

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: June 15, 2021

☒ Consent
☐ Ordinance

☐ Regular
☐ Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

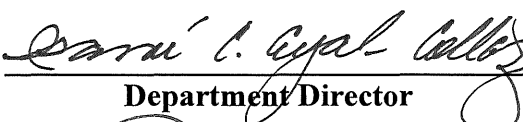
Motion and Title: Staff recommends motion to approve: Change Order No. 1 to Amendment No. 2 (R2020-1032) to the continuing contract with Asset Builders, LLC dba Messam Construction (R2018-1163) to extend the project duration by 139 additional calendar days for the Belle Glade Senior Center Roof Replacement project.

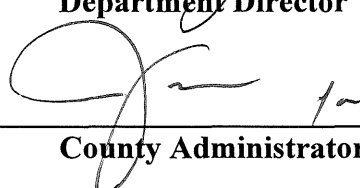
Summary: On August 14, 2018, the Board of County Commissioners (Board) approved the continuing construction manager (CM) contract for construction management services for capital improvement projects located in the Glades geographical area, in an amount not exceed \$2,000,000 (after July 1, increased to \$4,000,000 due to changes in the Florida Statutes). The work authorized under Amendment No. 2 consists of the removal and replacement of the existing built-up roofing system with a new modified bitumen, heat welded built-up roofing system. The project was to be completed within 90 days from notice to proceed or until final completion. The CM was issued the Notice to Proceed that established a commencement date of October 1, 2020 for construction phase services with a substantial completion date of December 30, 2020. Subsequently, the original subcontractor (Therma Seal Roof Systems, LLC) to the project left the project and defaulted on their contract with Asset Builders, LLC dba Messam Construction. Change Order No. 1 to Amendment No. 2 authorizes an extension of 139 calendar days to the project duration for a revised substantial completion date of May 18, 2021. Since the subcontractor was unable to perform the work, the CM submitted the request for 139 additional days to solicit bids, establish an agreement with the new subcontractor and to complete the work authorized under Amendment No. 2. The continuing CM contract was presented to the Goal Setting Committee on February 20, 2019 and an Affirmative Procurement Initiative (API) of 20% Small Business Enterprise (SBE) participation was applied to the contract. The CM is a certified Small/Minority/Women-Owned Business Enterprise (S/M/WBE). SBE participation on Amendment No. 2 was 34.46%. To date, including Change Order No. 1 to Amendment No. 2, the Construction Manager has achieved 34.46% SBE subcontracting participation for this project. The overall SBE participation on the continuing CM contract is 55.73%. The CM is a Palm Beach County business located in South Bay. (Capital Improvements Division) District 6 (LDC)

Background & Justification: CM at Risk is a project delivery method where the construction manager provides design phase assistance, evaluation of cost and schedule including the implications of alternate designs, systems and materials on cost and schedule, and serves as the general contractor bidding the subcontracts for construction. Since the subcontractor is unable to perform the work, the CM submitted the request for 139 additional days to solicit bids, establish an agreement with the new subcontractor and to complete the work authorized under Amendment No. 2.

Attachments:

1. Location Map
2. Change Order No. 1 to Amendment No. 2
3. Change Order History

Recommended By:  5/14/21
Department Director Date

Approved By:  5/27/21
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	\$ _____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	\$ *	_____	_____	_____	_____

**# ADDITIONAL FTE
POSITIONS (Cumulative)**

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

Budget Account No: Fund____**Dept** ____**Unit** ____**Object**

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

* There is no fiscal impact associated with this item.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

Lisa Munka 5/19/21
 OFMB JMT 5.18.21 UM 5/19

Signature: Mr. S. Javala 5-25-21
Contract Development and Control
5-25-21 TC

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

LOCATION MAP

Project No: 18485

Project Name Belle Glade Senior Center Roof Replacement project

Location: 2916 State Road 15, Belle Glade



CHANGE ORDER BRIEF
BELLE GLADE SENIOR CENTER ROOF REPLACEMENT
PROJECT NO. 18485
APRIL 12, 2021
CONTRACT NO. R2018-1163, AMENDMENT #2 (R2020-1032)

Prime Contractor Asset Builders, LLC dba Messam Construction

Change Order No. 01

Change Order Amount \$0.00

Changed Contract Time 139 calendar days

Description of Construction Change Proposals (CCPs):

1. CCP #001: Request for time extension of 139 days \$0.00

Reason for Change and Code:

1. CCP #001: (X) Sub-contractor left the project and defaulted on their contract with Asset Builders, LLC dba Messam Construction. Prime contractor needed additional time to procure a new sub-contractor. No cost time extension of 139 days.

Reason-for-change codes

D = Differing Site Conditions	R = Request by another Agency/Outside Party
E = Errors/Omissions in Design	X = Other (Specify: sub-contractor went out of business)
O = Owner-Initiated	Z = Zoning/Code/Ordinance Change
Q = Quantity Adjustments	

Estimated premium value of errors/omissions for this change order: \$0.00

SUBMITTED:  

William Munker, F/S Project Manager Date

Capital Improvements Division

If applicable:

API applicable to original contract: 20% SBE Participation

Original S/M/WBE participation for this Project: 34.46%

S/M/WBE participation for this Change Order: 0%

Revised S/M/WBE participation for Project after adjusted for Change Order: 34.46%

PALM BEACH COUNTY

CHANGE ORDER

ISSUED TO: Asset Builders, LLC dba Messam Construction
220 SW 2nd Avenue
South Bay, FL 33493

CHANGE ORDER NO.: 01

AMENDMENT NO: 02 (R2020-1032)

REFERENCE CCP NO.: 001

PROJECT: Belle Glade Senior Center Roof Replacement

RESOLUTION NO.: R2018-1163

PROJECT NO. 18485

DISTRICT NO.: 6

The completion date, contract price, and all terms, covenants, and conditions of the above referenced contract, except as duly modified by this and previous Change Orders, if any, shall remain in full force and effect.

DESCRIPTION OF CHANGE:

1. CCP #001: Request for time extension of 139 days \$0.00

CONTRACT PRICE

Original Contract Price: \$360,717.00
Previous CO # n/a through ____: \$0.00
This Change Order No. 01: \$0.00
ADJUSTED Contract Price: \$360,717.00

COMPLETION DATE

Contract Completion Date will be increased by 139 calendar days.
Contract Notice to Proceed Date: 10/01/2020
Contract Substantial Completion Date: 12/30/2020
ADJUSTED Substantial Completion Date: 05/18/2021

CONTRACTOR

Execution of this change order acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modifications(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the contract.
The above changes are accepted:

Asset Builders, LLC dba Messam Construction
Contractor

By: Angela Messam

Print Name: Angela Messam

Title: Partner Date: 4/19/21

DESIGN PROFESSIONAL

The above changes are recommended for approval by the Owner:

Harvard Jolly, Inc.

Design Professional

By: Daniel T. Cavanah

Print Name: DANIEL T. CAVANAH

Title: PRJ. ARCH Date: 4/22/21

PALM BEACH COUNTY

Recommended By:

By: William Mink

Title: Project Manager Date: 4/26/21

By: [Signature]

Title: Director - CID Date: 5-14-21

By: [Signature]

Title: Director, FD&O Date: 5/17/21

By: [Signature]

Legal Sufficiency - CAO Date: 5/15/21

Approved By: [Signature]

By: _____

Title: Mayor, BCC Date: _____

PALM BEACH COUNTY

CONSTRUCTION CHANGE PROPOSAL (CCP)

TO: Palm Beach County Board of County Commissioners
2633 Vista Parkway
West Palm Beach, FL 33411

ATTENTION: William Munker

REFERENCE:

CCP NUMBER: 001

DATE: April 9, 2021

PROJECT NAME: Belle Glade Senior Center Roof Replacement

PROJECT NUMBER: 18485

CONTRACT NUMBER: 18485

We propose to accomplish the MODIFICATIONS identified in FIELD BULLETIN FB # N/A and as described herein. Except as modified below, the original contract and all prior amendments shall remain in full force and effect.

DESCRIPTION: We are requesting an additional 139 days to complete the re-roof for this project due to our original subcontractor (Therma-Seal) non-responsiveness and contract default..

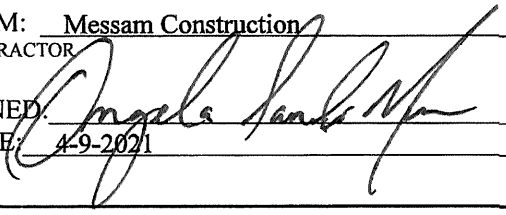
PROPOSED CONTRACT PRICE CHANGE (increases) \$ 0
(decrease)
(unchanged)

PROPOSED CONTRACT TIME CHANGE (increases) 139 days
(unchanged)

PROPOSED NEW SUBSTANTIAL COMPLETION 5-18-2021 date

DISTRIBUTION: William Munker
Daniel Canavan

FROM: Messam Construction
CONTRACTOR

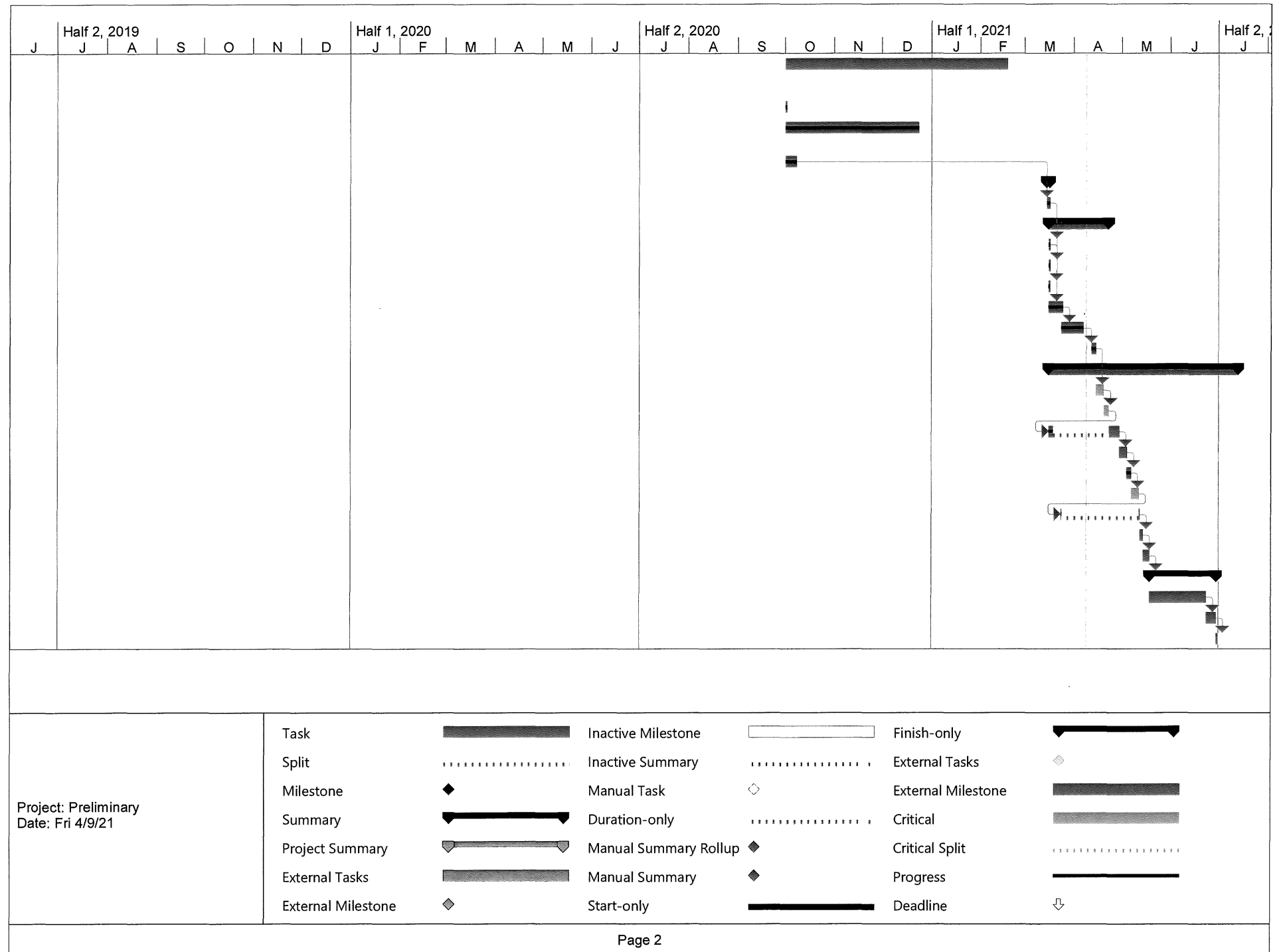
SIGNED: 
DATE: 4-9-2021

ID		Task Name	% Complete	Duration	Start	Finish	2019			
	i						F	M	A	M
1		BELLE GLADE SR. CENTER ROOF REPLACEMENT	0%	100 days	Thu 10/1/20	Wed 2/17/21				
2		Notice to Proceed	100%	1 day	Thu 10/1/20	Thu 10/1/20				
3		Submittals - Product Data / Shop Drawings / Ordering Materials	100%	60 days	Thu 10/1/20	Wed 12/23/20				
4		Permitting	100%	5 days	Thu 10/1/20	Wed 10/7/20				
5		Site Mobilization	100%	2 days	Mon 3/15/21	Tue 3/16/21				
6		Set-up Construction Staging Area & Crew Stations	100%	2 days	Mon 3/15/21	Tue 3/16/21				
7		Demolition	100%	28 days	Tue 3/16/21	Thu 4/22/21				
8		Mobilize Mechanical Crew	100%	1 day	Tue 3/16/21	Tue 3/16/21				
9		Remove and Store - Mechanical Equipment	100%	1 day	Tue 3/16/21	Tue 3/16/21				
10		Mobilize Roofing Crew	100%	1 day	Tue 3/16/21	Tue 3/16/21				
11		Roof Tear-off (Area 1)	100%	7 days	Tue 3/16/21	Wed 3/24/21				
12		Roof Tear-off (Area 2)	100%	10 days	Wed 3/24/21	Tue 4/6/21				
13		Remove - Shingles	100%	3 days	Mon 4/12/21	Wed 4/14/21				
14		Installations	22%	85.6 days	Tue 3/16/21	Tue 7/13/21				
15		Install New Slope roof (Shingles)	0%	3 days	Thu 4/15/21	Mon 4/19/21				
16		Install Curbs	0%	3 days	Tue 4/20/21	Thu 4/22/21				
17		Install New Roof Membranes	40%	7 days	Tue 3/16/21	Thu 4/29/21				
18		Replace Mechanical Equipment	0%	3 days	Thu 4/29/21	Tue 5/4/21				
19		Replace Mechanical Supports	100%	3 days	Tue 5/4/21	Thu 5/6/21				
20		Install Roof Flashings and Copings	0%	3 days	Fri 5/7/21	Tue 5/11/21				
21		Inspections	10%	1 day	Wed 3/24/21	Wed 5/12/21				
22		Patch work to affected surfaces	0%	2 days	Wed 5/12/21	Fri 5/14/21				
23		Final Inspections	0%	2 days	Fri 5/14/21	Tue 5/18/21				
24		Substantial Completion	0%	30 days	Tue 5/18/21	Tue 6/29/21				
25		Substantial Completion (A/E Punctlist Repairs)	0%	26 days	Tue 5/18/21	Wed 6/23/21				
26		Demobilize fencing and staging area	0%	4 days	Wed 6/23/21	Tue 6/29/21				
27		Final Completion	0%	1 day	Tue 6/29/21	Wed 6/30/21				

Project: Preliminary
Date: Fri 4/9/21

Task		Inactive Milestone		Finish-only	
Split		Inactive Summary		External Tasks	
Milestone		Manual Task		External Milestone	
Summary		Duration-only		Critical	
Project Summary		Manual Summary Rollup		Critical Split	
External Tasks		Manual Summary		Progress	
External Milestone		Start-only		Deadline	

Page 1



May 10, 2021

Ms. Melicia Wilson
Contract Management Specialist
Facilities Development & Operations
2633 Vista Parkway
West Palm Beach, FL 33411-5603

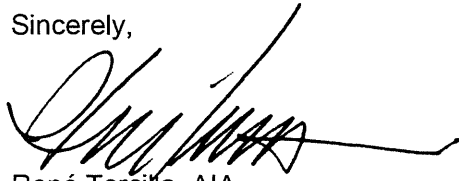
Re: Letter of Authority

Dear Ms. Wilson:

Per your request, this is a Letter of Authority authorizing Mr. Daniel T. Canavan to sign Change Orders on behalf of Harvard Jolly, Inc.

This letter shall have an expiration date of 3 years from issuance. Please let us know if you have any questions or need additional information.

Sincerely,



René Tercilla, AIA
Executive Vice President / Principal

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603450

Entity Name: HARVARD JOLLY, INC.

Current Principal Place of Business:

2714 DR. ML KING JR. ST. N.
ST. PETERSBURG, FL 33704

Current Mailing Address:

2714 DR. ML KING JR. ST. N.
ST. PETERSBURG, FL 33704

FEI Number: 59-1430579

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FRISZOLOWSKI, WARD J
2714 DR. ML KING JR. ST NORTH
ST. PETERSBURG, FL 33704 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WARD J FRISZOLOWSKI	01/07/2021
Electronic Signature of Registered Agent	Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	FRISZOLOWSKI, WARD J	Name	TERCILLA, RENE`
Address	2714 DR. ML KING JR., ST. N	Address	2714 DR. ML KING JR. ST. N.
City-State-Zip:	ST. PETERSBURG FL 33704	City-State-Zip:	ST. PETERSBURG FL 33704
Title	TREASURER		
Name	JOHNSON, STEPHEN L		
Address	2714 DR. ML KING JR. ST. N.		
City-State-Zip:	ST. PETERSBURG FL 33704		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WARD J. FRISZOLOWSKI	PRESIDENT	01/07/2021
Electronic Signature of Signing Officer/Director Detail		Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2021

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 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 Mckinley Financial Services 2890 W State Road 84, Suite 119 Fort Lauderdale FL 33312		CONTACT NAME: Martha Julius PHONE (A/C, No, Ext): (954) 938-2685 FAX (A/C, No): (954) 938-2695 E-MAIL ADDRESS: mjulius@mckinleyinsurance.com	
INSURED ASSET BUILDERS LLC DBA MESSAM CONSTRUTION 3600 Red Road suite 303 Miramar FL 33025		INSURER(S) AFFORDING COVERAGE INSURER A : BERKLEY ASSURANCE COMPANY INSURER B : HISCOX INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	VUMB0140662	03/14/2021	03/14/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	VUMB0140692	03/14/2021	03/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	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					EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
B	Professional Liability	N	N	UDC-1446880-EO-19	04/23/2021	04/23/2022	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							EACH CLAIM \$500,000
							AGGREGATE LIMITS \$500,000
							DEDUCTIBLE \$2,500.00

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

Palm Beach County, a political subdivision of the State of Florida, its officers, agents and employees as Additional Insured for all required insurance coverage, except Workers Compensation.

CERTIFICATE HOLDER Palm Beach County c/o Ebix 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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2021

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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: Nicole Moreno	
Auto Insurance Specialists		PHONE (A/C, No, Ext): 866-570-7335	FAX (A/C, No): 800-498-3293
17785 Center Court Drive		E-MAIL ADDRESS: commercial@aisinsurance.com	
Suite 500		INSURER(S) AFFORDING COVERAGE	
Cerritos CA 90703		INSURER A: Progressive Express Insurance Company	NAIC # 10193
INSURED		INSURER B:	
Asset Builders		INSURER C:	
DBA: Messam Construction		INSURER D:	
18300 NW 62nd Avenue, Suite 320		INSURER E:	
Miami Gardens FL 33015		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 \$
	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 \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			03422940-6	12/27/2020	12/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" 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 NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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	CANCELLATION
Palm Beach County Capital Improvements Division/FD&O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2633 Vista Parkway	AUTHORIZED REPRESENTATIVE
West Palm Beach, FL 33411	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2021

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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 MCKINLEY FINANCIAL SERVICES INC 2890 WEST STATE ROAD 84 SUITE 119 FORT LAUDERDALE FL 33312		CONTACT NAME: MARTHA JULIUS PHONE (A/C, No, Ext): (954) 938-2685 E-MAIL ADDRESS: MJULIUS@MCKINLEYINSURANCE.COM FAX (A/C, No):																						
INSURED ASSET BUILDERS LLC & 18300 NW 62ND AVE STE 320 MIAMI GARDENS FL 330150000 FEIN: 141867540		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>FWCJUA</td><td></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 :	FWCJUA		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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COVERAGES CERTIFICATE NUMBER: 2103160031 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N	N/A		5N21854A	11/10/2020	11/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

CERTIFICATE HOLDER Palm Beach County Insurance Compliance - DX PO Box 100085 Duluth 30096 Phone Number: (951) 652-8128	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CHANGE ORDER HISTORY
BELLE GLADE SENIOR CENTER ROOF REPLACEMENT
PROJECT #18485

CO #	Description	Date Approved	Amount Approved by Director	Amount Approved by CRC	Amount Approved by BCC	Days Approved by Director	Days Approved by CRC	Days Approved by BCC	Contract/ Change Order Value	Contract Sch 1	%
	Amendment #2	8/25/2020			\$360,717.00				\$360,717.00	\$124,301.75	34.46%
1	CCP #001 - Add days due to replace roofing subcontractor	PENDING			\$0.00			139	\$0.00	\$0.00	0.00%

ORIGINAL CONTRACT PRICE:	\$360,717.00
PREVIOUS CHANGE ORDERS (N/A)	\$0.00
THIS CHANGE ORDER (#1)	\$0.00
ADJUSTED CONTRACT PRICE	\$360,717.00

CM AT RISK HISTORY

Construction Manager:			Asset Builders, LLC dba Messam Construction					Total: #####						
Contract Award Date:			14-Aug-18					Waived: 0.00						
Resolution Number:			R2018-1163					Balance: #####		65.73%				
Annual Type:			Construction Manager @ Risk (Glades Area)							SBE Goal: 20%				
Expiration Date:			13-Aug-21							Monitored By: CID				
Renewal Options:			1 - 2 yr renewal											
Task	Work Order	Amend Number	Amount	API Amount Waived	SBE Amount	Requested By	Request Date	Project#	Project Name	Services	Approved	Appr'd By	SBE %	
									Annual Contract	Annual Contract R2018-1163	14-Aug-18	BCC	0.00%	
<u>1</u>			\$8,057.50	\$0.00	\$8,057.50	William Munker	27-Feb-19	18485	Belle Glade Senior Center Roof Repalcement	Preconstruction services	01-Apr-19	AW	100.00%	
<u>2</u>			\$6,197.50	\$0.00	\$6,197.50	William Munker	27-Feb-19	18497	Belle Glade Office/Health Dept. Buildings - Buildings Improvements	Preconstruction services	01-Apr-19	AW	100.00%	
3			\$6,527.50	\$0.00	\$6,527.50	William Munker	27-Feb-19	18481	Belle Glade Senior Center Interior Improvements	Preconstruction services	1-Apr-19	AW	100.00%	
4			\$3,737.50	\$0.00	\$3,737.50	William Munker	27-Feb-19	18480	Belle Glade Agriculture Building - Window & Door Replacement	Preconstruction services	1-Apr-19	AW	100.00%	
		<u>1</u>	\$226,002.00	\$0.00	\$153,174.00	William Munker	10-Mar-20	17493	Pahokee Fleet Maintenance Garage Door Replacement (R2020-1038_	GMP for construction services	25-Aug-20	BCC	67.78%	
		2	\$360,717.00	\$0.00	\$124,301.75	William Munker	19-Mar-29	18485	Belle Glade Senior Center Roof Repalcement (R2020-1032)	GMP for construction services	25-Aug-20	BCC	34.46%	
	<u>1</u>		\$75,825.36		\$51,594.96	William Munker		18480	Belle Glade Agriculatural Center Exterior Door & Window Replacement	GMP for construction services	8-Feb-21	IAC	68.04%	
	2		\$176,392.71		\$131,429.56	William Munker		18481	Belle Glade Senior Center - Interior Improvements	GMP for construction services	13-Nov-21	CRC	74.51%	
		<u>3</u>	\$451,102.28		\$247,575.00	William Munker		18497	Belle Glades Health Office Improvements	GMP for construction services			54.88%	
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		Total:	\$1,314,559.35	\$0.00	\$732,595.27								65.73%	