____
Deputy Clerk

Approved as to Form and Legal
Sufficiency

Signed: _____

Typed Name: Michael W. Jones
County Attorney

MNL
Signed: _____
Dave Kerner, Mayor *JKS*

(Date)

Contractor: Hinterland Group Inc.

(Signature) *[Signature]*

Chase Rogers
(Name)

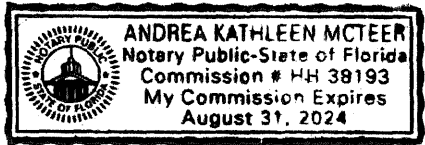
Project Director
(Title)

3/15/21
(Date)

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 15th day of Mar, 2021, by CHASE ROGERS, who is personally known to me or has produced _____ as identification.

Andrea Kathleen McTeer
(Signature of Notary Public – State of Florida)



Andrea Kathleen McTeer
(Print, Type, or Stamp Commissioned Name of Notary Public)

WORK AUTHORIZATION NO. 1

**Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020**

LIST OF ATTACHMENTS

ATTACHMENT A	Scope of Work
ATTACHMENT B	Summary and Status of Work Authorizations
ATTACHMENT C	Public Construction Bond
ATTACHMENT D	Form of Guarantee
ATTACHMENT E	Schedule of Bid Items
ATTACHMENT F	OEBO Schedule 1 and 2
ATTACHMENT G	Summary of SBE-M/WBE Business Tracking
ATTACHMENT H	Location Map

Revised 02/11/2021

ATTACHMENT B

SUMMARY AND STATUS OF WORK AUTHORIZATIONS

Work Auth. No.	PBCWUD Project No.	Title	Status	Project Total Amount	SBE Total Amount	SBE Participation %	Approved	
							By	Date
1	21-032	Lift Station Rehabilitation Priority Work Phase 1	Pending	\$851,935.01	\$50,000.00	5.86%	BCC	Pending
2	19-064	Loxahatchee Groves Park Lift Station and Force Main	Pending	\$234,386.65	Pending	Pending	BCC	Pending
3	19-047	Lift Station Pressure Nodes Addition	Pending	\$471,957.00	Pending	Pending	BCC	Pending

ATTACHMENT C

PUBLIC CONSTRUCTION BOND – WORK AUTHORIZATION NO. 1

Lift Station Rehabilitation Continuing Construction Contract 2020

Resolution No. R2020-1379 Contract Dated September 15, 2020

PROJECT TITLE: Lift Station Rehabilitation Priority Work Phase 1

PBCWUD PROJECT NO.: 21-032

BOND NUMBER: 21BCSIL2894

WORK AUTHORIZATION/BOND AMOUNT: \$851,935.01

CONTRACTOR'S NAME: Hinterland Group Inc.

CONTRACTOR'S ADDRESS: 2051 West Blue Heron Blvd., Riviera Beach, FL 3304

CONTRACTOR'S PHONE: (561) 640-3503

SURETY COMPANY: Hartford Accident and Indemnity Company

SURETY'S ADDRESS: 2301 Lucien Way, #360, Maitland, FL 32751

OWNER'S NAME: PALM BEACH COUNTY

OWNER'S ADDRESS: 8100 Forest Hill Boulevard

West Palm Beach, FL 33413

OWNER'S PHONE: (561) 493-6000

DESCRIPTION OF WORK: Installation of corrosion barrier system in eleven (11) lift stations throughout the county and rehabilitation of another ten (10) lift stations.

PROJECT LOCATION: Palm Beach County Department Zones 1, 2, 3, 4 and 5

LEGAL DESCRIPTION: LS0216 - R 42; T 44; S 12 LS0578 - R 42; T 45; S 27 LS0591 - R 42; T 46; S 09
LS0231 - R 43; T 44; S 10 LS0915 - R 42; T 46; S 34 LS1015 - R 42; T 46; S 31
LS5044 - R 43; T 43; S 29 LS1080 - R 42; T 47; S 16 LS1091 - R 42; T 46; S 20
LS0573 - R 42; T 43; S 27 LS0586 - R 42; T 45; S 17 LS0643 - R 42; T 45; S 18
LS4200 - R 40; T 41; S 13 LS0588 - R 42; T 45; S 17 LS0686 - R 42; T 46; S 34
LS4001 - R 41; T 42; S 05 LS0596 - R 42; T 45; S 18 LS0593 - R 42; T 45; S 21
LS0521 - R 42; T 45; S 22 LS0592 - R 42; T 45; S 23 LS0635 - R 42; T 46; S 10

Revised 02/11/2021

PUBLIC CONSTRUCTION BOND

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Work Authorization No. 1 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 dated on September 15, 2020.

KNOW ALL MEN BY THESE PRESENTS: that Contractor and Surety, are held and firmly bound unto
Palm Beach County Board of County Commissioners
301 N. Olive Avenue
West Palm Beach, Florida 33401

as Obligee, herein called County, for the use and benefit of claimant as herein below defined, in the amount of Eight Hundred Fifty One Thousand Nine Hundred Thirty-Five and 01/100 Cents, \$851,935.01,

for the payment whereof Principal and Surety bind themselves, their heirs, personal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Principal has by written agreement dated _____, 20____, entered into Work Authorization No. 1 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 with the County for

Work Authorization Project Name: Lift Station Rehabilitation Priority Work Phase 1

Work Authorization Project No.: 21-032

Project Description: Installation of a corrosion barrier system in eleven (11) lift stations throughout the county and rehabilitation of another ten (10) lift stations.

Project Location: Palm Beach County Department Zones 1, 4 and 5

in accordance with Design Criteria Drawings and Specifications prepared by

Name of Design Firm: Palm Beach County Water Utilities Department

Location of Firm: 8100 Forest Hill Blvd, West Palm Beach, FL 33413

Phone: (561) 493-6104

Fax: _____

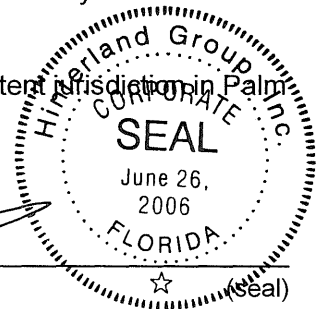
which Work Authorization No. 1 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 is by reference made a part hereof in its entirety, and is hereinafter referred to as the Work Authorization.


1. THE CONDITION OF THIS BOND is that if Principal:

- a. Performs the Work Authorization dated _____, 20____, between Principal and County for the construction of the above project, the Work Authorization being made a part of this bond by reference, at the times and in the manner prescribed in the Work Authorization; and

Revised 02/11/2021


- b. Promptly makes payments to all claimants, as defined in Section 255.05, Florida Statutes, supplying Principal with labor, materials, or supplies, used directly or indirectly by Principal in the prosecution of the work provided for in the Work Authorization; and
 - c. Pays County all losses, damages (including liquidated damages), expenses, costs, and attorneys' fees, including appellate proceedings, that County sustains because of a default by Principal under the Work Authorization; and
 - d. Performs the guarantee of all work and materials furnished under the Work Authorization for the time specified in the Work Authorization; then this bond is void; otherwise it remains in full force.
2. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the Work Authorization or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.
 3. The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of construction liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against the bond.
 4. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the Work Authorization are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverage's and limitations of this instrument.
 5. Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes. This instrument regardless of its form, shall be construed and deemed a statutory bond issued in accordance with Section 255.05, Florida Statutes.
 6. Any action brought under this instrument shall be brought in the state court of competent jurisdiction in Palm Beach County, Florida and not elsewhere.





 Witness
 JAY BREIC

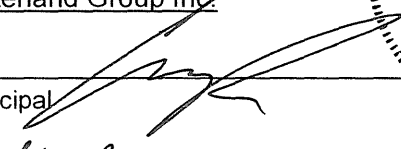
 Print Name



 Witness
 Ariel Rosario, Licensed 4-40 Agent/Witness


 Print Name

Hinterland Group Inc

 Principal

 CHASE ROBERTS

 Print name

Protect Director

 Title

 Jennie N. Lanman

 Print name
 Attorney - in - Fact

 Title

Hartford Accident and Indemnity Company
(seal)

ATTACHMENT D

FORM OF GUARANTEE

GUARANTEE FOR (Contractor Surety Name) Hartford Accident and Indemnity Company and Hinterland Group Inc.

We the undersigned hereby guarantee that the Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379, Contract Dated September 15, 2020, PBCWUD Project No. 21-032, Work Authorization No. 1, Project Title: Lift Station Rehabilitation Priority Work Phase 1, Palm Beach County, Florida, which we have constructed and bonded, has been done in accordance with the plans and specifications; that the work constructed will fulfill the requirements of the guaranties included in the Contract Documents. We agree to repair or replace any or all of our work, together with any work of others which may be damaged in so doing, that may prove to be defective in the workmanship or materials within a period of one year from the date of Final Completion of all of the above named work by the County of Palm Beach, State of Florida, without any expense whatsoever to said County of Palm Beach, ordinary wear and tear and unusual abuse or neglect excepted by the County. The date of Final Completion shall be the date set forth on the fully executed and acknowledged Contractor's Certification of Final Completion form. When correction work is started, it shall be carried through to completion.

In the event of our failure to acknowledge notice, and commence corrections of defective work within five (5) calendar days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand. County and Contractor agree that the provisions of Florida Statute Chapter 558 shall not apply to this Contract/Agreement.

SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY

Hinterland Group Inc.

(Contractor)

By: [Signature]
(Signature)



(Printed name)

Hartford Accident and Indemnity Company

(Surety)

(Seal)

By: Jennie Lanman
(Signature)

Jennie N. Lanman ; Attorney In Fact
(Printed name)



HALCYON
UNDERWRITERS

YOUR PARTNER IN PRODUCTION. MAKING THE DIFFERENCE

555 Winderley Place, Suite 420
Maitland, Florida 32751

February 24, 2021

To: Palm Beach County
8100 Forest Hill Boulevard
West Palm Beach, FL 33413

Re: Hinterland Group Inc.

Bond No: 21BCSIL2894

Resolution No. R2020-1379 WA #1

Installation of corrosion barrier system in (11) lift stations throughout the county and rehabilitation of another (10) lift stations

To Whom It May Concern

Please allow this letter to serve as formal authorization for Palm Beach County to date the captioned Construction Bond and power of attorney to coincide with the Contract Date. Please advise our office once dated. We are the bonding agent for Hinterland Group, Inc. They are bonded by Hartford Accident and Indemnity Company, an A+ rated surety in the AM Best Guide. Please be advised that we authorize you to date powers of attorney, form of guarantee and bonds for Resolution No. R2020-1379 WA #1 Installation of corrosion barrier system in (11) lift stations throughout the county and rehabilitation of another (10) lift stations.

Thank you and please call me if you have any questions.



Jennie N. Lanman, Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

bond.claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: HALCYON UNDERWRITERS
Agency Code: 21-224119

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of \$15,000,000:**

Jennie N. Lanman
of
Maitland, FL

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



Kathleen T. Maynard
Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 2021

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 24, 2021.

Signed and sealed at the City of Hartford.



Kevin Heckm

Kevin Heckm

ATTACHMENT E

Schedule of Bid Items

**PALM BEACH COUNTY WATER UTILITIES DEPARTMENT
LIFT STATION REHABILITATION CONTINUING CONSTRUCTION CONTRACT 2020
RESOLUTION NO. R2020-1379 Contract Dated September 15, 2020**

**Work Authorization No. 1
Contractor Name: Hinterland Group Inc.
Project Title: LIFT STATION REHABILITATION PRIORITY WORK PHASE 1
PBCWUD Project No.: 21-032**

<u>Location</u>	<u>Total Amount</u>
LS Corrosion Barrier	\$179,308.58
LS No. 216	\$77,277.53
LS No. 231	\$99,312.68
LS No. 521	\$62,679.60
LS No. 573	\$52,976.20
LS No. 578	\$13,445.13
LS No. 915	\$91,649.25
LS No. 1080	\$31,158.68
LS No. 4001	\$79,927.88
LS No. 4200	\$97,134.75
LS No. 5044	\$67,064.73
TOTAL:	\$851,935.01

See following pages for additional details.

ATTACHMENT E

SCHEDULE OF BID ITEMS

Palm Beach County Water Utilities Department

Lift Station Rehabilitation Continuing Construction Contract 2020 - Resolution No. R2020 1379 Contract Dated September 15, 2020

Work Authorization No.: 1

Contractor Name: Hinterland Group Inc.

Project Name: Lift Station Rehabilitation Priority Work Phase 1 - LS Corrosion Barrier

PBCWUD Project No.: 21-032

NO.	BID ITEM (Furnish and Install with Appurtenances)	QUANTITY	UNIT	UNIT PRICE	TOTAL
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #596	1154	Sq. Ft.	\$ 15.00	\$ 17,310.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #586	1500	Sq. Ft.	\$ 15.00	\$ 22,500.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #588	1350	Sq. Ft.	\$ 15.00	\$ 20,250.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #643	918	Sq. Ft.	\$ 15.00	\$ 13,770.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #592	679	Sq. Ft.	\$ 15.00	\$ 10,185.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #593	853	Sq. Ft.	\$ 15.00	\$ 12,795.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #635	788	Sq. Ft.	\$ 15.00	\$ 11,820.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #591	831	Sq. Ft.	\$ 15.00	\$ 12,465.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #1091	831	Sq. Ft.	\$ 15.00	\$ 12,465.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #1015	831	Sq. Ft.	\$ 15.00	\$ 12,465.00
1	Existing: Wet well / Valve Vault Corrosion Barrier System - LS #686	788	Sq. Ft.	\$ 15.00	\$ 11,820.00
63	6" Bypass Pumping	22	DAY	\$ 700.00	\$ 15,400.00
	<u>Additional Work Items</u>				
				Subtotal	\$ 173,245.00
				Mobilization	\$ 4,331.13
				Demobilization	\$ 1,732.45
				Add'l Work	\$ -
				Total	\$ 179,308.58

ATTACHMENT E

SCHEDULE OF BID ITEMS

Palm Beach County Water Utilities Department

Lift Station Rehabilitation Continuing Construction Contract 2020 - Resolution No. R2020 1379 Contract Dated September 15, 2020

Work Authorization No.: 1

Contractor Name: Hinterland Group Inc.

Project Name: Lift Station Rehabilitation Priority Work Phase 1 - LS No. 521

PBCWUD Project No.: 21-032

NO.	BID ITEM (Furnish and Install with Appurtenances)	QUANTITY	UNIT	UNIT PRICE	TOTAL
1	Existing: Wet well / Valve Vault Corrosion Barrier System	1550	SF	\$ 15.00	\$ 23,250.00
13	6" DIP Wet well Discharge Downpipe	46	LF	\$ 350.00	\$ 16,100.00
33	Ductile Iron Fittings for Wastewater Force Main	0.5	TONS	\$ 6,500.00	\$ 3,250.00
50	Removal & Disposal of Exist. Pipe up to 8"	46	LF	\$ 60.00	\$ 2,760.00
63	6" Bypass Pumping	5	DAY	\$ 700.00	\$ 3,500.00
69	Submersible Pump Guide Rail System	100	LF	\$ 50.00	\$ 5,000.00
70	Submersible Pump 4" Base Elbow	2	EA	\$ 2,000.00	\$ 4,000.00
73	Submersible Pump Base Plate (For 4" Pump)	2	EA	\$ 800.00	\$ 1,600.00
76	Submersible Pump Installation	2	EA	\$ 250.00	\$ 500.00
151	Preconstruction Video	1	LS	\$ 600.00	\$ 600.00
	<u>Additional Work Items</u>				

Subtotal	\$	60,560.00
Mobilization	\$	1,514.00
Demobilization	\$	605.60
Add'l Work	\$	-
Total	\$	62,679.60

ATTACHMENT E

SCHEDULE OF BID ITEMS

Palm Beach County Water Utilities Department

Lift Station Rehabilitation Continuing Construction Contract 2020 - Resolution No. R2020 1379 Contract Dated September 15, 2020

Work Authorization No.: 1

Contractor Name: Hinterland Group Inc.

Project Name: Lift Station Rehabilitation Priority Work Phase 1 - LS No. 573

PBCWUD Project No.: 21-032

NO.	BID ITEM (Furnish and Install with Appurtenances)	QUANTITY	UNIT	UNIT PRICE	TOTAL
12	4" DIP Wet well Discharge Downpipe	54	LF	\$ 320.00	\$ 17,280.00
27	4" Mechanical Joint Restraint	2	EA	\$ 150.00	\$ 300.00
33	Ductile Iron Fittings for Wastewater Force Main	1	TONS	\$ 6,500.00	\$ 6,500.00
50	Removal & Disposal of Exist. Pipe up to 8"	54	LF	\$ 60.00	\$ 3,240.00
63	6" Bypass Pumping	5	DAY	\$ 700.00	\$ 3,500.00
69	Submersible Pump Guide Rail System	84	LF	\$ 50.00	\$ 4,200.00
70	Submersible Pump 4" Base Elbow	2	EA	\$ 2,000.00	\$ 4,000.00
73	Submersible Pump Base Plate (For 4" Pump)	2	EA	\$ 800.00	\$ 1,600.00
101	4" Gate Valve (FL or MJ)	5	EA	\$ 700.00	\$ 3,500.00
108	4" Swing Check Valve w/ Outside Lever and Weight	2	EA	\$ 1,600.00	\$ 3,200.00
	<u>Additional Work Items</u>				
1	4" Tapping Saddles w/ Pressure Gauge Assembly	2	EA	\$ 2,000.00	\$ 4,000.00
Subtotal					\$ 47,320.00
Mobilization					\$ 1,183.00
Demobilization					\$ 473.20
Add'l Work					\$ 4,000.00
Total					\$ 52,976.20

ATTACHMENT E

SCHEDULE OF BID ITEMS

Palm Beach County Water Utilities Department
 Lift Station Rehabilitation Continuing Construction Contract 2020 - Resolution No. R2020 1379 Contract Dated September 15, 2020

Work Authorization No.: 1
 Contractor Name: Hinterland Group Inc.
 Project Name: Lift Station Rehabilitation Priority Work Phase 1 - LS No. 578
 PBCWUD Project No.: 21-032

NO.	BID ITEM (Furnish and Install with Appurtenances)	QUANTITY	UNIT	UNIT PRICE	TOTAL
1	Existing: Wet well / Valve Vault Corrosion Barrier System	565	SF	\$ 15.00	\$ 8,475.00
63	6" Bypass Pumping	3	DAY	\$ 700.00	\$ 2,100.00
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					\$ -
	Additional Work Items				\$ -
1	Repair and Seal Leaking Hole in Wet Well	1	LS	\$ 2,500.00	\$ 2,500.00
Subtotal					\$ 10,575.00
Mobilization					\$ 264.38
Demobilization					\$ 105.75
Add'l Work					\$ 2,500.00
Total					\$ 13,445.13

ATTACHMENT F
OEBO SCHEDULE 1

Office of Equal Business Opportunity Compliance Programs

OEBO SCHEDULE 1

LIST OF PROPOSED CONTRACTOR/CONSULTANT AND SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION

Lift Station Rehabilitation Priority Work Phase 1

SOLICITATION/PROJECT/BID NAME: _____
NAME OF PRIME RESPONDENT/BIDDER: Hinterland Group Inc.
CONTACT PERSON: Chase Rogers
SOLICITATION OPENING/SUBMITTAL DATE: September 15, 2020

SOLICITATION/PROJECT/BID No.: 21-032
ADDRESS: 2051 West Blue Heron Blvd, Riviera Beach, FL 33404
PHONE NO.: 561-640-3503 **E-MAIL:** crogers@hinterlandgroup.com
DEPARTMENT: Palm Beach County Water Utilities Department

PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT ON THIS PROJECT. PLEASE ALSO LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT.

Name, Address and Phone Number	(Check all Applicable Categories)			DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	Non-SBE	M/WBE Minority/Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
1. Hinterland Group Inc. 2051 W Blue Heron Blvd, Riviera Beach, FL 33404 (561)640-3503	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	\$801,935.01 (Non-SBE)
2. Utility Supply Associates, Inc. 140 Commerce Rd, Boynton Beach, FL 33426 (561) 493-9900	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	\$50,000.00	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

(Please use additional sheets if necessary)

Total _____ \$50,000.00

Total Bid Price \$ 851,935.01 Total SBE - M/WBE Participation \$50,000.00

I hereby certify that the above information is accurate to the best of my knowledge: _____
 Chase Rogers Project Director
Signature Title

- Note:**
- The amount listed on this form for a Subcontractor/subconsultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
 - Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and/or M/WBE, please indicate the dollar amount under the appropriate category.
 - Modification of this form is not permitted and will be rejected upon submittal.

ATTACHMENT F
OEBO SCHEDULE 2

Office of Equal Business Opportunity Compliance
Programs

Revised 02/11/2021

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 21-032

SOLICITATION/PROJECT NAME: Lift Station Rehabilitation Priority Work Phase 1

Prime Contractor: Hinterland Group Inc.

Subcontractor: Utility Supply Associates, Inc.

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 8/22/19-8/21/22

The undersigned affirms they are the following (select one from each column if applicable):

Column 1	Column 2	Column 3
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input checked="" type="checkbox"/> Caucasian American <input checked="" type="checkbox"/> Supplier
	<input type="checkbox"/> Native American	

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Pipe Supplier	\$50,000.00	LS	\$0.00	\$50,000.00

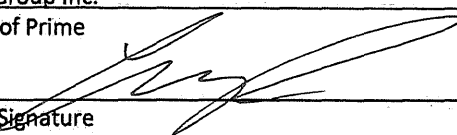
The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$50,000.00

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

 Name of 2nd/3rd tier

Price or Percentage: _____

Hinterland Group Inc.
 Print Name of Prime

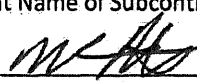
By: 
 Authorized Signature

CHASE ROGERS
 Print Name

PROJECT DIRECTOR
 Title

Date: 2/26/21

Utility Supply Associates, Inc.
 Print Name of Subcontractor/subconsultant

By: 
 Authorized Signature

WILLIAM POTTS
 Print Name

SECRETARY TREASURER DIRECTOR
 Title

Date: 2/25/2021

ATTACHMENT G

Palm Beach County Water Utilities Department

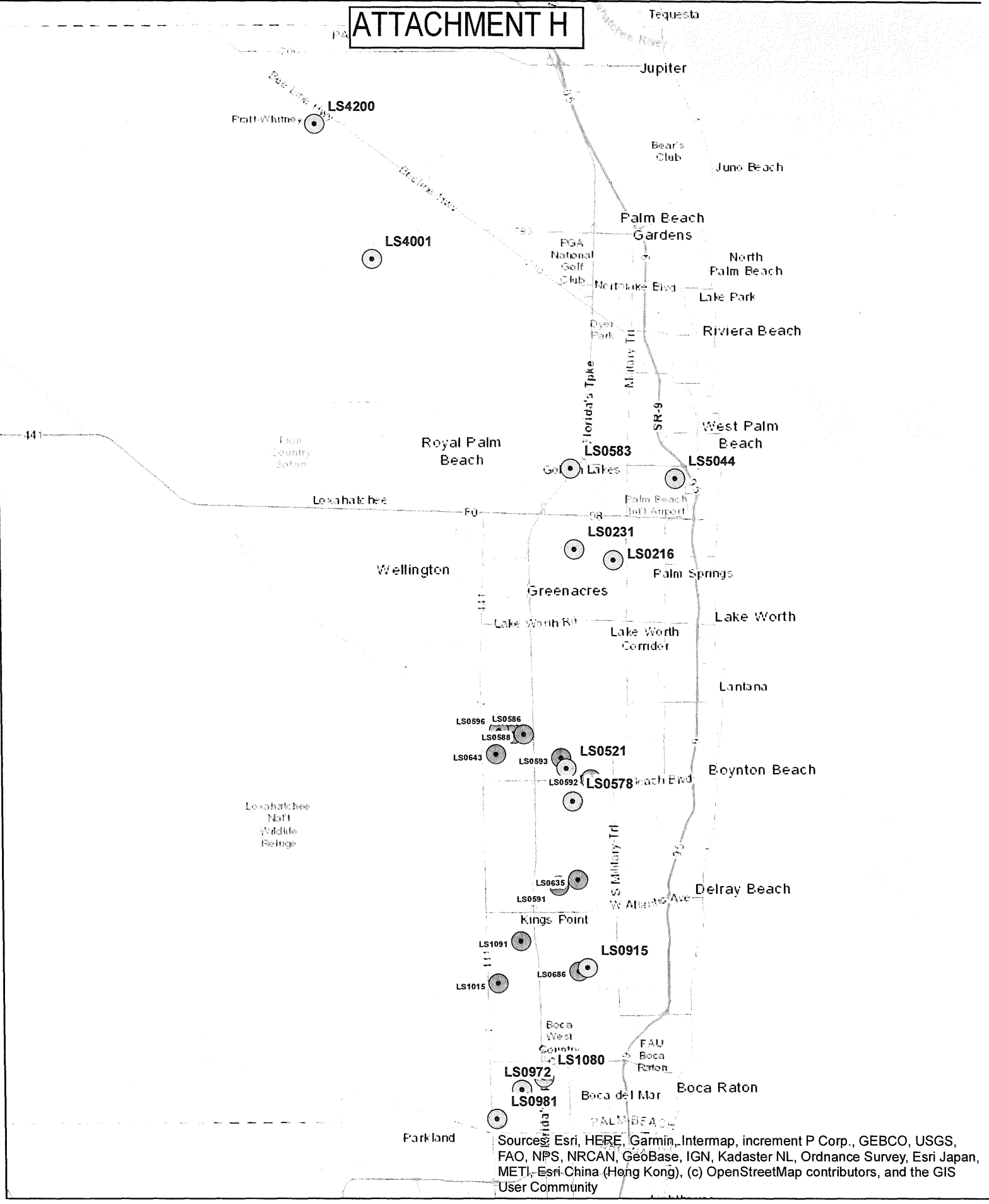
Lift Station Rehabilitation Continuing Construction Contract 2020

Resolution No. R2020-1379 Contract Dated September 15, 2020

SUMMARY OF SBE-M/WBE BUSINESS TRACKING

Master Contract Goals	SBE: <u>26.87%</u>	M/WBE (Hispanic) <u>3.18%</u>	MBE (Hispanic):	MBE (Black):
Current Proposal				
Value of Authorization No.: <u>1</u>	\$851,935.01	\$851,935.01	\$851,935.01	\$851,935.01
Value of SBE-M/WBE Letters of Intent	\$50,000.00	\$0.00	\$0.00	\$0.00
Actual Percentage	5.86%	0.0%	0.0%	0.00%
Signed/Approved Authorizations				
Total Value of Authorizations	\$0.00	\$0.00	\$0.00	\$0.00
Total Value of SBE-M/WBE Signed Subcontractors	\$0.00	\$0.00	\$0.00	\$0.00
Actual Percentage	0.00%	0.00%	0.00%	0.00%
Signed/Approved Authorizations Plus Current Proposal				
Total Value of Authorization	\$851,935.01	\$851,935.01	\$851,935.01	\$851,935.01
Total Value of Subcontractors & Letters of Intent	\$50,000.00	\$0.00	\$0.00	\$0.00
Actual Percentage	5.86%	0.00%	0.00%	0.00%



ATTACHMENT H

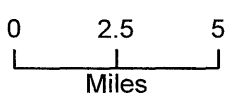


Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri-China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community



Location Map PBCWUD No. 21-032

-  Rehabilitation
-  Corrosion Barrier





March 20th, 2019

To Whom it May Concern:

I, Daniel Duke, III, President of Hinterland Group Inc., do hereby authorize Chase R Rogers, Jay Breig and Brett Konchak to sign any and all project related documents on behalf of Hinterland Group, Inc.

In addition, and until further notice, the following personnel are authorized to sign pay applications and supporting documentation relating to Palm Beach County pay applications. This does not authorize the signing of change orders, lien releases, notice to proceed, or warranties of title.

Authorized to Sign Pay Applications and Supporting Documentation:

- Heather Crossman
- Mark Horning
- Kervin Flores-Garcia
- Bill Scheets
- Curt Maring

Daniel Duke, III – President
Dated: March 20, 2019

State of Florida
County of Palm Beach

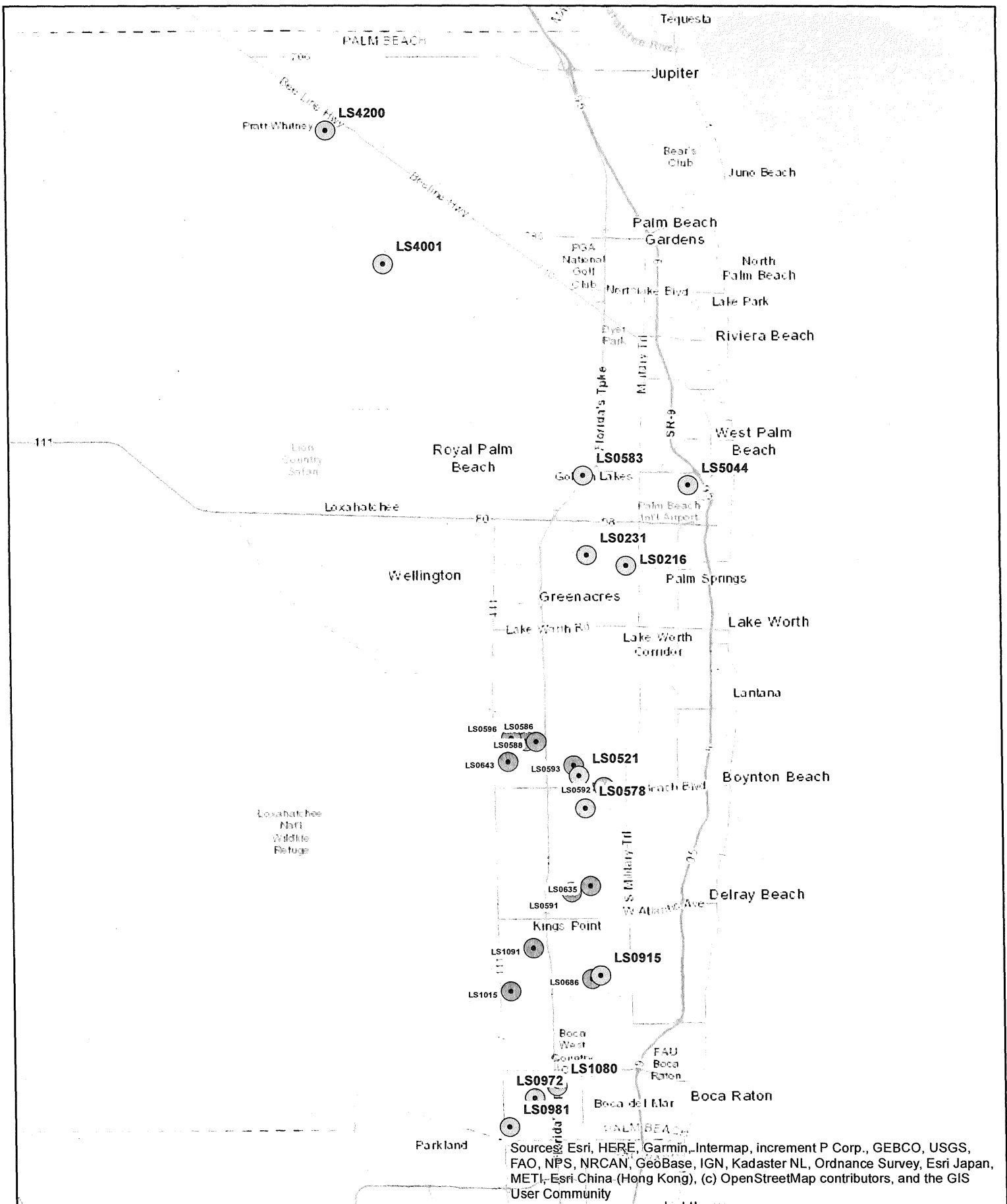
The foregoing instrument was acknowledged before me on this 25th day of March, 2019 by Daniel Duke III as President of Hinterland Group Inc., a Florida corporation. He is personally known to me.

My Commission Expires: May 7th 2021

Julie Gwinner, Notary Public, State of Florida





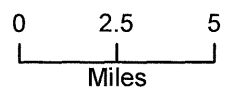
Hinterland Group Inc. Corporate office
2051 W Blue Heron Blvd, Riviera Beach, FL 33404 • Ph 561-640-3503 • Fax 561-640-3504



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

ATTACHMENT 2
Location Map
PBCWUD No. 21-032

-  Rehabilitation
-  Corrosion Barrier



ATTACHMENT 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2021

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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: PHONE (A/C No. Ext.): (772) 426-9973 FAX (A/C No.): (772) 872-5870 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Zurich American Insurance Company 16535 INSURER B : Travelers Property Casualty Company of Amer 25674 INSURER C : American Guarantee & Liability Insurance Co. 26247 INSURER D : INSURER E : INSURER F :
INSURED Hinterland Group Inc. 2051 West Blue Heron Blvd Riviera Beach, FL 33404	

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 INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLO 4956332-01	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input checked="" type="checkbox"/> XCU Coverage Included	x	x				MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Primary/Non Contributory						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			BAP 4956334-01	01/31/2021	01/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	x				x	BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			ZUP81N2525921	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 2,000,000	
	DED RETENTIONS	<input type="checkbox"/> CLAIMS-MADE					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 4956333-01	01/31/2021	01/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				x	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
A	Inland Marine			CPP667426001	01/31/2021	01/31/2022	Installation Floater \$ 2,000,000	
							Rented/Leased Equi \$ 500,000	

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

Should any of the above policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. Certificate Holder is as an additional insured on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. A Waiver of Subrogation is provided on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. Coverage is primary/noncontributory when required by written contract agreement. Daniel Amos Duke III CGC1520354 / Daniel Amos Duke III CUC1224634 / Charles J Breig EC13003615

CERTIFICATE HOLDER Palm Beach County Palm Beach County Board of County Commissioners Insurance Compliance PO Box 100085- DX Duluth, GA 30096	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 <JNL>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2020

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 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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: Jennie Lanman	
	PHONE (A/C No. Ext): (772) 426-9973 FAX (A/C No.): 772-872-5870	
	E-MAIL ADDRESS: jennie@southshore-insurance.com	
INSURED Hinterland Group Inc. 2051 W Blue Heron Blvd Riviera Beach, FL 33404	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Zurich Insurance Company	40142
	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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk	Y	EC15291752	07/14/2020	07/14/2021	Blanket Limit \$11,000,000

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

When required by a written or oral contract, all owners; contractors and subcontractors of every tier; manufacturers; suppliers; architects and engineers are insured for their interest in the Covered Property while that Covered Property is at the "project site".

RE:
Builders Risk 5% wind/hail and \$10,000 all other deductible. This policy is on an All Risk form with 100% replacement cost.

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