

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: November 21, 2023

Consent Regular
 Ordinance Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

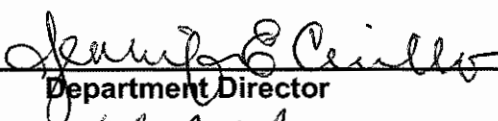
Motion and Title: Staff recommends motion to receive and file: the following four (4) executed First Amendments to Independent Contractor Agreements:

- A) First Amendment to the Independent Contractor Agreement with Stephen VanCoppennolle, Adult Water Aerobics Program, at the North County Aquatic Complex, to increase the amount of the agreement (R2022-1464) by \$1,250 for a total amount not to exceed \$8,250 for the period October 1, 2022 through September 30, 2023;
- B) First Amendment to the Independent Contractor Agreement with Mary Lou Putnam, Adult Water Aerobics Program at North County Aquatic Complex, to increase the amount of the agreement (R2022-1463) by \$1,600 for a total amount not to exceed \$25,601 for the period October 1, 2022 through September 30, 2023;
- C) First Amendment to the Independent Contractor Agreement with Jupiter Diving Academy, LLC, US Diving Program at North County Aquatic Complex, to increase the amount of the agreement by \$4,000 for a total amount not to exceed \$11,000 for the period August 1, 2023 through September 30, 2023; and
- D) First Amendment to the Independent Contractor Agreement with LB2 Enterprises Inc., US Masters Swimming Program at Lake Lytal Family Pool, to increase the amount of the agreement (R2022-1459) by \$1,900 for a total amount not to exceed \$28,822 for the period October 1, 2022 through September 30, 2023.

Summary: These First Amendments to the Independent Contractor Agreements have been fully executed on behalf of the Board of County Commissioners (BCC) by the County Administrator and the Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolutions 2002-2103, 2007-0409, 2012-0168 and 2017-0822. The Department is now submitting these Amendments in accordance with County PPM CW-O-051, which requires all delegated agreements to be submitted by the initiating Department to the BCC as a Receive and File agenda item. Districts 1 and 3 (AH)

Background and Justification: A resolution providing authority to execute Independent Contractor Agreements with recreation instructors and sports officials (Resolution 94-422, amended by Resolutions 2002-2103, 2007-0409, 2012-0168 and 2017-0822) was adopted by the BCC to streamline the hiring process. The BCC granted the Director of Parks and Recreation authority to execute Independent Contractor Agreements and Amendments with recreation instructors and sports officials up to \$10,000, with contracts of \$10,000 or more requiring the County Administrator's approval.

Attachments: First Amendment to the Independent Contractor Agreements (4)

Recommended by: 
Department Director

10/23/2023
Date

Approved by: 
County Administrator

11/2/23
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

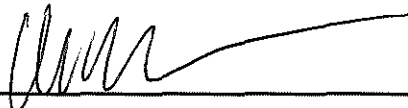
Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>* -0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:		Yes	<u>X</u>	No	_____
Does this item include use of Federal Funds?		Yes	_____	No	<u>X</u>
Does this item include use of State Funds?		Yes	_____	No	<u>X</u>

Budget Account No.: Fund 0001 Department 580 Unit 5305/5302
 Object 3422 Revenue Source 4724 Program _____

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

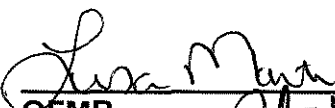
Item	Contractor	FY 2023		
		Revenue	Expense	% Split
A	Stephen VanCoppennolle	11,786	8,250	70/30
B	Mary Lou Putnam	36,573	25,601	70/30
C	Jupiter Diving Academy, LLC	15,714	11,000	70/30
D	LB2 Enterprises, Inc.	41,174	28,822	70/30
	Totals	\$105,247	\$73,673	

*The revenue and expenses were recorded in FY 2023.

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

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

 10/26/23
 OFMB JA 10/26 OB 10/26

 11/1/23
 Contract Development & Control 7/11/23

B. Legal Sufficiency:

 11-1-23
 Assistant County Attorney

C. Other Departmental Review:

 Department Director

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

FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN PALM BEACH COUNTY AND STEPHEN VANCOPPENOLLE.

THIS FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT, is made and entered into on September 15, 2023, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as "COUNTY," and Stephen VanCoppennolle, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, on September 2, 2022, COUNTY and CONTRACTOR entered into an Agreement (R2022-1464) for the provision of providing a Water Aerobics Program for Adults at North County Aquatic Complex; hereinafter referred to as the "Agreement"; and

WHEREAS, under the Agreement the COUNTY is to provide funding in an amount not to exceed Seven Thousand Dollars (\$7,000) for the Water Aerobics program instructor services; and

WHEREAS, CONTRACTOR's fee is the sum of 70% of the paid enrollment fees for the Program; and

WHEREAS, the program has exceeded revenue projections of Ten Thousand Dollars (\$10,000); and

WHEREAS, the total not to exceed amount required to be paid to CONTRACTOR needs to be increased by One Thousand Two Hundred Fifty Dollars (\$1,250); and

WHEREAS, COUNTY and CONTRACTOR desire to amend this Agreement.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. Section 3 sentence 1 of the Agreement is hereby deleted in its entirety and replaced with the following: "The total amount payable by COUNTY under this Agreement for the services to be performed hereunder is not to exceed Eight Thousand Two Hundred Fifty dollars (\$8,250).
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:**

By: Jennifer Cicillo 9/15/23
Signature Date
Director / Assistant Director
Palm Beach County Parks and Recreation Department

If Agreement Value Exceeds \$10,000.00:

County Administrator

Signature Date

WITNESS

CONTRACTOR - Stephen VanCoppennolle

Halley Kunda 9/17/2023
Signature Date
Halley Kunda
Print

By: Stephen VanCoppennolle
Signature Date
Stephen VanCoppennolle
Print
Water Aerobics Instructor
Title

**APPROVED AS TO
FORM AND LEGAL SUFFICIENCY:**

County Attorney

Anne Helgenst 9/13/23
Signature Date

**APPROVED AS TO
TERMS & CONDITIONS:**

Division Director

[Signature] 9-14-23
Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2023

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 Sports & Fitness Insurance Corporation Post Office Box 1967 Madison MS 39130	CONTACT NAME: WEB-PT	PHONE (A/C, No, Ext): (601) 898-8464	FAX (A/C, No): (601) 707-1019
	E-MAIL ADDRESS: ktucker@sportsfitness.com		
INSURED Stephen VanCoppennolle 1230 12th Court Jupiter FL 33477	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: General Insurance Company of America		24732
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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			LPF-9621040N	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Professional						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
Board of County Commissioners 2700 6th Avenue South Lake Worth FL 33461	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

FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN PALM BEACH COUNTY AND MARY LOU PUTNAM.

THIS FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT, is made and entered into on September 20, 2023, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as "COUNTY," and Mary Lou Putnam, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, on September 16, 2022, COUNTY and CONTRACTOR entered into an Agreement (R2022-1463) for the provision of providing a Water Aerobics Program for Adults at North County Aquatic Complex; hereinafter referred to as the "Agreement"; and

WHEREAS, under the Agreement the COUNTY is to provide funding in an amount not to exceed Twenty Four Thousand One Dollars (\$24,001) for the Water Aerobics program instructor services; and

WHEREAS, CONTRACTOR's fee is the sum of 70% of the paid enrollment fees for the Program; and

WHEREAS, the program has exceeded revenue projections of Thirty Four Thousand Two Hundred Eighty Six Dollars (\$34,286); and

WHEREAS, the total not to exceed amount required to be paid to CONTRACTOR needs to be increased by One Thousand Six Hundred Dollars (\$1,600); and

WHEREAS, COUNTY and CONTRACTOR desire to amend this Agreement.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. Section 3 sentence 1 of the Agreement is hereby deleted in its entirety and replaced with the following: "The total amount payable by COUNTY under this Agreement for the services to be performed hereunder is not to exceed Twenty Five Thousand Six Hundred One Dollars (\$25,601).
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:**

By: *[Signature]* 9/14/23
Signature Date
Director / Assistant Director
Palm Beach County Parks and Recreation Department

If Agreement Value Exceeds \$10,000.00:

County Administrator

[Signature] 9/20/23
Signature Date

WITNESS

[Signature] 9-7-23
Signature Date

[Signature]
Print

CONTRACTOR - Mary Lou Putnam

By: *[Signature]*
Signature Date

Mary Lou Putnam
Print

water instructor
Title

**APPROVED AS TO
FORM AND LEGAL SUFFICIENCY:**

County Attorney

[Signature] 9/13/23
Signature Date

**APPROVED AS TO
TERMS & CONDITIONS:**

Division Director

[Signature] 9-14-23
Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2023

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 SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Sports Dept PHONE (A/C, No. Ext): 800-822-7370 FAX (A/C, No): 803-258-4017 E-MAIL ADDRESS: Instructor@sadlersports.com PRODUCER CUSTOMER ID#:
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INSURED Mary Lou Putnam DBA Aqua-phoria Mary Lou Putnam 110 Casa Grande Court Palm Beach Gardens, FL 33418 Application ID: 395229 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: MARKEL INSURANCE COMPANY</td> <td></td> <td>38970</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> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: MARKEL INSURANCE COMPANY		38970	INSURER B:			INSURER C:			INSURER D:		
INSURER(S) AFFORDING COVERAGE		NAIC #														
INSURER A: MARKEL INSURANCE COMPANY		38970														
INSURER B:																
INSURER C:																
INSURER D:																

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.

INSD 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		M1 RPG0000000132700	12:01AM ET 08/22/2023	12:01AM ET 08/22/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (fire legal liability) \$1,000,000 MEDICAL EXP (other than participant) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE (other than products-completed operations) \$5,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 BODILY INJURY TO PARTICIPANTS \$1,000,000 ABUSE, MOLESTATION, HARRASSMENT OR SEXUAL CONDUCT DEFENSE COSTS REIMBURSEMENT \$100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER Y/N <input type="checkbox"/> EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EOMLOYEE E.L. DISEASE - POLICY LIMIT
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL EXCESS MEDICAL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Instructor of Aquatic Exercise, (CERTIFIED)

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER RELATIONSHIP: Property Owner/ Lessor BOCC of Palm Beach County Kenin Downes 2700 6th Ave. S Lake Worth, FL 33461	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
------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ISO | Commercial General Liability Forms | 07/01/04
POLICY NUMBER: M1 RPG0000000132700
INSURED: Mary Lou Putnam

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Name of Additional Insured Person(s) or Organizations(s):
BOCC of Palm Beach County Kenin Downes 2700 6th Ave. S Lake Worth, FL 33461
(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 07/15/2023 12:01:13 PM

CG 20 26 04 13

FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN PALM BEACH COUNTY AND JUPITER DIVING ACADEMY, LLC.

THIS FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT, is made and entered into on September 20, 2023, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as "COUNTY," and Jupiter Diving Academy, LLC., an Independent Contractor, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, on June 12, 2023, COUNTY and CONTRACTOR entered into an Agreement for the provision of providing a US Diving program at North County Aquatic Center; hereinafter referred to as the "Agreement"; and

WHEREAS, under the Agreement the COUNTY is to provide funding in an amount not to exceed Seven Thousand Dollars (\$7,000) for the US Diving Program instructor services; and

WHEREAS, CONTRACTOR's fee is the sum of 70% of the paid enrollment fees for the Program; and

WHEREAS, the program will exceeded revenue projections of Ten Thousand Dollars (\$10,000.00); and

WHEREAS, the total Agreement not to exceed amount required to be paid to CONTRACTOR needs to be increased by Four Thousand Dollars (\$4,000); and

WHEREAS, COUNTY and CONTRACTOR desire to amend this Agreement.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. Section 3 Sentence 1 of the Agreement is hereby deleted in its entirety and replaced with the following: "The total amount payable by COUNTY under this Agreement for the services to be performed hereunder is not to exceed Eleven Thousand Dollars (\$11,000).
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:**

By: June E. Culler 9-14-23
Signature Date
Director / Assistant Director
Palm Beach County Parks and Recreation Department

If Agreement Value Exceeds \$10,000.00:

County Administrator

VPake 9/20/23
Signature Date

WITNESS

CONTRACTOR - Jupiter Diving Academy, LLC

Halley Kunda 9/7/2023
Signature Date
Halley Kunda
Print

By: Kristin Fuhr 9/7/23
Signature Date
Kristin Fuhr
Print
Head coach
Title

**APPROVED AS TO
FORM AND LEGAL SUFFICIENCY:**

County Attorney

Anne Polheim 9/13/23
Signature Date

**APPROVED AS TO
TERMS & CONDITIONS:**

Division Director

[Signature] 9-14-23
Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/13/2023

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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 USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME:	
	PHONE (A/C, No. Ext): 206-441-6300	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Accredited Surety and Casualty Co, Inc.		26379
INSURER B: QBE Insurance		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 74832966 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1-TRE-IN-17-01338559-00	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ None PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Aggregate Limit Cap \$ 15,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			1-TRE-IN-17-01338560-00	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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/A						
A	Sexual Abuse & Molestation			1-TRE-IN-17-01338559-00	1/1/2023	1/1/2024	\$2,000,000 Each Occurrence \$4,000,000 Aggregate

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

Club: Jupiter Diving Academy 861 Toney Penna Drive Jupiter FL 33458
Certificate Holder is Additional Insured when required by written contract per form RSCG 03 03 The General Liability policy contains a Waiver of Subrogation provision as per waiver of Right of Recovery Against Others per form CG 24 04. The General Liability is primary per form CG 20 01.
Carrier B: Coverage available under policy #UBH000003 is on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$500 - Accidental Death & Dismemberment \$10,000. Policy effective date: January 1, 2023/ Policy expiration date: January 1, 2024.

CERTIFICATE HOLDER CANCELLATION

Palm Beach County Board of County Commissioners 2700 6th Ave S Lake Worth FL 33461	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 Gary Patterson <i>Gary D. Patterson</i>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Designation Of Premises (Part Leased To You):
Name Of Person(s) Or Organization(s) (Additional Insured): ANY CERTIFICATE HOLDER IDENTIFIED AS AN ADDITIONAL INSURED ON A CERTIFICATE ON FILE WITH THE COMPANY
Palm Beach County Board of County Commissioners 2700 6th Ave S Lake Worth FL 33461
Additional Premium: INCL.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by you or those acting on your behalf in connection with the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance; whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Cut cards at crop marks

Fold along this dotted line



Jupiter Diving Club

kristin fuhr
USAD-51207



EXPIRATION

DOB

12/01/2022-01/01/2024 09/1984

2023 Competition Coach
ELIGIBLE ON 03/08/2023



FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT BETWEEN PALM BEACH COUNTY AND LB2 ENTERPRISES INC .

THIS FIRST AMENDMENT TO INDEPENDENT CONTRACTOR AGREEMENT, is made and entered into on September 20, 2023, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as "COUNTY," and LB2 Enterprises Inc., an Independent Contractor, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, on September 16, 2022, COUNTY and CONTRACTOR entered into an Agreement (R2022-1459) for the provision of providing a US Masters Swimming Program at Lake Lytal Pool; hereinafter referred to as the "Agreement"; and

WHEREAS, under the Agreement the COUNTY is to provide funding in an amount not to exceed Twenty Six Thousand Nine Hundred Twenty Two Dollars (\$26,922) for the US Masters Program instructor services; and

WHEREAS, CONTRACTOR's fee is the sum of 70% of the paid enrollment fees for the Program; and

WHEREAS, the program has exceeded revenue projections of Thirty Eight Thousand Four Hundred Sixty Dollars (\$38,460); and

WHEREAS, the total Agreement not to exceed amount required to be paid to CONTRACTOR needs to be increased by One Thousand Nine Hundred Dollars (\$1,900); and

WHEREAS, COUNTY and CONTRACTOR desire to amend this Agreement.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. Section 3 Sentence 1 of the Agreement is hereby deleted in its entirety and replaced with the following: "The total amount payable by COUNTY under this Agreement for the services to be performed hereunder is not to exceed Twenty Eight Thousand Eight Hundred Twenty Two Dollars (\$28,822).
2. Except as provided herein, each and every other term of the Agreement shall remain in full force and effect and the Agreement is reaffirmed as modified herein.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:**

By: Juan E. Cullis 9/14/23
Signature Date
Director / Assistant Director
Palm Beach County Parks and Recreation Department

If Agreement Value Exceeds \$10,000.00:

County Administrator

W. Baker 9/20/23
Signature Date

WITNESS

[Signature] 9/11/2023
Signature Date

Kemar Williams
Print

CONTRACTOR - LB2 Enterprises Inc.

By: Linda Bostic 9/11/2023
Signature Date

Linda Bostic
Print
President/Head Coach
Title

**APPROVED AS TO
FORM AND LEGAL SUFFICIENCY:**

County Attorney

Anne Delgado 9/13/23
Signature Date

**APPROVED AS TO
TERMS & CONDITIONS:**

Division Director

[Signature] 9-14-23
Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2022

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. 1855 West State Road 434 Longwood FL 32750	CONTACT NAME: Melinda Romero PHONE: _____ FAX: _____ I/A/C No. Ext.: _____ I/A/C No.: _____ E-MAIL ADDRESS: melinda.romero@ioausa.com
	INSURER(S) AFFORDING COVERAGE
INSURED U.S. Masters Swimming, Inc. 1751 Mound Street, Suite 204 Sarasota FL 34236	INSURER A: Everest National Insurance Company NAIC # 10120
	INSURER B: United States Fire Insurance Company 21113
	INSURER C:
	INSURER D:
	INSURER E:

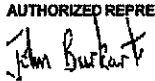
COVERAGES **CERTIFICATE NUMBER:** 872038802 **REVISION NUMBER:**

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	ADDITIONAL INSURED	SUBROGATION	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Sanctioned Event	Y		SI8ML00043-221	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	Y		SI8EX00028-221	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000 \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			US1819997	10/1/2022	10/1/2023	Each Injury 25,000 Accidental Death 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage applies only to the United States Masters Swimming (USMS) sanctioned events specified on this certificate, and only if the club or workout group shown on this certificate is a member in good standing with USMS at the time of the event.
 The General Liability policy includes \$1,000,000 Each Occurrence/\$5,000,000 Abuse & Molestation Coverage. Participant Legal Liability is included within the limits on the General Liability Policy. Certificate holder is listed as an Additional Insured per Form ECG 20 600 0509. Deductible on Participant Accident is "0"

Palm Beach Masters (PBM) ,USMS Registered Workouts

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners c/o Parks and Recreation Department 2700 Sixth Avenue South Lake Worth FL 33461 United States	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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THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – AUTOMATIC STATUS WHEN
REQUIRED IN A WRITTEN AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who is An Insured** is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your operations for an additional insured.
- B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
1. The Limits of Insurance required by the written agreement between the parties; or
 2. The Limits of Insurance provided by this Coverage Part.
- D.** With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.



+ View Full Image

Palm Beach Masters

Palm Beach Masters is the 2021 USMS Local Club National Champions and 2017 USMS Club of the Year, located at 3 beautiful outdoor pools in Jupiter, West Palm Beach and Delray Beach, FL! Palm Beach Masters has an inspiring team atmosphere with excellent coaches who organize motivating workouts, competitions, clinics and social functions. Adult swimmers of all abilities who want to improve their fitness, develop better technique, or train for any swimming competition are welcome. Additionally, open water training sessions are

Join USMS Now

Club Contact

Linda Irish Bostic
 561-373-1440
palmbeachmasters@gmail.com

[Visit Club Website](#)

Club Designations



USMS Certified Coach



USMS Certified ALTS Instructor

