



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
No. ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget?			Yes _____	No <u>X</u>	
Does this item include the use of federal funds?			Yes _____	No <u>X</u>	
Does this item include the use of state funds?			Yes _____	No <u>X</u>	

**Budget Account No.:**

Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Program \_\_\_\_\_  
 Task \_\_\_\_\_ Sub Task \_\_\_\_\_ Task Order \_\_\_\_\_

Reporting Category \_\_\_\_\_

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

Fiscal impact cannot be determined at this time. Work under the Contracts is authorized on a consultant services authorization (CSA) basis. Budget is available in various capital project accounts or a budget transfer will be requested prior to or concurrent with CSAs being authorized.

**C. Department Fiscal Review:**

*[Signature]*

**III. REVIEW COMMENTS**

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

*Asdelle* 9/18/24  
 OFMB *QA 9/17*  
*DA 9/18*

*Kendi Mack* 9/17/24  
 Contract Development and Control

**B. Legal Sufficiency:**

*[Signature]* 9/23/24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**ASSIGNMENT ASSUMPTION AND CONSENT AGREEMENT**  
**BY AND BETWEEN PALM BEACH COUNTY**  
**AND OLSEN ASSOCIATES, INC.**  
**AND FOTH INFRASTRUCTURE & ENVIRONMENT, LLC**

This Assignment Assumption and Consent Agreement (ASSIGNMENT) is made and entered into as of October 22, 2024 by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners (COUNTY); Olsen Associates, Inc. (ASSIGNOR) whose Federal ID is 59-2223174; and Foth Infrastructure & Environment, LLC, (ASSIGNEE) whose Federal ID is 20-5814224 (individually Party and collectively Parties).

WHEREAS, pursuant to this ASSIGNMENT, ASSIGNOR has agreed to assign and deliver to ASSIGNEE and ASSIGNEE has agreed to accept and assume from ASSIGNOR, the CONTRACTS, as hereinafter defined, including all rights, claims, interests, and obligations with respect thereto; and

WHEREAS, the COUNTY has agreed and consented to the assignment of the CONTRACTS, as defined below, according to the terms and conditions set forth herein by its execution of this ASSIGNMENT.

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereto agree as follows:

**Section 1 - CONTRACTS.** The contracts between the COUNTY and the ASSIGNOR, together with the authorizations and task orders issued pursuant thereto (collectively, CONTRACTS) to be assigned include the following:

- Annual Coastal and Marine Engineering Services Contract (R2023-0090) dated January 24, 2023, together with Consultant Services Authorizations (CSA) Nos. 0090-01, 0090-02, 0090-03, 0090-03A, 0090-04, 0090-05, 0090-06, 0090-07, 0090-08, 0090-09 and 0090-10.
- Annual Coastal and Marine Engineering Services Contract (R2019-1543) dated October 8, 2019, together with Task Orders Nos. 1543-01, 1543-02, 1543-03, 1543-04, 1543-04A, 1543-05, 1543-06, 1543-07, 1543-08, 1543-09, 1543-10, 1543-11, 1543-12, 1543-13, 1543-13A, 1543-14, 1543-15, 1543-16, 1543-17, 1543-18, 1543-19 and 1543-20.

**Section 2 - Assignment and Effective Date.** ASSIGNOR hereby conveys, transfers and assigns its rights, title and interest in, to, and under the CONTRACTS to ASSIGNEE, as of **July 19, 2024 (Effective Date)**, including all of ASSIGNOR's rights and obligations, and ASSIGNEE hereby assumes all of ASSIGNOR's rights and obligations, in, to and under the CONTRACTS with the COUNTY, subject to the COUNTY's permission.

**Section 3 - ASSIGNEE's Acceptance and Assumption.** ASSIGNEE hereby accepts the assignment to it of ASSIGNOR's rights, title, obligations and interest in, to, and under the CONTRACTS and hereby expressly assumes the performance of each of the terms, conditions, covenants, obligations, liabilities and duties of the ASSIGNOR under the CONTRACTS, effective as of and beginning on, the Effective Date and ASSIGNEE hereby assumes and agrees to pay all debts, obligations, and liabilities of ASSIGNOR under the CONTRACTS that accrue on or after the Effective Date of this ASSIGNMENT. ASSIGNEE shall assume all responsibility for any warranty or guarantee under the CONTRACTS which assumption shall include the guarantee or warranty of the performance of the CONTRACTS in full, regardless of the date ASSIGNEE began performance.

**Section 4 - No Waiver or Release.** Notwithstanding any other clause or provision in this ASSIGNMENT, this ASSIGNMENT is not intended to act as a release, waiver or relinquishment of any claims, demands, warranties, damages, causes of action, or rights of the COUNTY relating to ASSIGNOR and all such rights are reserved by the COUNTY and shall remain notwithstanding this ASSIGNMENT, to the extent they arise from or are related to the terms, conditions, covenants, obligations, liabilities, and duties of ASSIGNOR existing prior to the Effective Date of this ASSIGNMENT.

**Section 5 - Payment for Work in Process and Completed Work.** ASSIGNOR is conveying, transferring, and assigning all rights to payment for work and services performed under the CONTRACTS to ASSIGNEE as of the Effective Date. In order to transition work in process payments, each invoice, payment certification and requisition, or other request for payment due, received by the COUNTY before the Effective Date, regardless of the dates of services or work performed, will be processed by the COUNTY and if approved, paid to ASSIGNOR. Each invoice, payment certification and requisition, or other request for payment received by the COUNTY on or after the Effective Date, regardless of the dates of service or work performed, shall be processed by the COUNTY and if approved, shall be paid to ASSIGNEE.

**Section 6 - Hold Harmless and Indemnity.** In the event the COUNTY is made a party to an action between ASSIGNEE and ASSIGNOR, or involving any third party, arising out of this ASSIGNMENT, the ASSIGNEE and the ASSIGNOR shall each agree to indemnify, defend and hold the COUNTY, its elected officials, employees and agents, harmless from and against any such claim, demand, cause of action, economic losses, damages, and costs and expenses (including reasonable legal fees and costs of investigation) that arise from, out of, or as a result of, this ASSIGNMENT.

**Section 7 - Appointment.** ASSIGNOR hereby irrevocably appoints ASSIGNEE, its successors and assigns, as the attorney and agent of ASSIGNOR, in ASSIGNOR's name and stead, to enforce the provisions of the CONTRACTS beginning on the Effective Date.

**Section 8 - Acknowledgement.** By signing below, the COUNTY agrees, subject to the terms of this ASSIGNMENT, to ASSIGNOR's assignment of all of its rights and obligations under the CONTRACTS beginning on the Effective Date. The COUNTY acknowledges that ASSIGNOR and ASSIGNEE are relying on this consent in connection with this ASSIGNMENT. ASSIGNOR acknowledges its continuing responsibilities as set forth in this ASSIGNMENT.

**Section 9 - Notices.** Beginning on the Effective Date, any and all notices required under the CONTRACTS and all payments to be paid under the CONTRACTS will be delivered to ASSIGNEE, at:

Christopher G. Creed, P.E., Senior Client Manager  
Foth Infrastructure & Environment, LLC  
2618 Herschel Street  
Jacksonville, FL 32204  
Phone: (904) 387-6114  
Email: chris.creed@foth.com

**Section 10 - Consent.** The COUNTY's consent is effective when this ASSIGNMENT has been executed by all parties and approved by the Board of County Commissioners.

**Section 11 - Authority.** The undersigned signatory for ASSIGNOR does hereby attest and affirm that he has the current lawful authority to execute this ASSIGNMENT on behalf of the ASSIGNOR and that the assignment is not made with intent to hinder or defraud creditors, or interfere with lawful rights

of other persons or entities, or for any other unlawful purpose.

**Section 12 - Ratification.** Except as expressly modified herein, the CONTRACTS are hereby ratified, confirmed and remain in full force and effect.

**Section 13 - Governing Law.** This ASSIGNMENT shall be governed by and interpreted in accordance with the laws of the State of Florida without giving effect to its conflict of laws principles.

**Section 14 - Counterparts.** This ASSIGNMENT, including the exhibits referenced herein, may be executed in one or more counterparts, all of which shall constitute collectively but one and the same ASSIGNMENT. The COUNTY may execute the ASSIGNMENT through electronic or manual means. ASSIGNOR and ASSIGNEE shall execute by manual means only, unless the COUNTY provides otherwise.

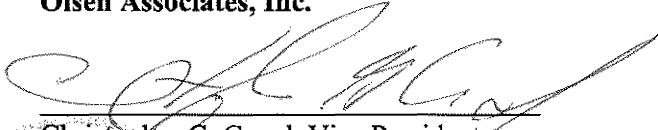
**Section 15 – Human Trafficking Affidavit.** ASSIGNEE warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. ASSIGNEE has executed **Exhibit A**, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida, has made and executed this ASSIGNMENT on behalf of the COUNTY, and ASSIGNOR and ASSIGNEE have hereunto set their respective hands the day and year above written.

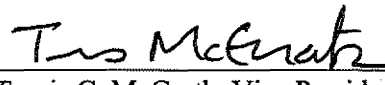
COUNTY:  
APPROVED AS TO TERMS  
AND CONDITIONS

By:   
Deborah Drum, Director  
Environmental Resources Management

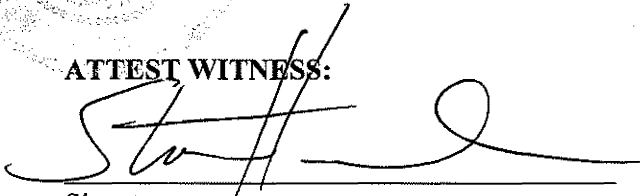
ASSIGNOR:  
Olsen Associates, Inc.

  
Christopher G. Creed, Vice President  
(Corp. Seal)

ASSIGNEE:  
Foth Infrastructure & Environment, LLC

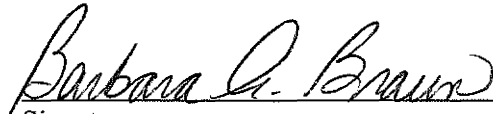
  
Travis C. McGrath, Vice President  
(Corp. Seal)

ATTEST WITNESS:

  
Signature

STEVEN HOWARD  
Name (type or print)

ATTEST WITNESS:

  
Signature

Barbara A. Braun  
Name (type or print)

(SIGNATURE PAGES CONTINUED)

**ATTEST:**

Joseph Abruzzo  
Clerk of the Circuit Court & Comptroller

**COUNTY:**


**Palm Beach County**, a Political Subdivision of  
the State of Florida, by and through its Board of  
County Commissioners

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Maria Sachs, Mayor

(Seal)

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By:  \_\_\_\_\_  
Yelizaveta B. Herman  
Assistant County Attorney

ASSIGNMENT ASSUMPTION AND CONSENT AGREEMENT  
EXHIBIT A

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT  
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Foth Infrastructure & Environment, LLC (ASSIGNEE) and attest that ASSIGNEE does not use coercion for labor or services as defined in section 787.06, Florida Statutes.

**Under penalty of perjury, I hereby declare and affirm that the above stated facts are true and correct.**

Travis McGrath  
(signature of officer or representative)

Travis McGrath, Vice President  
(printed name and title of officer or representative)

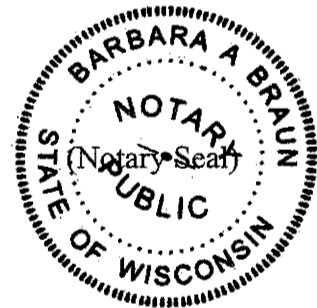
WISCONSIN BROWN  
~~State of Florida, County of Palm Beach~~

Sworn to and subscribed before me by means of  physical presence or  online notarization  
this, 26 day of August 2024, by Travis McGrath.

Personally known  OR produced identification .

Type of identification produced \_\_\_\_\_.

Barbara A. Braun  
NOTARY PUBLIC  
My Commission Expires: 6/25/27  
State of ~~Florida at large~~ WISCONSIN







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/19/2024

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).

<b>PRODUCER</b> Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> WTW Certificate Center <b>PHONE (A/C, No. Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@wtwco.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Foth Infrastructure & Environment, LLC 2121 Innovation Court De Pere, WI 54115	<b>INSURER A:</b> Lexington Insurance Company <b>NAIC #:</b> 19437	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** W34497763                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	037205326	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			015438053	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			026154181	03/01/2024	03/01/2025	Each Claim \$3,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 08/16/2024 WITH ID: W34491162.

Professional Liability coverage is written on a claims-made basis.  
 Retroactive Date: 1/1/1938

Re: Project: Coastal and Marine Engineering Annual Contracts R2019-1543 and R2023-0090

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Palm Beach County Board of County Commissioners C/O Dept. of Environmental Resources Management 2300 N Jog Rd, 4th Floor West Palm Beach, FL 33411-2743	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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### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Foth Infrastructure & Environment, LLC 2121 Innovation Court De Pere, WI 54115	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

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

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents are included as Additional Insured as respects to General Liability

Waiver of Subrogation applies in favor of Palm Beach County Board of County Commissioners with respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/15/2024

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Green Bay WI Office 1175 Lombardi Avenue Suite 350 Green Bay WI 54304 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (920) 437-7123 <b>FAX (A/C. No.):</b> (920) 431-6345		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Foth Infrastructure & Environment, LLC P.O. BOX 5095 DE PERE WI 54115-5095 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> The Charter Oak Fire Insurance Company		25615
	<b>INSURER B:</b> The Travelers Indemnity Co of CT		25682
	<b>INSURER C:</b> Great American Insurance Company of NY		22136
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** 570107707752      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-2L49594A-24-43-G BUSINESS AUTO	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE AGGREGATE
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB9H9261402443E WORKERS COMPENSATION	01/01/2024	01/01/2025	<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	Hull & Liability Coverage - Marine			OMH401657606 Marine Package	01/01/2024	01/01/2025	Hull      \$374,123 P&I      \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: PROJECT: COASTAL AND MARINE ENGINEERING ANNUAL CONTRACT S R2019-1543 AND R2023-0090. UNITED STATES LONGSHORE & HARBOR WORKERS COMPENSATION ACT COVERAGE AND STATE ACT WORKERS COMPENSATION. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF PALM BEACH COUNTY IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE WORKERS COMPENSATION POLICY.

<b>CERTIFICATE HOLDER</b>  PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS DEPT OF ENVIRONMENTAL RESOURCES MGMT 2300 NORTH JOG ROAD, 4TH FLOOR WEST PALM BEACH FL 33411 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
---	---

Holder Identifier :

Certificate No : 570107707752