

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: April 3, 2012

Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: The renewal of the Civil Engineering Annual Agreements with Civil Design, Inc. (CDI), whose original Agreement was dated April 20, 2010, R2010-0576; Last Devenport, Inc. (LDI), whose original Agreement was dated April 20, 2010, R2010-0592 and Michael B. Schorah & Associates, Inc. (Schorah), whose original Agreement was dated May 4, 2010, R2010-0693.

SUMMARY: Approval of these renewal agreements will extend required professional services for one year, on a task order basis. The renewal agreements for CDI and LDI will continue for the period of April 20, 2012 through April 19, 2013. The Renewal Agreement with Schorah will continue for the period of May 4, 2012 through May 3, 2013. CDI, LDI and Schorah are Palm Beach County companies and certified Small Business Enterprises.

Countywide (MRE)

Background and Justification: In accordance with Board of County Commissioners adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under agreement with the County on an annual contractual basis. This is the second and final renewal of these firms' Agreements. It is the consensus of the user Departments that these consulting firms have, within the provisions of their Agreements, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their Agreements, the County agrees to renew their Agreements for one year.

These Renewal Agreements have been reviewed with the above listed consulting firms, and staff recommends the second and final renewal of the attached consultant Annual Agreements. This transaction will maintain the continuous process of professional services required by the County.

Attachments:

1. Renewal Agreement with CDI includes Certificate of Insurance (2)
2. Renewal Agreement with LDI includes Certificate of Insurance (2)
3. Renewal Agreement with Schorah includes Certificate of Insurance (2)

Recommended By: *[Signature]* Director 2/22/12 Date

Approved By: *[Signature]* County Engineer 3/7/12 Date



CIVIL DESIGN, INC.
ENGINEERING CONSULTANTS

December 20, 2011

Palm Beach County Board of Commissioners
c/o: Engineering & Public Works Department
2300 North Jog Road
West Palm Beach, FL 33411-2745
Attention: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR CIVIL ENGINEERING ANNUAL AGREEMENT
DATED APRIL 20, 2010 (R2010-0576)**

Dear Sir:

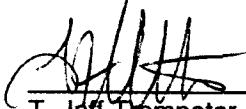
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of April 20, 2012 through April 19, 2013.

We are in agreement that all provisions in the original Agreement remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

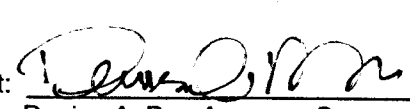
Please indicate your acceptance of this proposal by proper signature below and returning same as fully executed to this office.

Sincerely,

Civil Design, Inc.



T. Jeff Trompeter, P.E., President

Attest: 

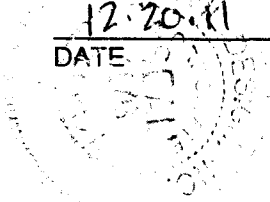
Denise A. Bas-Arzuaga, Secretary

12.20.11

DATE

12.20.11

DATE



CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

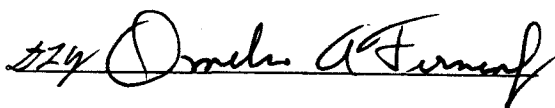
Attest:
Sharon R. Bock, Clerk and Comptroller

BY: _____
Shelley Vana, Chair

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:





*Rates OK.
DAG*

TASK ORDER BASIS - FEE SCHEDULE

**AGREEMENT FOR CIVIL ANNUAL SERVICES ON A TASK ORDER BASIS
PALM BEACH COUNTY**

EFFECTIVE APRIL 20, 2012 THROUGH APRIL 19, 2013

HOURLY RATES:

| <u>Personnel Classification:</u> | <u>Hourly Rate</u> |
|---|---------------------------|
| 1. Principal Engineer..... | \$166.06 |
| 2. Project Manager..... | \$132.92 |
| 3. Project Engineer..... | \$71.96 |
| 4. AutoCAD Technician | \$57.57 |

MULTIPLIER CALCULATIONS:

| | |
|------------------------------------|-------------|
| Salary | 1.00 |
| Fringe Benefits | 0.21 |
| Fringe Benefits/General Operations | <u>1.36</u> |
| Subtotal | 2.57 |
| Profit @ 12% | <u>0.31</u> |
| TOTAL | 2.88 |

ADDITIONAL SERVICES:

Any additional services required will be as authorized and approved by the Owner, Palm Beach County.

REIMBURSABLE EXPENSES:

Reimbursement for Direct Project Expenses will be determined for each Project, as required.

CERTIFICATION STATEMENTS

Project: Civil Engineering Annual Services

Project No.: On A Task Order Basis

Consultant/Annual Consultant: Civil Design, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT/ANNUAL CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

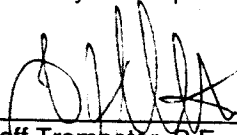
By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT/ANNUAL CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.

 12-20-11

T. Jeff Trompeter, P.E., LEED AP, President

CONFLICT OF INTEREST DISCLOSURE FORM

Attachment 1 - Page 4 of 4

Project: Civil Engineering Annual Services
Project No.: On A Task Order Basis

CONSULTANT/ANNUAL CONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None

(Attach additional sheets as needed.)

CONSULTANT/ANNUAL CONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/ANNUAL CONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County.

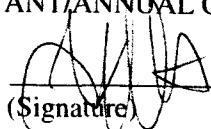
CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/ANNUAL CONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL CONSULTANT shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by T. Jeff Trompeter, P.E., LEED AP, as
(Name of Individual)

President, of Civil Design, Inc.
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/ANNUAL CONSULTANT.


(Signature)

12.20.11
(Date)

Client#: 9256

CIVIDES31

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2011

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 ISU Suncoast Insurance Assoc P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200 | | CONTACT NAME: PHONE (A/C, No, Ext): 813 289-5200 FAX (A/C, No): 813 289-4561 E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|--|--|-------------------------------|--|--------|------------|---------------------------|-------|------------|---------------------------------|-------|------------|--------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|
| INSURED Civil Design, Inc. 312 9th Street West Palm Beach, FL 33401 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Casualty and Surety C</td> <td>19038</td> </tr> <tr> <td>INSURER C:</td> <td>XL Specialty Insurance Company</td> <td>37885</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> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Phoenix Insurance Company | 25623 | INSURER B: | Travelers Casualty and Surety C | 19038 | INSURER C: | XL Specialty Insurance Company | 37885 | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Phoenix Insurance Company | 25623 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | Travelers Casualty and Surety C | 19038 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | XL Specialty Insurance Company | 37885 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

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

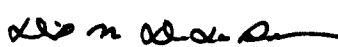
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> | | | 6605883L455 | 10/01/2011 | 10/01/2012 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 6605883L455 | 10/01/2011 | 10/01/2012 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| B | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | 100989 | 10/01/2011 | 10/01/2012 | EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | UB5408Y719 | 10/01/2011 | 10/01/2012 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 |
| C | Professional Liability | | | 100340 | 10/01/2011 | 10/01/2012 | \$1,000,000 per claim \$1,000,000 annl aggr. |

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

Professional Liability coverage is written on a claims-made and reported basis.

(See Attached Descriptions)

| | |
|--|--|
| CERTIFICATE HOLDER Palm Beach County Board of County Commissioners c/o 2300 North Jog Road Suite #3W-33 West Palm Beach, FL 33411-2745 | 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  |
|--|--|

DESCRIPTIONS (Continued from Page 1)

Certificate Holder Cont: Engineering & Public Works Ops/Roadway Production Division.

RE: " For All Projects with Palm Beach County"

Professional Liability has a 10/1/2003 Retroactive Date

Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents are additionally insured with respect to the General and Auto Liability policies.

LDi Last Devenport, Inc.
PROFESSIONAL CONSULTING SERVICES

December 20, 2011

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attn: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR CIVIL ENGINEERING SERVICES ANNUAL AGREEMENT
DATED APRIL 20, 2010 (R2010-0592)**

Dear Sir:

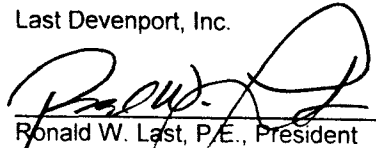
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of April 20, 2012 through April 19, 2013.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

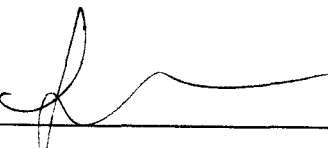
Last Devenport, Inc.



Ronald W. Last, P.E., President

December 20, 2011

DATE

Attest: 

December 20, 2011

DATE

CORPORATE
SEAL

Accepted by:
Palm Beach County Board of Commissioners

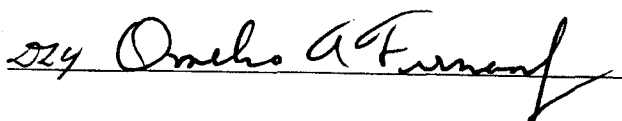
Attest:
Sharon R. Bock, Clerk and Comptroller

BY: _____
Shelley Vana, Chair

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:



Onelio A. Fernandez

Agreement For Annual Civil Engineering Services On A Task Order Basis

Last Devenport, Inc.

*Rates OK,
D.J.*

Rate Schedule

Effective April 20, 2012 through April 19, 2013

| <u>Employee Category</u> | <u>Hourly Pay</u> | <u>Salary</u> | <u>Fringe</u> | <u>Overhead</u> | <u>Subtotal</u> | <u>12% Profit</u> | <u>Multiplier</u> | <u>Hourly Rate</u> |
|------------------------------------|-------------------|---------------|---------------|-----------------|-----------------|-------------------|-------------------|--------------------|
| Sr. Engineering AUTOCAD Technician | \$23.50 | 1.00 | 0.18 | 1.48 | 2.66 | 0.32 | 2.98 | \$70.01 |
| Project Engineer | \$34.65 | 1.00 | 0.18 | 1.48 | 2.66 | 0.32 | 2.98 | \$103.23 |
| Sr. Project Manager | \$46.20 | 1.00 | 0.18 | 1.48 | 2.66 | 0.32 | 2.98 | \$137.64 |

| | |
|-------------------|-------------|
| Salary = | 1.00 |
| Fringe = | 0.18 |
| Overhead = | 1.48 |
| Subtotal = | 2.66 |

| | |
|---------------------|-------------|
| 12% Profit = | 0.32 |
| Multiplier = | 2.98 |

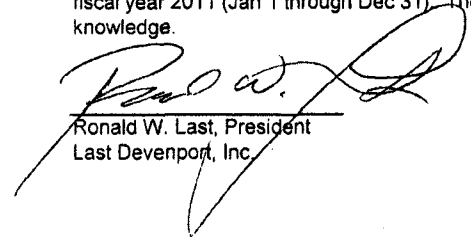
Salary includes: W-2 wages.

Fringe includes: health insurance premiums, payroll taxes, and company matching retirement contributions.

Overhead includes: licenses, permits, office expenses, supplies, rent, vacation, holiday, sick time, and other general operating costs.

CERTIFICATION:

I certify that the above figures represent the salary, fringe and overhead costs for the firm during fiscal year 2011 (Jan 1 through Dec 31). The above information is true and correct to the best of my knowledge.


 Ronald W. Last, President
 Last Devenport, Inc.

12/20/2011
 Date

CERTIFICATION STATEMENTS

Attachment 2 - Page 3 of 4

Project: Civil Engineering Annual Services

Project No.: On A Task Order Basis

Consultant/Annual Consultant: Last Devenport, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT/ANNUAL CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT/ANNUAL CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.



Ronald W. Last, P.E., President

CONFLICT OF INTEREST DISCLOSURE FORM

Attachment 2 - Page 4 of 4

Project: Civil Engineering Annual Services
Project No.: On A Task Order Basis

CONSULTANT/ANNUAL CONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None

(Attach additional sheets as needed.)

CONSULTANT/ANNUAL CONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/ANNUAL CONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County.

CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/ANNUAL CONSULTANT.

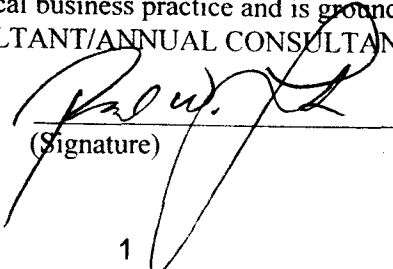
If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL CONSULTANT shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by Ronald W. Last, P.E., as
(Name of Individual)

President, of Last Devenport, Inc.

(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/ANNUAL CONSULTANT.


(Signature)

December 20, 2011
(Date)

Client#: 10237

LASTDEV3

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/08/2011

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).

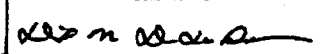
| PRODUCER ISU Suncoast Insurance Assoc P.O. Box 22668 Tampa, FL 33622-2668 813 289-5200 | CONTACT NAME: PHONE (A/C, No, Ext): 813 289-5200 FAX (A/C, No): 8132894561 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: | | | | | | | | | | | | | | |
|---|--|--|-------------------------------|--------|---------------------------------------|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|
| | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Casualty & Surety Co</td> <td>31194</td> </tr> <tr> <td>INSURER C : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Phoenix Insurance Company | 25623 | INSURER B : Travelers Casualty & Surety Co | 31194 | INSURER C : XL Specialty Insurance Company | 37885 | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Phoenix Insurance Company | 25623 | | | | | | | | | | | | | | |
| INSURER B : Travelers Casualty & Surety Co | 31194 | | | | | | | | | | | | | | |
| INSURER C : XL Specialty Insurance Company | 37885 | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED Last Devenport, Inc. 1860 Old Okeechobee Road Suite 504 West Palm Beach, FL 33409 | | | | | | | | | | | | | | | |

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 MYD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 6806691L178 | 12/01/2011 | 12/01/2012 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 6806691L178 | 12/01/2011 | 12/01/2012 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| B | 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 | UB7872Y561 | 12/10/2011 | 12/10/2012 | <input checked="" type="checkbox"/> INC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| C | Professional Liability | | | DPR9698008 | 12/01/2011 | 12/01/2012 | \$1,000,000 per claim \$1,000,000 annl aggr. |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Professional Liability coverage is written on a claims-made and reported basis.
 (See Attached Descriptions)

| | |
|---|--|
| CERTIFICATE HOLDER Palm Beach County 2300 North Jog Road Suite 3W-33 West Palm Beach, FL 33411 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

DESCRIPTIONS (Continued from Page 1)

RE: FOR ALL PROJECTS WITH PALM BEACH COUNTY.
Palm Beach County Board of County Commissioners, a political subdivision of the state of Florida, its officers, employees and agents are listed as additional insureds with respects to the General Liability and Auto Liability policy. Professional Liability Retroactive Date is 12/01/2003.



Michael B. Schorah and Associates, Inc.
 ENGINEERS • SURVEYORS • DEVELOPMENT CONSULTANTS

SUITE 206
 1850 FOREST HILL BLVD.
 WEST PALM BEACH, FL 33406
 PHONE (561) 968-0080
 FAX (561) 642-9726
 EB 2438 LB 2438

January 6, 2012

Palm Beach County Board of Commissioners
 C/O: Engineering & Public Works Department
 2300 N. Jog Road
 West Palm Beach, FL 33411-2745
 Attn: David Young, P.E., Special Projects Manager

**RE: RENEWAL AGREEMENT FOR CIVIL ENGINEERING SERVICES ANNUAL AGREEMENT
 DATED MAY 4, 2010 (R2010-0693)**

Dear Sir:

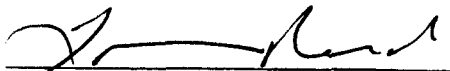
This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of May 4, 2012 through May 3, 2013.

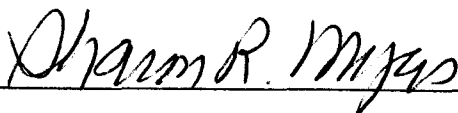
We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

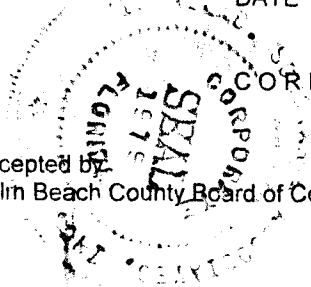
Michael B. Schorah & Associates, Inc.


 Frederick Roth, Jr., Sr. Vice President

Attest: 

1/6/12
 DATE

1/6/12
 DATE


 Accepted by
 Palm Beach County Board of Commissioners

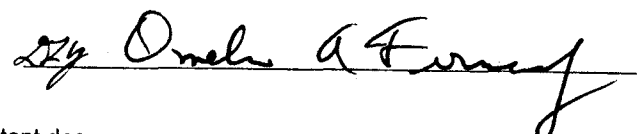
Attest:
 Sharon R. Bock, Clerk and Comptroller

BY: _____
 Shelley Vana, Chair

BY: _____
 Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:



F:\ROADWAYCCNA\Annuals\Civil\Schorah\2012\Renewal_Intent.doc

MICHAEL B. SCHORAH AND ASSOCIATES, INC.

*Rates OK,
2/24*

EXHIBIT "B"

CONSULTANT RATE SCHEDULE (VALID May 4, 2012 through May 3, 2013)

CLASSIFICATION

| | |
|---|-----------------|
| • ENGINEERING | RAW RATE / HOUR |
| Sr. Engineer (P.E.) | \$44.70 |
| Project Engineer (P.E.) | \$35.00 |
| Engineer (P.E.) | \$30.25 |
| CADD Tech | \$23.50 |
| • SURVEYING | RAW RATE / HOUR |
| Professional Surveyor & Mapper (P.S.M.) | \$35.00 |
| CADD Tech | \$23.50 |
| Two-Man Field Crew | \$34.00 |
| Three-Man Field Crew | \$38.00 |

| | |
|-------------------------|---------------|
| Direct Salary Dollar | 1.0000 |
| Payroll Overhead/Fringe | .5110 |
| Overhead | <u>1.3566</u> |
| DIRECT SALARY COST | 2.8676 |
| PROFIT @ 12% | <u>.3441</u> |
| TARGET MULTIPLIER | 3.2117 |
| MAXIMUM MULTIPLIER | <u>3.0000</u> |

MICHAEL B. SCHORAH & ASSOCIATES, INC.

CERTIFICATION STATEMENTS

Attachment 3 - Page 3 of 4

Project: Civil Engineering Annual Services
Project No.: On A Task Order Basis
Consultant/Annual Consultant: Michael B. Schorah & Associates, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT/ANNUAL CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

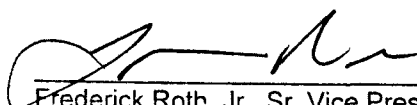
By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT/ANNUAL CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.



Frederick Roth, Jr., Sr. Vice President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Civil Engineering Annual Services
Project No.: On A Task Order Basis

CONSULTANT/ANNUAL CONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

(Attach additional sheets as needed.)

CONSULTANT/ANNUAL CONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/ANNUAL CONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County.

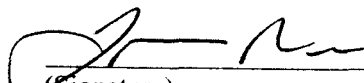
CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/ANNUAL CONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL CONSULTANT shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by Frederick Roth, Jr., as
(Name of Individual)

Sr. Vice President, of Michael B. Schorah & Associates, Inc.
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)

who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/ANNUAL CONSULTANT.


(Signature)

1/6/12
(Date)



CERTIFICATE OF LIABILITY INSURANCE

MICH-21 OP ID: NC

DATE (MM/DD/YYYY)
02/03/12

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 Henderson Brothers, Inc. 920 Ft Duquesne Blvd Pittsburgh, PA 15222 James L. Conn | 412-261-1842 412-261-4149 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): ADDRESS: | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Michael B. Schorah & Associates, Inc. Michael B. Schorah 1850 Forest Hill Blvd Ste 205 West Palm Beach, FL 33406 | | | INSURER A: The Hartford INSURER B: Sentinel Insurance Company INSURER C: Beazley Insurance Co., Inc. INSURER D: INSURER E: INSURER F: | 29424 11000 |

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 SUBN INSR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|----------------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | 40SBMNO6128 | 12/03/11 | 12/03/12 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | 40UECKB1988 | 12/03/11 | 12/03/12 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000 | | 40SBMNO6128 | 12/03/11 | 12/03/12 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| 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 N/A | 40WECKB001 | 01/27/12 | 01/27/13 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| C | Professional | | V15WMB4110401 | 11/06/11 | 11/06/12 | Aggregate 1,000,000 3,000,000 |

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

For Reference Only: All projects in Palm Beach County

For Reference Only: Professional Liab-Full Prior Acts - 8/1/79 Retro Date

CERTIFICATE HOLDER

PALMBEA

Palm Beach County
c/o Dept. of Engineering & Public Works
2300 N. Jog Rd., 3rd Floor
West Palm Beach, FL 33411-2745

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
James L. Conn

© 1988-2010 ACORD CORPORATION. All rights reserved.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 40 SBMNO6128 SB ORIGINAL

Named Insured and Mailing Address; MICHAEL B. SCHORAH & ASSOC INC

1850 FOREST HILL BLVD STE 205
WEST PALM BEACH FL 33406

Policy Change Effective Date: 12/29/11 Effective hour is the same as stated in the
Declarations Page of the Policy.

Policy Change Number: 003

Agent Name: HENDERSON BROTHERS INC
Code: 520813

POLICY CHANGES:

HARTFORD CASUALTY INSURANCE COMPANY

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK
ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

RECEIVED

JAN 18 2012

HENDERSON BROTHERS INC.

PRO RATA FACTOR: 0.932

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 01/06/12

Page 001

Policy Effective Date: 12/03/11
Policy Expiration Date: 12/03/12

INSURED COPY

*0000240NO61280512 01344

POLICY NUMBER: 40 SBM N06128



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

01345

HYPOWER, INC.
5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 33309

*0000240N061280512

MINTO COMMUNITIES, LLC AND MINTO TOWNPARK LLC
4400 W. SAMPLE ROAD,
COCONUT CREEK, FL 33073

LENNAR CORPORATION, INCLUDING ITS SUBSIDIARIES, PARTNERS, AFFILIATED
COMPANIES, SUCCESSORS AND ASSIGNS
P.O. BOX
HEMET, CA 92546
PALM BEACH COUNTY
C/O DEPT. OF ENGINEERING AND PUBLIC WORKS
2300 N. JOG ROAD 3RD FLOOR
WEST PALM BEACH, FL 33411-2745

PULTE HOMES, INC ITS AFFILIATES & SUBSIDIARIES INSURANCE COMPLIANCE
P.O. BOX 12010-P1
HEMET, CA 92546-8010

THE LESTER FAMILY INVESTMENTS LP
44 COCONUT ROW
PALM BEACH, FL 33480
BOHLER ENGINEERING, PC
BOHLER ENGINEERING INC.
BOHLER ENGINEERING NJ, LLC
BOHLER ENGINEERING NY, PLLC
BOHLER ENGINEERING VA, LLC
BOHLER ENGINEERING MA, LLC
BOHLER ENGINEERING LLC
ITS OFFICERS, COMMISSIONERS, MEMBERS, AGENTS, SERVANTS AND EMPLOYEES

100 CORPORATE DRIVE
SUITE 250
FORT LAUDERDALE, FL 33334
FINROCK CONSTRUCTION, INC.
ALTA CONTRESS OWNER, LLC
CONTRESS AVENUE APARTMENTS CAPITAL LLC
C/O UBS REALTY INVESTORS, LLC AND WOOD PARTNERS

POLICY NUMBER: 40 SBM NO6128



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

01346

2400 APOPKA BLVD.
APOPKA, FL 32703
(WOS INCLUDED)

*0000240NC061280512



POLICY NUMBER: 40 SBM NO6128



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

HYPOWER, INC.
5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 33309

MINTO COMMUNITIES, LLC AND MINTO TOWNPARK LLC
4400 W. SAMPLE ROAD,
COCONUT CREEK, FL 33073

LENNAR CORPORATION-including all of its divisions, subsidiaries, partners,
partnerships, shareholders, affiliated companies, successors and assigns, officers,
directors and employees are included as additional insured.
P. O. BOX 12010-LC
HEMET, CA 92546

Palm Beach County, a political subdivision of the State of Florida, its officers,
employees and agents, additional insured applies to all projects with Palm Beach County.
C/O Dept. of Engineering and Public Works
2300 N. Jog Road, 3rd Floor
West Palm Beach, FL 33411-2745



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION OR NON-RENEWAL TO
DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER
THAN THE NAMED INSURED**

This policy is subject to the following conditions.

| SCHEDULE | |
|--|--|
| Number of Days Notice <u>30</u> | |
| Name of Person(s) or Organization(s) | Mailing Address |
| PBCBCC, a political subdivision of the State of Florida, Its officers, employees and agents C/O Dept. of Engineering and Public | 2300 N. Jog Road, 3rd Floor West Palm Beach, FL 33411-2745 Works |

If this policy is cancelled or non-renewed, we agree that the person(s) or organization(s) listed in the Schedule above will be notified at least:

- a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
- b. The number of days shown in the Schedule above before the effective date of cancellation or non-renewal if we cancel or non-renew for any other reason.

In no event, however, will notice of cancellation or non-renewal be less than the minimum number of days required by the jurisdiction to which this endorsement applies. Also, please note that failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.

POLICY NUMBER: 40 UEC KB1988
CHANGE NUMBER: 011



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

NAMED PERSON(S) OR ORGANIZATION(S)

COMMERCIAL AUTO COVERAGE PART

LENNAR CORPORATION INCLUDING ALL OF ITS DIVISIONS, SUBSIDIARIES,
PARTNERS, PARTNERSHIPS, SHAREHOLDERS, AFFILIATED
COMPANIES, SUCCESSORS AND ASSIGNS, OFFICERS,
DIRECTORS AND EMPLOYEES ARE INCLUDED AS
ADDITIONAL INSURED.
P O BOX 12010-LC
HEMET, CA 92546

WAIVER OF SUBROGATION APPLIES PER FORM HA99160706

CONTINUED...

PBCBCC, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS
OFFICERS, EMPLOYEES AND AGENTS

C/O DEPT. OF ENGINEERING AND PUBLIC WORKS

2300 N. JOG ROAD, 3RD FLOOR

WEST PALM BEACH, FL 33411-2745

WAIVER OF SUBROGATION APPLIES PER FORM HA99160706

THE LESTER FAMILY INVESTMENTS, LP, RICHARD THALL, ROBERT THALL,
PETER L BRIGER, PAUL H BRIGER AND THE DAVID MINKIN FLORIDA REALTY