Lee County Board Of County Commissioners Agenda Item Summary

Blue Sheet No. 20050429

RECEIVED BY

COUNTY ADMIN:

FORWARDED TO:

- 1. Action Requested/Purpose: Approve and authorize the Chairman to sign Change Order No. 1 to the Professional Service Agreement with Burns and Roe Enterprises, Inc. (Lee Contract No. 2821) amending the amount allowed for the 'pass-through' cost for Professional Liability Insurance as provided for in the original agreement to \$300,756.00.
- 2. What Action Accomplishes: Allows Burns and Roe to pass on to Lee County the actual cost for liability insurance in accordance with the agreement. Note: The final cost of liability insurance was not known upon execution of the agreement and an allowance of \$100,000.00 was initially estimated.
- 3. MANAGEMENT RECOMMENDATION: Staff recommends approval of Action Requested.

TO 04-26-05.

Denied

Other

4. Departmental Category:		8 C	5. Meeting Da	te: 016- 26 2005
6. Agenda:	7. Requirement/Pr	irpose: <i>(specif</i> y	8. Request Init	
X Consent	Statute	F	Commissioner	
Administrative	Ordina	nce	Department	Public Works
Appeals	X Admin.		Division	Solid Waste
Public	Other			ndsey J. Sampson
Walk-On				1 / 1
9. Background:				1.12
The Professional Service Agreer associated cost for premiums to at \$100,000.00. Upon execution \$335,756.00. B&R has agreed to compared to the original estimate change required for the Agreement	be 'passed-through' of the Agreement, to pay \$35,000.00, or e. This results in a r	to the County. the best insurar approximately	The original estimate fonce premium cost that way 10% of this premium be	r the premiums was established s made available to B&R was ecause of the large discrepancy as
Funds are available in Account: Attachments: 1) Invoice from B				
10. Review for Scheduling:				
Department Purchasing I	Human esources Other	County Attorney	Budget Service	County Manager/P.W. Director
7.70.03	1. A 13/8/cs	A	nalyst Risk Grant	5 Mgr. Sauch 3 3 30.05
11. Commission Action: Approved Deferred on 04-12-	05 FOR TWO (2) WE	EKS Rec. by	CoAtty	•

MARSH

Marsh USA Inc. Morristown, NJ - 224 (973) 401-5000

Invoice No. 232595

ORIGINAL INVOICE

Date:

10/01/04

Mr. Mike Marcopoto BURNS AND ROE ENTERPRISES, INC. 800 Kinderkamack Road Oradell, NJ 07649

Effective Date	Expiration Date	Client No.
10/01/04	3/01/07	J06970

Policyholder:

BURNS AND ROE

ORIGINAL

Billing Effective Date: 10/01/04

tnsurer (Policy No.	Type of Coverage / Item	Amount
LEXINGTON INS	3758415	GEN LIABILITY PREMIUM	335,756.00
		REMIT IN: UNITED STATES	DOLLARS
	ARCHITECTS & ENGI LEE COUNTY	NEERS PROFESSIONAL LIABILITY -	
		BRE CONTRIBUTION	35,000.00
			300,756.00
Please Indicate on your remitta	Invoice # 232595 ince to:		
Marsh USA Inc. P.O. Box 19643			
Newark, NJ 071	95-0643	TOTAL:	335 ,756.0 0

Marsh is compensated for the services it provides to insureds in the form of transaction fees and/or commissions. In addition to such compensation and to any wholesale brokerage agreements are based upon such factors as the overall volume, growth, and in limited cases profitability, of the total business placed by Marsh with a given insurer during the relevant period.

ATTAChMENT 2.

- (B) Such additional requirements as are set forth in Articles 14.1 and 14.2 hereinabove.
- (C) ENGINEER will secure Project specific Professional Liability (Errors and Omissions) policy for the full term of this Agreement with "tail coverage" for a period of twenty-four (24) months following completion of ENGINEER's Services. The policy shall maintain a maximum deductible of one hundred thousand dollars (\$100,000.00). The cost for such policy may be included in the ENGINEER's fees pursuant to Exhibit B. In addition, ENGINEER shall provide the following certification:

On December 31 of each year through the Warranty period, the Chief Financial Officer of the ENGINEER shall provide a certification that (1) sufficient funds are currently available and (2) sufficient funds are forecast to the be available over the next twelve (12) months under the ENGINEER's line of credit to fully fund the deductible of one hundred thousand dollars (\$100,000.00) under the Project specific Professional Liability insurance program.

(D) The Professional Liability Insurance Policy issued pursuant to the above requirements and limits shall be primary ENGINEER shall provide the COUNTY with a Certificate of Insurance evidencing coverage for the duration of the Agreement and the "tail coverage." If an extension of coverage becomes necessary, ENGINEER shall provide evidence of such extension.

14.4 Builder's All Risk Insurance

The COUNTY shall require its GENERAL CONTRACTOR to secure a Builder's All Risk ("BAR") insurance policy providing coverage for all risks of loss and physical damage to equipment and material sustained during installation, construction, testing, transit, and while stored off-site, including loss or damage arising from faulty materials, workmanship, or design, until commercial operation (Acceptance). Said policy shall be written with replacement cost limits. ENGINEER shall be liable for payment of the BAR deductible if loss or damage to property results solely from ENGINEER's errors, omissions, or negligence. The BAR deductible shall not exceed two hundred fifty thousand dollars (\$250,000.00).

ARTICLE 15.00 - DUTIES AND OBLIGATIONS IMPOSED ON THE ENGINEER

The duties and obligations imposed upon the ENGINEER by this Agreement and the rights and remedies available hereunder shall be in addition to, and not a limitation of, any otherwise imposed or available by Applicable Law.

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

	sk Authorizatio	HTTALANCA n	- 3	NO.: <u>1</u>
(A Change Order or Expenditures Under \$50,000 or Approval b	⊅25.UUU or Ar	oproval by the Count	v Manager for	oval by the Department Director for Expenditures Between \$25,000 and ures over \$50,000)
CONTRACT/PROJEC	T NAME: <u>Des</u>	ign, Engineering & Pr	ocurement Servi	ces for the WTE Expansion Project
CONSULTANT: Burns				DJECT NO.: <u>2069</u> 23
SOLICIT NO.: CN 04-	<u>02</u>		CONTRACT	
REQUESTED BY: Lee	e County			QUEST: <u>June 22, 2004</u>
Upon the completion the Consultant/Provide	and execution er is authorized	of this Change Orde to and shall proceed	r or Supplement with the followir	al Task Authorization by both parties
EXHIBIT "CO/STA-A:	SCOPE OF P	ROFESSIONAL SER	VICE:	DATED: No Change
EXHIBIT "CO/STA-B:	COMPENSAT	TON & METHOD OF	PAYMENT:	DATED: <u>3/15/05</u>
EXHIBIT "CO/STA-C:	TIME AND SO	CHEDULE OF PERFO	RMANCE:	DATED: No Change
EXHIBIT "CO/STA-D:		T'S/PROVIDERS ASS _TANT(S)/SUB-CONT		DATED: <u>3/15/05</u>
EXHIBIT "CO/STA-E:	PROJECT GU	JIDELINES AND CRIT	ERIA:	DATED: No Change
It is understood and constitutes an accord a	agreed that and satisfaction	the acceptance of to acceptance of the acceptanc	his modification	by the CONSULTANT/PROVIDER COUNTY APPROVAL:
Rv:		Du:		
By: Department Director	Date	By: Consultant/Provide (Print Name)		By: Department Director (Print Name) (Under \$25,000)
By:		Date Accepted:		Date Approved:
Contracts Mgmt APPROVED:		Corporate Seal		By: County Manager (Between (\$25,000 and under \$50,000)
By: *County Attorney's Offic	ce Date			Date Approved:
*County Attorney signator over Board level exp	ture needed	y.		By: Chairman Board of County Commissioners Date Approved:

CMO:023:09/25/01

CHANGE ORDER AGREEMENT No. 1		
SUPPLEMENTAL TASK AUTHORIZATION No.		
	_	EXHIBIT "CO/STA-B"
		Date: <u>3/15/05</u>
COMPENSATION AND METHOD OF PAYMENT		
<u>for</u>		

SECTION 1.00 CHANGE(S) IN COMPENSATION

The compensation the CONSULTANT, or SERVICE PROVIDER, shall be entitled to receive for providing and performing the supplemented, changed or authorized services, tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto shall be as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "S/COA-A". In accordance with Professional Services Agreement Article 5.03(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

			1 - II -	
Task Number	Task Title	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)
6	Allowance for purchase of specific insurance requirements (i.e. reduction of deductible for E&O insurance from \$500,000 to \$100,000) as set forth in Section 14.3.4 (Change allowance from \$100,000 to \$300,756 Total)	\$200,756.00	NTE	WIPP
TOTAL	is continued on part page)	\$200,756.00	NTE	

(Unless list is continued on next page)

☐ CHANGE ORDER AGREEMENT No. 1	
SUPPLEMENTAL TASK AUTHORIZATION No.	

SECTION 2.00 SUMMARY OF CHANGE(S) IN COMPENSATION

Pursuant to and in consideration of the change(s) in the Scope of Professional Services set forth in the CHANGE ORDER or AGREEMENT, Exhibit "CO/STA-A", the compensation the COUNTY has previously agreed to pay to the CONSULTANT, or SERVICE PROVIDER, as set forth in Exhibit "B" of the Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

	<u></u>				
Section/Task Number	Section/Task Name	Compensation In the Basic Agreement	Adjustment(s) by Previous CO or STA Nos.	Adjustment(s) Due to this CO or STA	Summary of Changed Compensatio
6	Insurance Pass- through Cost	\$100,000.00	N.A.	\$200,756.00	\$300,756.00
			·		
					
TOTAL		\$100,000.00		\$200,756.00	\$300,756.00

CMO:026 09/25/01

CHANGE ORDER AGREEMENT No. 1	
SUPPLEMENTAL TASK AUTHORIZATION No	EXHIBIT "CO/STA-D"
	Date: 3/15/05

CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB-CONSULTANT(S) AND SUBCONTRACTOR(S)

for Design, Engineering, and Procurement Services for the WTE Expansion Project

CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.

(If none, enter the word "none" in the space below.)

Service and/or Work to be Provided or Performed	Name and Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise, (If Yes, Indicate Type)			Sub-Consultant Services are Exempted from Prime Consultant=s Insurance Coverage		
Engineering Servides	Ash Engineering Tampa, Florida	Yes	No	Type W	Yes	No	