

CONTRACT REQUIREMENTS

The School District of Palm Beach County has elected to implement the Florida Municipal Construction Insurance Trust (“FMCIT”) Master Controlled Insurance Program (“MCIP”) that will provide Workers’ Compensation, Employer’s Liability, General Liability, and Excess Liability coverages for the Construction Manager/General Contractor (“CM/GC”), contractors, and subcontractors of every tier (collectively referred to as “contractor”, unless specified), that provide direct labor to the Project. The School District of Palm Beach County agrees to pay all premiums associated with the MCIP, including deductibles or self-insured retention, subject to adjustment of the Contract Amount for an MCIP insurance deduct as provided in Section B below, and unless otherwise stated in the contract documents.

While the MCIP is intended to provide broad coverages and high limits, the MCIP is not intended to meet all the insurance needs of the contractor. ***The MCIP does not provide coverage for Builder’s Risk, Professional Liability, Environmental/Pollution Liability, Automobile Liability, Equipment Floaters, or Performance Bonds.*** It is recommended that the contractor discuss the MCIP with its insurance agent or consultant to assure that other proper coverages are maintained.

A. Applicability of the MCIP

Participation in the Project MCIP is **mandatory** but not automatic.

Eligible Contractors include contractors of all tiers that provide direct labor on a Project site (see definition of ineligible subcontractors below). Temporary labor services and leasing companies are to be treated as subcontractors.

Ineligible Contractors include, but are not limited to, consultants, asbestos-removal or any other environmental abatement contractors, demolition contractors using explosives, suppliers (that do not perform or subcontract installation), vendors, materials dealers, guard services, janitorial services, truckers (including trucking to the Project where delivery or removal of materials is the only scope of work performed), and other temporary Project services. Contractors with a total contract value of less than \$25,000 or working onsite for less than 2 days total may not be included at the discretion of the MCIP Administrator and/or the Owner Representative.

Contractors not enrolled in the MCIP shall be required to maintain their own insurance. Coverage types and limits set forth in Section K (including, but not limited to, Workers’ Compensation, General Liability, Excess Liability, and Automobile Liability) are minimums. Prior to commencing work at the Project, the exempted contractor shall promptly furnish the MCIP Administrator with certificates insurance, giving evidence that all required insurance is in force. Please see a sample certificate of insurance for onsite coverages, for contractors not enrolled in the MCIP, at the end of this document.

B. Contractor Insurance Cost Identification

After award, but prior to notice to proceed, the contractor shall identify all costs associated with the cost of insurance for all Project work, including, but not limited to, insurance premiums, expected losses within any retention, or deductible program, using Enrollment Forms A and B (Contractor’s Insurance Information & Contractor’s Insurance Calculation), copies of which are attached hereto and incorporated herein. Although credits are to be shown for deductibles or self-retention plans, these credits will be used along with an estimated deductible loss fund deposit. All deductible or self-retention plans will be reviewed on an individual basis.

By completing and submitting Enrollment Forms A and B, including supporting documents (copies of policy declaration pages and premium rate pages) to the MCIP Administrator, the contractor warrants that all costs for insurance as described in this section have been correctly identified. If the contractor has not identified its lower tier subcontractors, or does not have the insurance cost for its lower tier subcontractors, the contractor should show 4% of the lower tiered subcontracted value for this

insurance cost. Notice to proceed will be subject to verification of the insurance deduct amount by the MCIP Administrator and amendment of the Contract Amount.

When completing information for the excess premium charges on Enrollment Form B, the MCIP Administrator will utilize the contractor's own excess insurance rate. If an excess rate is not available and the contractor's policy is written on a flat premium rate basis, the administrator will develop a rate based upon the contractor's overall annual payroll (or receipts). The payroll (or receipts) will be divided into the contractor's excess premium charge to determine an appropriate rate, which will then be applied to the contractor's estimated payroll (or contract value) for the Project.

Rates taken from the contractor's copies of policy declaration pages and premium rate pages upon enrollment will not be adjusted throughout the duration of the project.

Coverage and limit requirements for purposes of calculation of the insurance cost for this Project on Enrollment Form B are as follows:

(1) Workers' Compensation and Employer's Liability Insurance:

Workers' Compensation Insurance Statutory Benefits as provided by State statute, with Employer's Liability Limits:

- (a) \$200,000 Bodily Injury with Accident—Each Accident
- (b) \$200,000 Bodily Injury by Disease—Policy Limit
- (c) \$200,000 Bodily Injury by Disease—Each Employee

(2) Commercial or General Liability Insurance:

- (a) \$1,000,000 Bodily Injury and Property Damage for each occurrence
- (b) \$1,000,000 Products/Completed Operations Aggregate
- (c) \$2,000,000 General Aggregate

Coverage shall include, but not be limited to, the following supplementary coverages:

- (i) Contractual Liability to cover liability assumed under the agreement
- (ii) Product and Completed Operations Liability insurance
- (iii) Broad Form Property Damage Liability insurance
- (iv) Explosion, Collapse and Underground Hazards (deletion of the X, C, U exclusions) if such exposure exists
- (v) Independent Contractors
- (vi) Such policy shall include all of the coverages, which may be included in coverages A, B, and C contained in the Commercial General Liability Policy, without deletion. Such policy must be issued on an "occurrence" basis, as distinguished from a "claims made" basis.
- (vii) Completed Operations extended five years after final payment

(3) Excess Liability/Umbrella Insurance:

- (a) \$1,000,000 Per Occurrence
- (b) \$1,000,000 Aggregate

Limits must apply: any one occurrence and general aggregate annually including products for Project term and including Completed Operations for ten years after final Project payment. The total limits can be a combination of the primary Commercial General Liability and Excess Liability/Umbrella insurance.

Coverages and Terms:

- (a) Excess of General Liability
- (b) Excess of Employer's Liability
- (c) Completed Operations—Ten Years

C. Change Order Pricing

Enrolled contractors with change order pricing equal to or greater than \$100,000 must include the cost to provide insurance as specified in Section B. The contractor shall identify the amount of insurance contained in the change order proposal using Form F, a copy of which is attached hereto and incorporated herein. The contractor's price shall be adjusted by deducting the cost of insurance as identified on Form F. The School District of Palm Beach County will have the right to recover these additional costs through deductive change orders.

D. Contractor's Responsibility for Its Lower Tiered Subcontractors

Each contractor shall require that all its subcontractors of every tier complete and submit Enrollment Forms A, B, and C and shall also require that they provide a copy of the declaration page(s) and premium rate page(s) for each policy to the to the MCIP Administrator. All contractors must receive a certificate of insurance from the MCIP broker prior to beginning work on the site. It shall be the CM/GC's responsibility to submit to the MCIP Administrator changes to the cost of its subcontractors' insurance resulting from any adjustments to its program. Each contractor shall include all of the provisions in these Sections A through Q in every subcontract so that such provisions will be binding upon every lower tiered subcontractor.

E. Payroll, Audit, and Recovery of Contractor "Insurance Cost"

For insurance purposes, the contractor agrees, and shall require all tiers of subcontractors to agree, to keep and maintain accurate and classified records of their payroll for operations at a Project site. The contractor further agrees, and will require all tiers of subcontractors to agree, to furnish to the MCIP Administrator full and accurate monthly payroll data and information in accordance with the requirements of the Project MCIP insurer as provided in Form D. The contractor and all tiers of subcontractors shall permit the School District of Palm Beach County, and/or its representatives, to examine and/or audit their books and records. The contractor shall also provide any additional information to The School District of Palm Beach County or its appointed representatives as may be required. **During the term of the Agreement, including all extensions thereof, The School District of Palm Beach County shall have the right to adjust the Contract Amount to reflect the amount of the contractor's insurance cost.**

For auditing purposes, the contractor should provide their own insurance carrier(s) with a copy of their final Form B and E. This will serve as evidence that the contract value and payroll associated with the MCIP project should not be billed against their own policy(s) since coverage was provided under the FLC's MCIP program.

F. MCIP-Provided Coverages

The School District of Palm Beach County, at its sole expense, has implemented an MCIP to furnish certain insurance coverages with respect to onsite activities. The MCIP will be for the benefit of The School District of Palm Beach County and its contractors of all tiers (unless specifically excluded) that have onsite employees. Such coverage applies only to work performed under contract at the Project site. Eligible contractors must provide their own insurance for offsite activities and coverages not provided by the MCIP (see Section K).

Each enrolled contractor will receive a separate MCIP Workers' Compensation policy. Certificates of Insurance will be furnished for the General Liability and Excess coverages, the policies of which will be available for review by the contractor upon written request to the MCIP Administrator. The terms of such policies or programs may be, from time to time, amended. The contractor hereby agrees to be bound by the terms of coverage as contained in such insurance policies and/or self-insurance programs.

Through a combination of insured and self-insured programs, The School District of Palm Beach County, at its sole expense, will provide and maintain in force the types of insurance listed in subsections (1) through (4) below as a part of the MCIP for the CM/GC and all *eligible* contractors. The contractors enrolled in the MCIP agree that the insurance company policy limits of liability, coverage terms, and conditions shall determine the scope of coverage provided by the MCIP.

Workers' Compensation and Employer's Liability Insurance will be provided in accordance with applicable State laws. Limits of Liability and coverages will be as follows:

(a) Workers' Compensation: Applicable State Statutory Benefits

(b) Employer's Liability:

- (i) \$1,000,000 Bodily Injury each Accident
- (ii) \$1,000,000 Bodily Injury by Disease—Policy Limit
- (iii) \$1,000,000 Bodily Injury by Disease—Each Employee

(1) Commercial General Liability Insurance will be provided on an "occurrence" form under a master liability policy, reflecting the following Limits of Liability, Coverages, and Terms:

(a) Limit of Liability:

- (i) \$2,000,000 Bodily Injury and Property Damage Liability Each Occurrence
- (ii) \$2,000,000 Personal/Advertising Injury
- (iii) \$4,000,000 General Aggregate
- (iv) \$4,000,000 Products and Completed Operations
- (v) \$250,000 Fire Damage Limit
- (vi) \$5,000 Medical Expense

(b) Coverage and Terms shall include, but not be limited to, the following:

- (i) Occurrence Basis
- (ii) Products and Completed Operations (Ten-Year Term after Project completion)
- (iii) All Aggregate Limits will reinstate annually, except the Ten (10) Year Products/Completed Operations Tail, which will have One Aggregate for the project and the entire tail.
- (iv) Named Insured Endorsement
- (v) Cancellation Provision – Non Cancelable except 10 days written notice as respects non-payment of premium and/or 30 days written notice as respects non-compliance with safety/loss control recommendations
- (vi) Composite Rate Endorsement
- (vii) Limitation of Coverage to Designated Premises or Project
- (viii) Additional Insured – Owners, Lessee or Contractors Form B (CG 20-10 10/93) where required by "Insured Contract"
- (ix) Waiver of Transfer of Rights of Recovery Against Insureds
- (x) Unintentional Errors & Omissions
- (xi) Completed Operations Extension Endorsement
- (xii) Explosion, Collapse, and Underground (X, C, U)
- (xiii) Exclusions for: Mold, Asbestos, Lead, EIFS, Silica & Mixed dust

(2) Excess Liability Insurance will be provided under a master liability policy for all insureds reflecting the following Limits of Liability, Coverages, and Terms as follows:

(a) Limits of Liability:

- (i) \$75,000,000 Any one occurrence and general aggregate with annual reinstatement
- (ii) \$75,000,000 Annual Aggregate Products and Completed Operations except the Ten (10) Year Products/Completed Operations Tail, which will have One Aggregate for the project and the entire tail.

(b) Coverages and Terms:

- (i) Excess of General Liability
- (ii) Excess of Employer's Liability
- (iii) Completed Operations (a minimum of Ten Year Term after project completion)

*All SDPBC projects bound prior to 6/1/07 have \$25 Million in limits

G. Termination/Modification of the MCIP

The School District of Palm Beach County reserves the right to terminate or to modify the MCIP or any portion thereof. To exercise this right, the Project shall provide thirty (30) days advance written notice of termination or material modification to the contractor covered by the MCIP. In such event, the contractor shall promptly obtain appropriate replacement insurance coverage acceptable to the Project. Written evidence of such insurance shall be provided to the Project prior to the effective date of the termination or modification of the MCIP coverages. The verifiable cost of such replacement insurance will be reimbursed by The School District of Palm Beach County/the Project to the contractor.

Any contractor that has completed its work at a Project site and whose insurance, as provided by the MCIP, has been terminated, that returns to the site to perform warranty work, does so under its own insurance coverages and not under those provided by the MCIP.

H. Contractor/Subcontractor Responsibilities

The contractor/ Subcontractor shall cooperate with the Project and the MCIP Administrator in the administration and operation of the MCIP. The contractor's responsibilities shall include, but not be limited to, the following:

- (1) No eligible contractor shall commence work at the Project site until it has received a certificate of insurance evidencing enrollment in the MCIP or, if ineligible, has provided a satisfactory certificate of insurance to the MCIP Administrator. Subcontractors eligible for the program, who are onsite not enrolled, will be removed from the site until enrollment is completed.
- (2) Compliance with the applicable construction safety program, administrative procedures, and claim procedures.
- (3) Providing necessary contract, operations, safety, and insurance information.
- (4) Cooperating with any insurance company or insurance administrator with respect to requests for claims, payroll, or other information required under the program.
- (5) Attending periodic meetings regarding administration, claims review, or safety.
- (6) Completing all administrative forms within the time frames required by the MCIP Administrator.

- (7) Following the detailed close out procedure provided.
- (8) The Administrator will make four attempts to contact the subcontractor, if the subcontractor does not respond in a timely manner the CM will assist in retrieving the paperwork..
- (a) **Form A—Contractor’s Insurance Information**
Prior to starting work on a Project site, all contractors must provide the required documentation for verification of their insurance program, along with certificates of insurance for offsite coverages, including automobile liability.
- (b) **Form B—Contractor’s Insurance Calculation**
Prior to starting work on a Project site, all contractors must complete this insurance calculation form and provide policy declaration and rating pages to support the calculation.
- (c) **Form C—Absolute Assignment and Agreement Form**
Prior to starting work on a Project site, all contractors must agree to, and sign off on, all requirements.
- (d) **Form D—Payroll and Work-Hour Monthly Report**
This completed form is to be sent to the MCIP Administrator each month by the 15th of the following month. Payroll is *unburdened* and by class code. We will request certified payrolls and subcontractor agreements to verify payroll submitted is correct.
- (e) **Form E—Notice of Work Termination**
Upon completion of all Project work being performed under the Agreement or subcontract, this form is completed, signed by subcontractor and CM/GC and submitted to the MCIP Administrator.
- (f) **Form F—Change Order**
On change orders of \$100,000 or more, this form is completed to identify insurance costs and is then submitted to the MCIP Administrator.
- (g) **Form G—Employee Acknowledgement, Notification, and Consent for a Drug and Alcohol-Free Jobsite and Safety Rules and Policies**
This form is to be completed and signed by all employees performing work on the Project Site before they will be permitted on the Project site, and shall be maintained by the CM/GC.

Failure to follow the administrative or claim procedures outlined may result in fines being assessed by The School District of Palm Beach County or the CM/GC against the contractor. The Project shall deduct from monies due, or to become due under the provisions of the contract, the amount of any applicable fines that are assessed against the contractor or subcontractor. The School District is not responsible to incur the additional costs if Subcontractors do not want to participate in the program and there is a need to go to the next bidder. Any project delays that occur due to enrollment issues will not be approved by the District going forward.

All MCIP administrative requirements are specifically outlined in the MCIP Insurance Manual which is attached to this bid document. Failure by any contractor to provide the MCIP Administrator with the enrollment paperwork, while working onsite and not enrolled, will result in a deduction of 4% of their estimated construction value for their estimated project deduct, **which is likely to be punitive**. At that point the contractor will be enrolled in the program. When the appropriate insurance paperwork is received the correct deduction will be calculated by the MCIP Administrator. If the appropriate insurance paperwork is never received the MCIP Administrator will take 4% of the final construction value for a deduction before the subcontractor receives final payment.

I. Safety Program

Site safety is the responsibility of the CM/GC. In order to ensure that safety is the highest priority on its projects, The School District of Palm Beach County has developed a mandatory Safety Program for all contractors, which shall be supplemented by CM/GC-provided site-specific safety plans. See The School District of Palm Beach County MCIP Safety Manual attached to this bid document for all specific requirements.

J. Assignment of Return Premiums

The School District of Palm Beach County will be responsible for the payment of all premiums associated solely with the MCIP and will be the sole recipient of any dividend(s) and/or return premium(s) generated by the MCIP. In consideration of The School District of Palm Beach County's provision of said coverages under the MCIP program, the contractor agrees to:

- (1) Identify all applicable insurance costs in their contract price and cooperate with the MCIP Administrator in the confirmation of the contractor's insurance costs for purposes of establishing an insurance deduction.
- (2) Irrevocably assign to and for the benefit of The School District of Palm Beach County, all return premiums, premium refunds, premium discounts, dividends, retentions, credits, and any other monies in connection with the MCIP insurance. The CM/GC agrees to evidence such assignment by executing and delivering Project Form C. The CM/GC further agrees to require each subcontractor of all tiers to execute the assignment on Project Form C, for the benefit of The School District of Palm Beach County.

K. Contractor-Provided Coverage

For any work under this contract, and until completion and final acceptance of the work, all contractors, at their own expense, must promptly furnish to the MCIP Administrator all certificates of insurance giving evidence that the following coverages are in force.

The Project shall be identified on the certificate and **The School District of Palm Beach County, its subsidiaries and their respective officers, employees, and agents, and Construction Manager/General Contractor shall be covered as additional insureds, ATIMA (As Their Interest May Appear) on all policies.** The certificate should also show a waiver of subrogation. Please see the sample certificate of insurance for offsite coverages for enrolled contractors at the end of this document.

- (1) Automobile Liability Insurance
(All contractors enrolled and not enrolled in the MCIP):
 - (a) Minimum Combined Single Limit that shall not be less than \$1,000,000 per accident
 - (b) Commercial Automobile Liability insurance to cover all vehicles owned, non-owned, hired by, or used on behalf of the contractor
- (2) Workers' Compensation and Employer's Liability Insurance
(All contractors enrolled in the MCIP must provide for offsite activities only)
(All contractors not enrolled in the MCIP must provide for onsite and offsite activities):

Statutory Limits with All States Endorsement and minimum Employer's Liability Limits will be provided as follows:

- (a) \$200,000 Bodily Injury with Accident—Each Accident
- (b) \$200,000 Bodily Injury by Disease—Policy Limit

- (c) \$200,000 Bodily Injury by Disease—Each Employee
- (d) The policy will be endorsed to exclude the Project (**enrolled contractors only**)

(3) Commercial General Liability Insurance

(All contractors enrolled in the MCIP must provide for offsite activities only)

(All contractors not enrolled in the MCIP must provide for onsite and offsite activities):

- (a) \$1,000,000 Bodily Injury and Property Damage Limit for each occurrence
- (b) \$1,000,000 Products/Completed Operations Aggregate
- (c) \$2,000,000 General Aggregate

Coverage shall include the following:

- (i) Occurrence Basis
 - (ii) Premises operations
 - (iii) Contractual Liability
 - (iv) Products/Completed Operations—5 years after project completion
 - (v) Broad Form Property Damage
 - (vi) Independent Contractors
 - (vii) The policy will be endorsed to exclude the Project (**enrolled contractors only**)
 - (viii) Such policy shall include all of the coverages, which may be included in coverages A, B, and C contained in the Standard Commercial General Liability Policy Form, without deletion. Such policy must be issued on an “occurrence” basis, as distinguished from a “claims made” basis.
 - (ix) Exclusion for XCU deleted.
- (4) Excess Liability Insurance

(All contractors enrolled in the MCIP must provide for offsite activities only)

(All contractors not enrolled in the MCIP must provide for onsite and offsite activities):

Construction Manager/General Contractor:

- (a) \$5,000,000 Per Occurrence
- (b) \$5,000,000 Aggregate

Subcontractors:

- (a) \$1,000,000 Per Occurrence
- (b) \$1,000,000 Aggregate

Limits must apply: any one occurrence and general aggregate annually and a separate Products and Completed Operations Aggregate. The total limits can be a combination of the primary Commercial General Liability and Excess Liability/Umbrella insurance.

Coverages and Terms:

- (a) Excess of General Liability
- (b) Excess of Employer’s Liability
- (c) Excess of Automobile Liability
- (d) Completed Operations

(5) Contractor’s Property Insurance:

The contractor shall purchase and maintain property insurance covering construction machinery, equipment, and tools used by the contractor/subcontractor(s) in the performance of the Project work. Such coverage shall be written on a policy form at least equivalent to that provided by a “Contractor’s Equipment Floater” as customarily defined within the insurance industry. The

contractor also agrees to notify all tiers of subcontractors of their obligation to insure any machinery, equipment, and tools used by the contractors in the performance of the Project work.

(6) Professional Liability Insurance:

Any and all architects, surveyors, engineers, and design/builders performing services pursuant to this contract, and the contractor, to the extent the contractor performs the services of an architect, surveyor, engineer, or design/builder, (collectively referred to as “Professional”), shall maintain Professional Liability insurance in an amount not less than \$1 million per occurrence, which ***shall apply in total to this Project only***. If the Professional Liability insurance is written on a “claims made” basis, the Professional must maintain said policy or provide an extended period of discovery for at least three years after the final completion date of the Project and the Professional must provide the MCIP Administrator with certificates of insurance evidencing such coverage until this obligation has been fulfilled.

(7) Independent Obligations:

The contractor’s insurance obligations contained in this Section K are separate from and in addition to the contractor’s indemnification obligations contained in the construction Contract.

All insurance policies shall be provided by a company or companies with a rating of not less than “A-” and “Class VII” in the last available Best’s Rating Guide. The limits of liability shown for each type of insurance coverage to be provided by the contractor pursuant hereto shall not be deemed to constitute a limitation of the contractor’s liability for claims hereunder or otherwise.

If the contractor fails to purchase, or fails to continue in force until completion of the Project work, insurance in the amounts indicated above, The School District of Palm Beach County may purchase such insurance and the cost thereof shall be borne by the contractor, and may be deducted from any amounts owed by the Project to the contractor.

L. Certificates of Insurance

Certificates of insurance acceptable to the MCIP Administrator shall be filed with the MCIP Administrator after receipt of the Notice of Contract Award to the contractor and prior to commencement of the Project work. All required insurance should be maintained without interruption from the date of commencement of the Project work until the date of the final payment. These certificates and the insurance policies required by Section K shall contain a provision that coverages afforded under the policies will not be materially modified or allowed to expire until at least thirty (30) days’ prior written notice has been given to the Project, with a copy to the MCIP Administrator. The provisions of this Section shall apply to all policies of insurance required to be maintained by the contractor pursuant to the Contract Documents.

M. Other Insurance

Any type of insurance or any increase of limits of liability not described in Section K, which the contractor requires for its own protection or on account of any statute, shall be its own responsibility and its own expense.

N. Lower Tiered Subcontractor Participation

Upon execution of a subcontract, the hiring contractor will immediately report all new lower tiered subcontractors to the CM/GC, who will notify the MCIP Administrator for enrollment in the MCIP. If the hiring Subcontractor does not reveal the lower tier subcontractors, 4% will be taken from the final CV of the hiring contractor at close out. The hiring subcontractor is responsible to hold credits from the Lower-Tier upon close out. The contractor shall incorporate all the provisions of this

insurance section in any subcontractor agreement and shall cause its subcontractors to cooperate fully with The School District of Palm Beach County/the Project, the MCIP Administrator, and insurance companies for the Project in the administration of the MCIP. All contractors agree to cooperate in the safety and accident prevention program and claims handling procedures as established for the Project by The School District of Palm Beach County/the Project. The CM/GC shall not permit any contractor to enter a Project site prior to enrollment in the MCIP unless it is ineligible to participate in the MCIP and is covered by its own insurance, and has provided an acceptable certificate of insurance to the MCIP Administrator. Failure to do so shall negate the afforded coverage(s).

O. Waiver of Subrogation

The contractor waives all rights of subrogation and recovery against The School District of Palm Beach County/the Project and other contractors of all tiers to the extent of any loss or damage, which is insured under the MCIP. Notwithstanding the foregoing and not by way of limitation of the same, the contractor waives its rights of subrogation and recovery for damage to any property or equipment against The School District of Palm Beach County/the Project and other contractors of all tiers. The Project Management/CM/GC shall require all contractors, of all tiers, to similarly waive their rights of subrogation and recovery in each of their respective construction contracts with respect to their work.

P. No Release

The provision of the MCIP by The School District of Palm Beach County/the Project shall in no way be interpreted as relieving any contractor of any other responsibility or liability under this agreement or any applicable law, statute, regulation, or order.

Q. MCIP Definitions

<i>Owner</i>	The School District of Palm Beach County, Florida
<i>Sponsor</i>	The Florida League of Cities 125 E. Colonial Drive Orlando, FL 32853
<i>Project</i>	As defined in the contract documents.
<i>MCIP</i>	An insurance program under which Workers’ Compensation, Employer’s Liability, Commercial General Liability, and Excess Liability are provided on a construction project “wrap-up” basis for contractors of any tier that have been properly enrolled, while performing operations at the construction project sites.
<i>Insured</i>	The School District of Palm Beach County, the Project, Construction Manager/General Contractor, and subcontractors of any tier that are enrolled in the MCIP and that have been named in a policy, certificate of insurance, or advice of insurance.
<i>Insurer</i>	MCIP (Workers’ Compensation and General Liability)..... ACE USA Excess Liability AIG

<i>MCIP Administrator</i>	The School District of Palm Beach County MCIP Administration: Attention of..... Cordia Murphy Phone (toll-free)..... (866) 903-0884 Fax (866) 701-0885 E-Mail cmurphy@flcities.com
<i>Project Site</i>	As defined in the contract.
<i>Onsite Activities</i>	Those activities at the Project Site or emanating there from, such as adjacent sidewalks, streets, and contiguous areas. The MCIP does not provide insurance coverage for permanent yards or other locations of any contractor. The MCIP does not cover transportation to or from the worksite.
<i>Eligible Contractor</i>	Eligible contractors include those providing direct labor on the Project site. Temporary labor services and leasing companies are to be treated as subcontractors.
<i>Ineligible Contractor</i>	The MCIP does not cover consultants, suppliers (that do not perform or subcontract installation), asbestos removal or any other environmental abatement contractors, demolition contractors using explosives, vendors, materials dealers, guard services, janitorial services, haulers, truckers (including trucking to the construction project where delivery is the only scope of work performed), and other temporary project services (not including temporary labor services). Contractors with a contract value under \$25,000, or working onsite for a total of 2 days or less, may not be included at the discretion of MCIP Administrator.
<i>Certificate of Insurance</i>	Written evidence of the existence of coverage terms of a particular insurance policy provided on an Acord form.

Only winning bidder needs to complete

FORM A
Contractor's Insurance Information

SECTION I

Contractor	<input type="text"/>	Federal ID#	<input type="text"/>	
Address	<input type="text"/>	State/Other ID#	<input type="text"/>	
City, State, Zip	<input type="text"/>		<input type="text"/>	
Contact	<input type="text"/>	Phone	<input type="text"/>	
Email	<input type="text"/>	Fax	<input type="text"/>	
Project Site	<input type="text"/>		Cell	<input type="text"/>
Work Desc.	<input type="text"/>		Pager	<input type="text"/>
Start Date	<input type="text"/>	Completion Date	<input type="text"/>	

BUSINESS TYPE: Corporation S. Corp. Sole Prop. Partnership Ltd. Partnership

Are you subcontracting out any work? Yes No
If yes, please complete Section II of Form B

Are you a Lower-Tier Subcontractor? Yes No
If yes, for what subcontractor? _____

Note: If you have Lower-Tier subcontractors you are responsible for identifying who they are, they must complete Forms A, B, and C and enroll. 4% will be taken from your CV if you do not identify your Lower Tier Subcontractors.

SECTION II

Workers' Compensation:

Your Workers' Comp Insurer _____
Rating Date _____ Experience Modification _____

Liability:

Your General Liability Insurer _____
Your Umbrella (Excess) Insurer _____

Insurance Agent/Broker Information:

Agency: _____
Address: _____
City, State, Zip _____
Contact _____
Phone _____ Fax _____

Contractor
Signature: _____ Date: _____

After completion, fax Forms A, B, and C to 866-701-0885

Only winning bidder needs to complete

FORM A
EXCLUDED SUBCONTRACTORS
ONLY
SECTION I

Subcontractor:			
Address:			
City, State, Zip:			
Phone:		Fax:	
Contact:		Cell Phone:	
Federal ID #:		E-Mail:	
Project Name:			
Work Description:			
Your Anticipated Class Codes:	Estimated Payroll		
Start Date:	Estimated Contract Value:		
End Date:			

Business Type: Corporation S Corp Sole Prop Partnership Limited Partnership

Are you subcontracting out any work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, please complete Section II of Form B</i>				
Are you a Lower-Tier Subcontractor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, for what contractor?				
Are you using a Leasing Company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, name Leasing Co.				
Are you using Temporary Labor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, name Temp Company.				

Note: All Lower-Tier subcontractors must complete Forms A, B, and C.

SECTION II

Worker's Compensation:

Your Workers' Comp Insurer: _____

Rating Date: _____ Experience Modification: _____

Liability:

Your General Liability Insurer: _____

Your Umbrella (Excess) Insurer: _____

Insurance Agent/Broker Information:

Agency: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone: _____ Fax: _____

Contractor Signature: _____ Date: _____

Only winning bidder needs to complete

FORM C
Absolute Assignment and Agreement Form

Name of Project: _____

Audit Rights

In the event the undersigned subcontractor or lower tiered subcontractor is awarded a contract, such party will permit The School District of Palm Beach County or its representative to inspect the insurance policies, audit methods, and rates used in determining any insurance premium deduction, credit, or alternate cost item proposed or accepted by The School District of Palm Beach County or any subcontractor. Requests for inspection of any policies or payroll records will be made in writing ten (10) days in advance of any review, which will be conducted at the Project site or at the office of The School District of Palm Beach County or its representative near the site.

Assignment

The undersigned subcontractor or lower tiered subcontractor hereby assigns, transfers and sets over absolutely unto The School District of Palm Beach County all rights, title, and interests to any and all returns of premium, dividends, discounts, or other adjustments, including retrospective adjustments to The School District of Palm Beach County. This assignment shall pertain to The School District of Palm Beach County's Master Owner-Controlled Insurance Program ("MCIP") policies as now written and as subsequently modified, rewritten, or replaced in MCIP insurance company(s), including any additional amount or coverage as a result thereof. The undersigned contractor or subcontractor also assigns its rights on cancellation of all insurance policies provided, to the undersigned, by The School District of Palm Beach County. This assignment is only valid for insurance policies whose premium has been paid by The School District of Palm Beach County.

If the undersigned subcontractor or lower tiered subcontractor shall subcontract any part of the contracted work, the undersigned shall require each subordinate contractor to execute a similar assignment in favor of The School District of Palm Beach County.

Deduction for Insurance Agreement

The TOTAL DEDUCTION specified on Form B represents the amount of insurance cost the undersigned subcontractor or lower tiered subcontractor would require in addition to the 'Net Rate Charge' should The School District of Palm Beach County or its representatives elect not to furnish the specified insurance via an MCIP, including: Workers' Compensation, General Liability, and Excess Liability. In the event the undersigned subcontractor or lower tiered subcontractor is not enrolled in the MCIP, the TOTAL DEDUCTION amount, and only that amount, will be added back to the 'Net Contract/Bid/RFP Amount or Net Rate Charge' as an item, subject to any changes in scope of work and/or specifications. The total deduction is subject to adjustment based on final payroll.

Compliance

The undersigned subcontractor or lower tiered subcontractor hereby agrees that all The School District of Palm Beach County requirements will be met on a timely basis, including, but not limited to, enrollment documents for subcontractors, monthly payroll and work-hour report maintenance, and evidence of offsite coverages, loss control recommendations and requirements, prompt claims reporting, Return to Work and Drug Policy.

Company Name: _____

Signature: _____ Date: _____

Print: _____

After completion, fax Forms A, B, and C to 866-701-0885

Only winning bidder needs to complete

FORM E
Notice of Work Termination Form

Contractor	<input type="text"/>	Federal ID#	<input type="text"/>
Address	<input type="text"/>	State/Other ID#	<input type="text"/>
City, State, Zip	<input type="text"/>		<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Project Site	<input type="text"/>		
Work Desc.	<input type="text"/>		
Start Date	<input type="text"/>	Completion Date	<input type="text"/>
Original Contract Value	<input type="text"/>	Change Order Amount	<input type="text"/>
Final Contract Value	<input type="text"/>		<input type="text"/>
Final Contract payroll	<input type="text"/>		<input type="text"/>

We hereby verify that all contract work (including the work of lower tiered subcontractors) has been completed and all payrolls have been submitted.

Contractor
Signature _____ Date _____

TO BE SUBMITTED TO CM/GC FOR COMPLETION

The above-referenced subcontractor has completed their work under their contract with our firm on the above date.

GC/CM
Signature: _____ Date: _____

Print
Name: _____

CM/GC
Company
Name: _____

CM/GC: PLEASE RETURN BY FAX TO 866-701-0885.

Only winning bidder needs to complete

**FORM F
CHANGE ORDER
Contractor's Insurance Calculation**

SECTION I

Contractor:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Project Site:	
Contract #:	
Change Order Amount:	Estimated Work Hours:
Estimated Payrolls:	

SECTION II (Calculate Your Insurance Premium)

Class Code	WC Trade	Work Hours	Estimated Payroll	WC Rate	Premium
A. Total Manual Premium					\$
B. Experienced Modification					
C. Adjusted Premium (A x B)					\$
D. Less: Rate Deviation					\$
E. Less: Premium Credits					\$
F. Plus: State Assessments					\$
G. Total Workers' Comp. Premium (C - D - E + F)					\$

General Liability Current Rate	Payroll or Receipts	
	H.	\$
Excess Liability Current Rate	Payroll or Receipts	
	I.	\$
J. Subtotal Deductions (G + H + I)		\$
K. Markup Amount (as a percentage of J)		\$
L. Total Deduction (J + K)		\$

I hereby warrant that this worksheet accurately reflects my projected insurance cost that would apply if my regular program were to provide coverage for this work. I also recognize that The School District of Palm Beach County/the Project or the MCIP Administrator will require copies of my actual policy pages to confirm these costs.

Contractor
Signature _____ Date _____

After completion, CM/GC to fax to MCIP Administrator at 866-701-0885.

Employee Consent Form

**School District of Palm Beach County Project Safety Program
Employee Consent**

I understand that a condition of my initial and continued assignment to a School District of Palm Beach County jobsite is compliance with the School District of Palm Beach County Drug and Alcohol-Free Jobsite policy. The policy was developed to ensure that all of the School District of Palm Beach County jobsites are drug and alcohol-free, and I hereby give my consent to, and authorize, any screening or medical procedures necessary to determine the presence and/or level of alcohol or drugs in my system. I further give my consent to the testing authority to release information regarding the results of the tests to a representative of my employer, School District of Palm Beach County, the Project, the Insurer(s), the CM, and the MCIP Administrator. I realize that my refusal to sign this form constitutes a violation of the School District of Palm Beach County Project Safety Program and, for that refusal, I cannot be assigned to any School District of Palm Beach County jobsite. I also acknowledge and understand that a positive drug test result, at any time during the time I am working at a School District of Palm Beach County jobsite, will immediately result in my removal from the jobsite and will prohibit me from working on other projects for School District of Palm Beach County.

During my assignment to a School District of Palm Beach County jobsite:

1. I hereby acknowledge receipt of a copy of, and consent to abide by, the School District of Palm Beach County Drug and Alcohol-Free Jobsite policy attached to this form as Exhibit A.
2. I consent to post-incident, reasonable suspicion, and random drug and alcohol screenings.

I further hereby release and hold harmless my employer, School District of Palm Beach County, the Project, the Insurer(s), the CM, and the MCIP Administrator, and any individual acting on their behalf, from any and all liability or claims in connection with all actions taken in accordance with the School District of Palm Beach County Drug and Alcohol-Free Jobsite policy, including the release of any drug testing results to all of the foregoing.

Date

Signature

Social Security Number

Print Name

Date of Birth

Employer

Project Name

Witness

Print Witness Name

The CM will collect and maintain this original completed and signed form, for its own employees and for all Contractors' employees, as they are assigned to the Project, and will provide copies of this signed form and Exhibit A attached to each employee.

- Employee Consent Form, Exhibit A

Exhibit A

School District of Palm Beach County Drug and Alcohol-Free Jobsite Policy

This Project is a drug and alcohol-free jobsite. The Construction Manager, Contractors, and all Contractors of every tier will maintain a drug and alcohol-free environment for this Project. **Prior** to any employee commencing work on the jobsite, the Construction Manager will obtain, and maintain on file, a signed Employee Consent Form (Attachment 5, Section 13.5 of the School District of Palm Beach County Project Safety Manual) for all employees of all Contractors and Contractors of every tier.

Each Contractor is responsible to ensure that its Contractors of every tier test their employees prior to reporting to work on the jobsite in order to maintain a drug and alcohol-free jobsite. The Construction Manager and any Contractor and Contractor employees may be tested randomly or for reasonable suspicion, as appropriate, throughout the construction process.

This policy is to be used in conjunction with the Contractor's own drug and alcohol program and in accordance with the Contract.

In addition, it is mandatory that a drug and alcohol screen be performed on **all** employees involved in an incident where an employee:

1. Receives an on-the-job injury, requiring medical attention.
2. Receives an on-the-job injury, but waives medical attention.
3. Injures another employee.
4. Utilizes unsafe work practices.
5. Causes damage to property.
6. Is involved in a "near hit" incident.

Screening will be performed by an authorized provider. All post-incident screenings will be performed by the medical provider that the injured employee was dispatched to, or as otherwise mandated by School District of Palm Beach County or Project management. Costs associated with post-incident screening will be borne by the employer.

Refusal to sign the Employee Consent form, refusal to submit to a drug or alcohol test, or receipt of a positive test result will result in the removal of the employee from the Project site and will prohibit that employee from working on other projects for the School District of Palm Beach County. It is the duty and obligation of the employer to automatically remove an employee who refuses to sign the Employee Consent form, submit to a test, or who receives a positive test result, regardless of the circumstances that deemed the test necessary.

Each worker is to keep a copy of this page for his/her own records and reference.

Sample Offsite Certificate of Insurance (for Contractors Enrolled in the MCIP)

ACORD	CERTIFICATE OF INSURANCE	DATE (mm/dd/yy)			
PRODUCER [INSURANCE AGENT'S NAME] [ADDRESS] [CITY, STATE ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
		COMPANIES AFFORDING COVERAGE			
INSURED [YOUR COMPANY NAME] [ADDRESS] [CITY, STATE, ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]		COMPANY A [INSURANCE COMPANY NAME] (A-, Class VII or better)			
		COMPANY B [INSURANCE COMPANY NAME] (A-, Class VII or better)			
		COMPANY C			
		COMPANY D			
COVERAGES 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.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU PROPERTY DAMAGE	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person)
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS " SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY -EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	<input checked="" type="checkbox"/> WC STATUS <input checked="" type="checkbox"/> OTHER STATUTORY LIMITS \$ EL EACH ACCIDENT \$ 500,000 EL DISEASE-POLICY LIMIT \$ 500,000 EL DISEASE-EA EMPLOYEE \$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: The School District of Palm Beach County, its subsidiaries and their respective officers, employees, and agents, and [CONSTRUCTION MANAGER NAME] shall be covered as additional insureds, ATIMA, on all policies. Waiver of subrogation is included in favor of the School District of Palm Beach County on the Workers' Compensation Policy. No General Liability/Workers' Compensation coverage is provided for claims on the School District of Palm Beach County [PROJECT SCHOOL NAME] project site.					
CERTIFICATE HOLDER The School District of Palm Beach County Project: [PROJECT SCHOOL NAME] C/O: The Florida League of Cities 125 E. Colonial Drive Orlando, FL 32853 Fax : (866) 701-0885 Email: cmurphy@flcities.com				CANCELLATION SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30-DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE	
ACORD 25-S (1/95)				ACORD CORPORATION 1988	

Sample Certificate of Insurance (for Contractors Excluded from the MCIP)

ACORD	CERTIFICATE OF INSURANCE	DATE (mm/dd/yy)				
PRODUCER [INSURANCE AGENT'S NAME] [ADDRESS] [CITY, STATE ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		COMPANIES AFFORDING COVERAGE				
INSURED [YOUR COMPANY NAME] [ADDRESS] [CITY, STATE, ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]		COMPANY A [INSURANCE COMPANY NAME] (A-, Class VII or better)				
		COMPANY B [INSURANCE COMPANY NAME] (A-, Class VII or better)				
		COMPANY C [INSURANCE COMPANY NAME] (A-, Class VII or better)				
		COMPANY D [INSURANCE COMPANY NAME] (A-, Class VII or better)				
COVERAGES						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU PROPERTY DAMAGE	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS " SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY -EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	<input checked="" type="checkbox"/> WC STATUS <input checked="" type="checkbox"/> OTHER STATUTORY LIMITS	\$
					EL EACH ACCIDENT	\$ 500,000
					EL DISEASE-POLICY LIMIT	\$ 500,000
					EL DISEASE-EA EMPLOYEE	\$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: The School District of Palm Beach County, its subsidiaries and their respective officers, employees, and agents, and [CONSTRUCTION MANAGER NAME] shall be covered as additional insureds, ATIMA, on all policies. Waiver of subrogation is included in favor of the School District of Palm Beach County on the Workers' Compensation Policy.						
CERTIFICATE HOLDER] The School District of Palm Beach County Project: [PROJECT SCHOOL NAME] C/O: The Florida League of Cities 125 E. Colonial Drive Orlando, FL 32853 Fax : (866) 701-0885 Email: cmurphy@flcities.com				CANCELLATION SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30-DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)				ACORD CORPORATION 1988		