

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: July 11, 2023 (X) Consent () Regular
() Workshop () Public Hearing

Department: Environmental Resources Management

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

A) Amendment No. 1 to the Palm Beach County Inshore Annual Contract (Federalized), Project No. 2021ERM02 with Arbor Tree & Land, Inc. (ATL) (R2021-0918) to extend the construction contract for one year to July 12, 2024, and replace the Bid Schedule to reflect an allowable price adjustment; and

B) Amendment No. 1 to the Palm Beach County Inshore Annual Contract (Federalized), Project No. 2021ERM02 with Coston Marine Services, Inc. (Coston) (R2021-0919) to extend the construction contract for one year to July 12, 2024, and replace the Bid Schedule to reflect an allowable price adjustment.

Summary: On July 13, 2021, the Board of County Commissioners (BCC) approved the Palm Beach County Inshore Annual Contract (Federalized), Project No. 2021ERM02 with ATL (R2021-0918), a West Palm Beach, Florida company, and Coston (R2021-0919), a Jupiter, Florida company. ATL has been issued one work order totaling \$1,660,222. Coston has not been issued any work. Amendment No. 1 to the ATL Contract will extend the expiration date of the Contract for one year, from July 12, 2023 to July 12, 2024. Amendment No. 1 to the Coston Contract will extend the expiration date of the Contract for one year, from July 12, 2023 to July 12, 2024. The contract period in each contract may be extended for a defined period of time, not to exceed thirty-six months total Contract Time, upon approval by the Contractor and the BCC. A single annual price adjustment to the unit prices in the Bid Schedule based on the Consumer Price Index is allowed if requested in writing by the Contractor. ATL and Coston have both requested the allowable adjustment, resulting in a 3% increase to unit costs.

The projects to be constructed under these contracts include potential Federal funding or reimbursement in all project areas. federal rules prohibit local geographical preferences in construction procurements involving federal funds, so the County's Office of Equal Business Opportunity (OEBO) Program, Local Preference, Glades Local Preference, Glades Resident Incentive, and Apprentice Incentive are not included in both contracts. Districts 1,2,4,7 (YBH)

Background and Justification: These contracts provide for the construction of inshore estuarine habitats in the estuarine waters of Palm Beach County and at the County's discretion through work orders, issued on an as-needed basis. In assigning work orders, the County will consider the total amount of the work order, project schedule, project funding availability and constraints, concurrent projects, contractor availability, and construction durations, among other aspects. Having various award options when issuing work orders is beneficial to the County. No minimum amount of work is guaranteed to the contractors.

Attachments:

- 1. ATL Amendment No. 1 with Exhibit A
- 2. Coston Amendment No. 1 with Exhibit A

Recommended by: *non* *Deborah Sum* *6-5-23*
ybh Department Director Date

Approved by: *Pal* *6/21/23*
Deputy County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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

Budget Account No.:

Fund 3652 Department 381 Unit VAR Object _____ Program _____

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

Work under each Contract is authorized and funded on a work order basis. Budget is available in various capital project accounts, or a budget transfer will be requested prior to or concurrent with work orders being authorized.

C. Department Fiscal Review:

_____ *L. Henry*

III. REVIEW COMMENTS

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

ASD Debb 6/13/23
 OFMB *6/12*
6/15/23
ASD J. Jacobson 6/14/23
 Contract Development and Control
7/16 6/13/23

B. Legal Sufficiency:

_____ *6/15/2023*
 Assistant County Attorney

C. Other Department Review:

 Department Director

**AMENDMENT NO. 1 TO THE PALM BEACH COUNTY INSHORE ANNUAL
CONTRACT (FEDERALIZED), PROJECT NO. 2021ERM02
DATED JULY 13, 2021 BY AND BETWEEN
ARBOR TREE & LAND, INC. AND PALM BEACH COUNTY
District #: Countywide**

THIS AMENDMENT No. 1 to the Palm Beach County Inshore Annual Contract dated July 13, 2021 (R2021-0918) (CONTRACT) by and between Arbor Tree & Land, Inc., a Florida corporation (CONTRACTOR) and Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners (COUNTY) is made and entered into on this ____ day of _____, 2023.

W I T N E S E T H

WHEREAS, on July 13, 2021, the CONTRACTOR and COUNTY entered into the CONTRACT for work to be authorized by Work Order on an as-needed basis, up to a maximum amount for all Work Orders not to exceed the amount of \$8,496,382.20 (CONTRACT PRICE), for the construction of inshore estuarine habitat projects throughout Palm Beach County; and

WHEREAS, the CONTRACT provides that the Contract term may be extended, at the COUNTY's option for a defined period of time, not to exceed a total of thirty-six (36) months, if the CONTRACTOR and the COUNTY agree; and

WHEREAS, pursuant to the CONTRACT, in the Instruction to Bidders, Section 17.6.2, at the beginning of the third year of the Contract Term, the COUNTY shall consider a single annual price adjustment to the unit prices in the Bid Schedule based on the Consumer Price Index if requested in writing by the CONTRACTOR; and

WHEREAS, by this AMENDMENT, the CONTRACTOR and the COUNTY mutually agree to amend the CONTRACT, as provided herein.

**AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT
(FEDERALIZED), PROJECT NO. 2021ERM02**

Page 2

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

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT dated July 13, 2021 between the CONTRACTOR and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from July 12, 2023 to July 12, 2024.
3. The CONTRACT Bid Schedule, page BID FORM-22 is hereby deleted in its entirety and replaced with the Revised Bid Schedule, Page BID FORM-22A, attached hereto as **Exhibit "A"**.
4. This AMENDMENT shall not become binding until the date executed by the COUNTY.
5. Except as hereby amended, changed, or modified, all other terms and conditions of the CONTRACT shall remain in full force and effect.

(Remainder of page intentionally left blank)

**AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT
(FEDERALIZED), PROJECT NO. 2021ERM02**
Page 3

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this CONTRACT on behalf of the COUNTY and the CONTRACTOR has hereunto set its hand the day and year above written.

COUNTY:

APPROVED AS TO TERMS
AND CONDITIONS

By: *Deborah Drum*
Deborah Drum, Director
Environmental Resources
Management Department

CONTRACTOR:

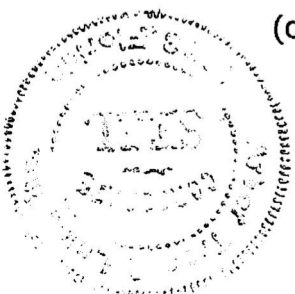
Arbor Tree & Land, Inc.
Company Name

[Signature]
Signature

William Hodges
Typed Name

President
Title

(corp. seal)



WITNESS:

[Signature]
Signature

Clinton Hodges
Name (type or print)

**AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT
(FEDERALIZED), PROJECT NO. 2021ERM02**
Page 4

{SIGNATURE PAGES CONTINUED}

ATTEST:

COUNTY:

**JOSEPH ABRUZZO
CLERK AND COMPTROLLER**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

By: _____
Deputy Clerk

By: _____
Gregg K. Weiss, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: /s/Yelizaveta B. Herman
Assistant County Attorney

Exhibit "A"**REVISED BID SCHEDULE**

Project Name: INSHORE ANNUAL CONSTRUCTION (FEDERALIZED)					
Project Number: 2021ERM02					
Contractor: ARBOR TREE & LAND, INC.					
BASE BID ITEMS		QTY	UNIT	UNIT COST	TOTAL COST
1	CONSTRUCTION SURVEYS & AS BUILT DRAWINGS	4	EA	\$18,540.00	\$74,160.00
2	SHALLOW DREDGE MATERIAL	3,312	CY	\$92.70	\$307,022.40
3	SUPPLY FILTER FABRIC	18,192	SY	\$4.64	\$84,319.92
4	INSTALL FILTER FABRIC	18,192	SY	\$4.12	\$74,951.04
5	WARNING SIGN INSTALLED COMPLETE	8	EA	\$4,326.00	\$34,608.00
				BASE BID	\$575,061.36
OPTION NO. 2 BID ITEMS		QTY	UNIT	UNIT COST	TOTAL COST
1	MOBILIZATION (FIND STAGING AREA)	4	EA	\$103,000.00	\$412,000.00
2	SUPPLY ARMOR STONE (2' TO 3' STONE)	9,396	TON	\$88.58	\$832,297.68
3	SUPPLY RIPRAP (4" to 12" STONE)	1,828	TON	\$78.28	\$143,095.84
4	SUPPLY BEDDING STONE (3" TO 6" STONE)	5,331	TON	\$56.86	\$303,099.34
5	SUPPLY FDOT NO. 2 COURSE AGGREGATE	170	TON	\$46.97	\$7,984.56
6	SUPPLY LOOSE SHELL	170	TON	\$39.14	\$6,653.80
7	SUPPLY SAND	92,547	TON	\$41.20	\$3,812,936.40
8	BARGE LOAD/TRANSPORT/INSTALL ARMOR STONE	9,396	TON	\$77.25	\$725,841.00
9	BARGE LOAD/TRANSPORT/INSTALL RIPRAP	2,058	TON	\$56.65	\$116,585.70
10	BARGE LOAD/TRANSPORT/INSTALL BEDDING STONE	5,331	TON	\$52.53	\$280,037.43
11	BARGE LOAD/TRANSPORT/INSTALL FDOT NO. 2 COURSE AGGREGATE	170	TON	\$46.35	\$7,879.50
12	BARGE LOAD/TRANSPORT/INSTALL LOOSE SHELL	170	TON	\$15.45	\$2,626.50
13	BARGE LOAD/TRANSPORT/INSTALL SAND	92,547	TON	\$16.48	\$1,525,174.56
				OPTION NO. 2 BID (FIND STAGING AREA)	\$8,176,212.31
				TOTAL BASE BID + OPTION NO. 2 BID	\$8,751,273.67

PROJECT NO.: 2021ERM02

BID FORM - 22A



CERTIFICATE OF LIABILITY INSURANCE

ARBOTRE-03

BHONDAVEM

DATE (MM/DD/YYYY)
5/30/2023

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 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 13790 NW 4th Street Suite 113 Sunrise, FL 33325	CONTACT NAME: Jacqueline Fontanez PHONE (A/C, No, Ext): (954) 556-2760 E-MAIL ADDRESS: jackie.fontanez@loausa.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Arbor Tree & Land dba ATL Diversified, Inc. 7089 Hemstreet Place West Palm Beach, FL 33413	INSURER A: New York Marine & General Insurance Company		16608
	INSURER B: American Longshore Mutual Association		NA
	INSURER C: Westchester Surplus Lines Insurance Company		10172
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Marine General Liabi	X	X	ML202300002342	5/30/2023	5/30/2024	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Jones Act						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 MARINE EMPLOYER \$ 1,000,000 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"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			AU202300018423	5/30/2023	5/30/2024	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			ML202300002343	5/30/2023	5/30/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 Excess \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		X	INCD-012623-082905-01	1/26/2023	1/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contractor Pollution			G71660060-002	5/30/2023	5/30/2024	Including Disposal 3,000,000
A	Hull Coverage			ML202300002342	5/30/2023	5/30/2024	Agreed Value 997,954

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project No. 2021ERM03
 Blanket Contractual Liability
 Watercraft Liability Included with the Marine Liability \$1,000,000/\$2,000,000
 Protection & Indemnity
 Limit of Liability \$1,000,000
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners c/o Environmental Resources Management 2300 N. Jog Rd. 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

AGENCY CUSTOMER ID: ARBOTRE-03

BHONDAVEM

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America		NAMED INSURED Arbor Tree & Land dba ATL Diversified, Inc. 7089 Hemstreet Place West Palm Beach, FL 33413 Palm Beach	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
 Workers Compensation USL&H Policy

Palm Beach County, City of West Palm Beach, State of Florida FDEP, State of Florida Board of Trustees of the Internal Improvement Trust Fund, and Florida Inland Navigation District, and Florida Inland Navigation District are Additional Insureds in respects to General Liability when required by written contract. Waiver of Subrogation applies in favor of the additional insured with respects to General Liability when required by written contract.

Notice of Cancellation 30 Days/ 10 Days for Non Payment

Workers Compensation USL&H Coverage

Jones Act Included

**AMENDMENT NO. 1 TO THE PALM BEACH COUNTY INSHORE ANNUAL
CONTRACT (FEDERALIZED), PROJECT NO. 2021ERM02
DATED JULY 13, 2021 BY AND BETWEEN
COSTON MARINE SERVICES, INC. AND PALM BEACH COUNTY
District #: Countywide**

THIS AMENDMENT No. 1 to the Palm Beach County Inshore Annual Contract dated July 13, 2021 (R2021-0919) (CONTRACT) by and between Coston Marine Services, Inc., a Florida corporation (CONTRACTOR) and Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners (COUNTY) is made and entered into on this ____ day of _____, 2023.

WITNESETH

WHEREAS, on July 13, 2021, the CONTRACTOR and COUNTY entered into the CONTRACT for work to be authorized by Work Order on an as-needed basis, up to a maximum amount for all Work Orders not to exceed the amount of \$8,616,223.47 (CONTRACT PRICE), for the construction of inshore estuarine habitat projects throughout Palm Beach County; and

WHEREAS, the CONTRACT provides that the Contract term may be extended, at the COUNTY's option for a defined period of time, not to exceed a total of thirty-six (36) months, if the CONTRACTOR and the COUNTY agree; and

WHEREAS, pursuant to the CONTRACT, in the Instruction to Bidders, Section 17.6.2, at the beginning of the third year of the Contract Term, the COUNTY shall consider a single annual price adjustment to the unit prices in the Bid Schedule based on the Consumer Price Index if requested in writing by the CONTRACTOR; and

WHEREAS, by this AMENDMENT, the CONTRACTOR and the COUNTY mutually agree to amend the CONTRACT, as provided herein.

**AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT
(FEDERALIZED), PROJECT NO. 2021ERM02**

Page 2

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

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT dated July 13, 2021 between the CONTRACTOR and the COUNTY is hereby amended to extend the expiration date of the CONTRACT from July 12, 2023 to July 12, 2024.
3. The CONTRACT Bid Schedule, page BID FORM-22 is hereby deleted in its entirety and replaced with the Revised Bid Schedule, Page BID FORM-22A, attached hereto as **Exhibit "A"**.
4. This AMENDMENT shall not become binding until the date executed by the COUNTY.
5. Except as hereby amended, changed, or modified, all other terms and conditions of the CONTRACT shall remain in full force and effect.

(Remainder of page intentionally left blank)

AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT (FEDERALIZED). PROJECT NO. 2021ERM02

Page 3

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this CONTRACT on behalf of the COUNTY and the CONTRACTOR has hereunto set its hand the day and year above written.

COUNTY:

APPROVED AS TO TERMS AND CONDITIONS

By: Deborah Drum
Deborah Drum, Director
Environmental Resources
Management Department

CONTRACTOR:

Coston Marine Services, Inc.
Company Name

Dan Coston
Signature

Daniel L. Coston
Typed Name

President
Title

(corp. seal)



WITNESS:

Michael Bryant
Signature

MICHAEL BRYANT
Name (type or print)

**AMENDMENT NO. 1 TO PALM BEACH COUNTY INSHORE ANNUAL CONTRACT
(FEDERALIZED), PROJECT NO. 2021ERM02**
Page 4

{SIGNATURE PAGES CONTINUED}

ATTEST:

COUNTY:

**JOSEPH ABRUZZO
CLERK AND COMPTROLLER**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

By: _____
Deputy Clerk

By: _____
Gregg K. Weiss, Mayor

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: /s/Yelizaveta B. Herman
Assistant County Attorney

Exhibit "A"**REVISED BID SCHEDULE**

Project Name: INSHORE ANNUAL CONSTRUCTION (FEDERALIZED)					
Project Number: 2021ERM02					
Contractor: COSTON MARINE SERVICES, INC.					
BASE BIDS		QTY	UNIT	UNIT COST	TOTAL COST
1	CONSTRUCTION SURVEYS & AS BUILT DRAWINGS	4	EA	\$12,084.37	\$48,337.49
2	SHALLOW DREDGE MATERIAL	3,312	CY	\$31.16	\$103,193.64
3	SUPPLY FILTER FABRIC	18,192	SY	\$10.60	\$192,811.55
4	INSTALL FILTER FABRIC	18,192	SY	\$7.27	\$132,288.59
5	WARNING SIGN INSTALLED COMPLETE	8	EA	\$2,602.81	\$20,822.48
				BASE BID	\$497,453.74
OPTION NO. 2 BIDS		QTY	UNIT	UNIT COST	TOTAL COST
1	MOBILIZATION (FIND STAGING AREA)	4	EA	\$55,840.81	\$223,363.25
2	SUPPLY ARMOR STONE (2' TO 3' STONE)	9,396	TON	\$96.69	\$908,462.60
3	SUPPLY RIPRAP (4" to 12" STONE)	1,828	TON	\$80.20	\$146,597.92
4	SUPPLY BEDDING STONE (3" TO 6" STONE)	5,331	TON	\$60.91	\$324,733.60
5	SUPPLY FDOT NO. 2 COURSE AGGREGATE	170	TON	\$54.47	\$9,259.29
6	SUPPLY LOOSE SHELL	170	TON	\$54.47	\$9,259.29
7	SUPPLY SAND	92,547	TON	\$40.83	\$3,778,619.97
8	BARGE LOAD/TRANSPORT/INSTALL ARMOR STONE	9,396	TON	\$26.14	\$245,624.59
9	BARGE LOAD/TRANSPORT/INSTALL RIPRAP	2,058	TON	\$26.11	\$53,735.41
10	BARGE LOAD/TRANSPORT/INSTALL BEDDING STONE	5,331	TON	\$23.04	\$122,832.10
11	BARGE LOAD/TRANSPORT/INSTALL FDOT NO. 2 COURSE AGGREGATE	170	TON	\$45.16	\$7,676.38
12	BARGE LOAD/TRANSPORT/INSTALL LOOSE SHELL	170	TON	\$45.16	\$7,676.38
13	BARGE LOAD/TRANSPORT/INSTALL SAND	92,547	TON	\$27.44	\$2,539,415.64
				OPTION NO.2 BID (FIND STAGING AREA)	\$8,377,256.43
				TOTAL BASE BID + OPTION NO.2 BID	\$8,874,710.17

PROJECT NO.: 2021ERM02

BID FORM - 22A

Client#: 1095566 COSTOMAR1
ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 5/25/2023

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 6001 Broken Sound Parkway Suite 320 Boca Raton, FL 33487	CONTACT NAME: Brian Cronin PHONE (A/C, No, Ext): 561 693-0500 FAX (A/C, No): 855 420-6662 E-MAIL ADDRESS: brian.cronin@usi.com														
INSURED Coston Marine Services, Inc. & Marine Construction, Inc. 1400 Watertower Road Lake Park, FL 33403	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Mitsui Sumitomo Insurance USA Inc.</td> <td>22551</td> </tr> <tr> <td>INSURER B : Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER C : Federal Insurance Company</td> <td>20281</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 : Mitsui Sumitomo Insurance USA Inc.	22551	INSURER B : Everest National Insurance Company	10120	INSURER C : Federal Insurance Company	20281	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Mitsui Sumitomo Insurance USA Inc.	22551														
INSURER B : Everest National Insurance Company	10120														
INSURER C : Federal Insurance Company	20281														
INSURER D :															
INSURER E :															
INSURER F :															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	OHM4510140	12/19/2022	12/19/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 P & I \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			<div style="font-size: 48px; font-weight: bold; letter-spacing: 10px;">RECEIVED</div> <div style="font-size: 24px; font-weight: bold; margin-top: 5px;">MAY 25 2023</div> <div style="font-size: 18px; font-weight: bold; margin-top: 10px;">ENVIRONMENTAL RESOURCES MANAGEMENT</div>			
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
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	N/A	9700000556221	09/16/2022	09/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Equipment Floater			45466009	10/23/2022	10/23/2023	\$220,000 Rented/Leased Equipment

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 As respects to the named insureds operations. Additional Insured and Waiver of Subrogation are included on the General Liability as per written contract. Blanket Waiver of Subrogation applies to the Workers Compensation policy as per written contract.

RE: Palm Beach County Project #2021ERM02 - Inshore Annual Construction (Federalized).
 (See Attached Descriptions)

CERTIFICATE HOLDER Palm Beach County c/o Dept. of Environmental Resources Management 2300 North Jog Road 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
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DESCRIPTIONS (Continued from Page 1)

Additional Insured Includes: Palm Beach County; c/o Dept. of Environmental Resources Management. The Board of County Commissioners, Palm Beach County, Florida (a political subdivision of the State of Florida), its officers, directors, agents, and employees are named as additional insured under the terms of this policy. Workers Compensation includes USL&H coverage



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that:
- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 - STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 - STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 - STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 - STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: Coston Marine Services Inc				
ADDRESS OF NAMED INSURED: 1400 Watertower Rd Lake Park, FL 33403				
POLICY NUMBER	695-0258-E10-59I	G89-8530-F10-59B	687-5329-D02-59	927-6476-C16-59A
EFFECTIVE DATE OF POLICY	11/10/22-11/10/23	12/10/22-12/10/23	10/02/22-10/02/23	03/16/23-03/16/24
DESCRIPTION OF VEHICLE (Including VIN)	2017 Chev C1500 1GCRCREC1HZ183566	2018 Chevrolet Silverado 1GB3CYCG3JZ334651	2019 GMC K3500 1GT42TCY0KF128446	2018 Chevy 1500 3GCPNBC7JG540853
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury				
Each Person				
Each Accident				
b. Property Damage				
Each Accident				
c. Bodily Injury & Property Damage				
Single Limit				
Each Accident	1,000,000	1,000,000	1,000,000	1,000,000
PHYSICAL DAMAGE COVERAGES				
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

RECEIVED
MAY 25 2023
ENVIRONMENTAL RESOURCES MANAGEMENT

05/24/2023

Signature of Authorized Representative Name and Address of Certificate Holder Palm Beach County c/o Dept. of Environmental Resources Management 2300 N. Jog road West Palm Beach, FL 33411	CSR Title 6569 Agent's Code Number Date Name and Address of Agent JIM JARAMILLO INSURANCE AGENCY INC. 10625 N Military Trail, Suite 103 Palm Beach Gardens, FL 33410 Bus: 661 626 0010 Fax: 661 776 3676
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CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: Coston Marine Services Inc				
ADDRESS OF NAMED INSURED: 1400 Watertower Rd Lake Park, Fl 33403				
POLICY NUMBER	975-2298-B15-59E	E87 8335-C07-59	E48 7330-C29-59A	
EFFECTIVE DATE OF POLICY	02/15/23-02/15/24	02/07/23-02/07/24	09/29/22-09/29/23	
DESCRIPTION OF VEHICLE (Including VIN)	2022 Chevrolet Equinox 3GNAXKEV8NL259580	2016 Chevrolet C1500 1GCRCNEH6GZ320939	2016 Ford F450 1FD0X4GT9GEC75457	
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury				
Each Person				
Each Accident				
b. Property Damage				
Each Accident				
c. Bodily Injury & Property Damage				
Single Limit				
Each Accident	1,000,000	1,000,000	1,000,000	
PHYSICAL DAMAGE COVERAGES				
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Authorized Representative	CSR	6569	05/24/2023
Name and Address of Certificate Holder	Title	Agent's Code Number	Date
Palm Beach County c/o Dept. Of Environmental Resources Management 2300 N. Jog road West Palm Beach, FL 33411			
	Name and Address of Agent		
	JIM JARAMILLO INSURANCE AGENCY INC. 10625 N Military Trail, Suite 103 Palm Beach Gardens, FL 33410 Bus: 561 626 0010 Fax: 561 775 3676		

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.