

Meeting Date: July 26, 2011

Agenda Item 9

REQUESTED COMMISSION ACTION:

Consent Ordinance Resolution Consideration Workshop

SHORT TITLE OR MOTION: A RESOLUTION APPROVING AND AUTHORIZING PROPER CITY OFFICIALS TO EXECUTE A REVOCABLE LICENSE AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND AECOM TECHNICAL SERVICES, INC. AT 1530 EAST SAMPLE ROAD.

Summary of Purpose and Why:

AECOM Technical Services Inc. has been contracted to monitor groundwater as a part of the Remedial Action Plan Modification for the Dry Cleaning Depot at 1530 East Sample Road. As part of the plan a groundwater monitoring well needs to be placed in the alley to the south of the property. The alley is owned by the City of Pompano Beach.

QUESTIONS TO BE ANSWERED BY ORIGINATING DEPARTMENT:

- (1) Origin of request for this action: Staff
- (2) Primary staff contact: Robert McCaughan, Alessandra Delfico Ext. 4097/4144
- (3) Expiration of contract, if applicable: N/A-
- (4) Fiscal impact and source of funding: N/A

DEPARTMENTAL COORDINATION	DATE	DEPARTMENTAL RECOMMENDATION	DEPARTMENTAL HEAD SIGNATURE OR ATTACHED MEMO NUMBER
Engineering	<u>7-13-11</u>	Approved	<u>[Signature]</u>
Public Works	<u>7/14/11</u>	APPROVED	<u>[Signature]</u>
Attorney	<u>6/28/2011</u>	Approved	<u>Memo 2011-1308</u>
Finance	<u>7/18/2011</u>	Approved	<u>A. Seayuse</u>

- Advisory Board
- Development Services Director
- City Manager

[Signature]

ACTION TAKEN BY COMMISSION:

<u>Ordinance</u>	<u>Resolution</u>	<u>Consideration</u>	<u>Workshop</u>
1st Reading _____	1st Reading _____	Results: _____	Results: _____
2nd Reading _____	_____	_____	_____
_____	_____	_____	_____

RESOLUTION NO. 2011-_____

CITY OF POMPANO BEACH
Broward County, Florida

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A REVOCABLE LICENSE AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND AECOM TECHNICAL SERVICES, INC.; PROVIDING AN EFFECTIVE DATE.

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1. That an Agreement between the City of Pompano Beach and AECOM Technical Services, Inc., a copy of which Agreement is attached hereto and incorporated by reference as if set forth in full, is hereby approved.

SECTION 2. That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and AECOM Technical Services, Inc.

SECTION 3. This Resolution shall become effective upon passage.

PASSED AND ADOPTED this _____ day of _____, 2011.

LAMAR FISHER, MAYOR


ATTEST:

MARY L. CHAMBERS, CITY CLERK



City Attorney's Communication #2011-1308

June 28, 2011

TO: Alessandra Delfico, P.E., City Engineer
FROM: Jill R. Mesojedec, FRP, Paralegal
VIA: Gordon B. Linn, City Attorney 
RE: Revocable License Agreement – AECOM Technical Services, Inc.

Pursuant to your memorandum dated June 27, 2011, Engineering Department Memorandum No. 11-201, the above-referenced Agreement has been prepared and is attached at this time along with the appropriate Resolution captioned as follows:

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A REVOCABLE LICENSE AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND AECOM TECHNICAL SERVICES, INC.; PROVIDING AN EFFECTIVE DATE.

Please feel free to contact me if I may be of further assistance.



JILL R. MESOJEDEC

/jrm
l:cor/engr/2011-1308

Attachments

REVOCABLE LICENSE AGREEMENT

THIS AGREEMENT, made this _____ day of _____, 2011, by
and between:

CITY OF POMPANO BEACH, a municipal corporation of the
State of Florida, hereinafter referred to as "CITY,"

and

AECOM TECHNICAL SERVICES, INC., a California
corporation, hereinafter referred to as "LICENSEE."

WITNESSETH:

WHEREAS, LICENSEE desires to obtain from CITY a license to use certain CITY right-of-way property for the purpose of installing, operating and maintaining one (1) groundwater monitoring well, located in an alley right-of-way near the location known as 1530 East Sample Road, Pompano Beach, Florida.

WHEREAS, inasmuch as the use of said CITY property by LICENSEE for this restricted purpose will not interfere with the rights enjoyed by the public and will be without cost to the public either directly or indirectly.

NOW, THEREFORE, in consideration of the foregoing and mutual covenants and conditions hereinafter contained, it is agreed by the parties hereto as follows:

1. CITY hereby grants to LICENSEE and LICENSEE hereby accepts from CITY a license to use a portion of the alley right-of-way property near the location commonly known as

1530 East Sample Road, for the purpose of installing, operating and maintaining one (1) groundwater monitoring well in and under the property shown on the site plan and description attached hereto and designated as Exhibit "A" and incorporated in this License Agreement. It is expressly agreed and understood between the parties that no above-ground rights are granted to LICENSEE except when installing, maintaining and monitoring the underground well. All work of installation, maintenance, land restoration and clean-up shall be done to the satisfaction of the Public Works Administrator of CITY.

2. LICENSEE agrees that it shall submit its site plan or location plan and blueprints or other documentation as is usually required by the Building Department and the Public Works Department of CITY for the issuance of a permit, and the granting of this license does not in any way waive any other building or construction ordinances, fees, or requirements of CITY.

3. This license shall continue from day to day commencing on the date of execution hereof by all parties for five (5) years or until terminated in accordance with provisions hereinafter stated.

4. LICENSEE agrees to pay CITY as compensation for this License the sum of One (\$1.00) Dollar per annum. Receipt of the first payment of One (\$1.00) Dollar is hereby acknowledged.

5. This license may, at the option of LICENSEE with the consent to CITY, be renewed from year to year after the initial term upon payment by LICENSEE to CITY of the sum of One (\$1.00) Dollar per annum.

6. As further consideration of this License Agreement, LICENSEE further agrees to pay any taxes of whatever nature that may validly be levied against the premises or pursuant to this Agreement during the continuance of this Agreement.

7. This license may be terminated by CITY at any time, for no express reason, upon giving thirty (30) days' written notice to LICENSEE by certified mail as further provided in Paragraph 14 herein. Upon termination, LICENSEE agrees to remove at its sole expense all structures and encroachments lying in, along and under the licensed portion of the right-of-way and to restore the pavement and any modification made by LICENSEE to the licensed premises to its former condition as determined in the sole discretion of the Public Works Administrator.

8. LICENSEE specifically agrees that it will use the CITY right-of-way pursuant to this license only for the purpose of installing, maintaining and utilizing a groundwater monitoring well described herein. Further, that it will not suffer or permit the premises or any part thereof to be used for any other purpose without the express consent of CITY.

9. It is further expressly agreed by LICENSEE that it shall not make any alteration other than normal repairs and maintenance to the monitoring well permitted herein by way of increasing the size or capacity of said well or any other substantial alteration without the express written consent of CITY.

10. It is expressly understood and agreed that no real or personal property is leased to LICENSEE; that it is a LICENSEE, not Lessee; that the LICENSEE's right to occupy the right-of-way is subordinate to CITY's (or any franchisee of CITY) use of said licensed premises, and should any relocation of any public utility be necessitated at any time in the future, then LICENSEE shall relocate, if practicable, or terminate its use of the licensed premises at its own expense.

11. LICENSEE assumes all risks in the operation, installation and maintenance of the groundwater monitoring well the term of this License and any renewal located along and under the licensed premises and shall be solely responsible and answerable in damages for all accidents

or injuries to person or property arising out of or caused in the performance of any of the work done pursuant to the Agreement, or arising out of the operation and/or maintenance of said well. LICENSEE further covenants and agrees to indemnify and keep harmless CITY and its officers and employees from any and all claims (which shall include, but not be limited to, the defense of any claim and any and all costs in any judicial or quasi-judicial proceedings and for any and all damages or penalties of any kind or nature), suits, losses, damage or injury to person or property of whatsoever kind and nature, whether direct or indirect, arising out of the installation, operation and maintenance of said well or the carelessness, negligence or improper conduct of LICENSEE or any servant, agent or employee of LICENSEE.

12. LICENSEE shall procure at its own cost and expense Comprehensive General Liability Insurance coverage in an amount not less than One Million (\$1,000,000.00) Dollars combined single limit in addition to any other insurance or bond CITY may require, which insurance will protect LICENSEE, CITY, and their officers and employees from any claims for damages to property and for personal injuries, including death, which may arise on said property during the term of this agreement and any renewals. The insurance policy shall contain a sixty (60) day cancellation clause period and a Certificate of Insurance shall be furnished the CITY, naming the City of Pompano Beach as an additional insured pursuant to this Agreement, said Certificate of Insurance to be approved by the CITY's Risk Manager prior to execution of this Agreement. A copy of said Certificate is attached hereto and designated as Exhibit "B."

13. LICENSEE is not permitted to assign, transfer, convey or otherwise dispose of this license to any other person or corporation without the previous written consent of CITY. In the event of an attempt to assign, transfer, convey or otherwise dispose of this license to any

person not specifically a party to this Agreement and license, then this license shall be null and void and terminated without notice to LICENSEE.

14. Any notice required under the terms of this License Agreement must be in writing and must be sent by certified mail to the address of the party to whom the notice is to be given.

Addresses of the parties are as follows:

FOR CITY: City of Pompano Beach
Post Office Box 1300
Pompano Beach, Florida 33061-1300

FOR LICENSEE: AECOM Technical Services, Inc.
13450 W. Sunrise Blvd., Suite 200
Sunrise, Florida 33323

15. Construction and/or monitoring activities shall not commence until the LICENSEE obtains and implements a maintenance of traffic plan approved by the Broward County Traffic Engineering Division unless one is not required. A copy of the approved maintenance of traffic plan or a letter stating a plan is not required shall be submitted to the City of Pompano Beach Engineering Department, Attention Bob Lawson, 1201 N.E. 5th Avenue, Pompano Beach, Florida 33060 prior to construction.

IN WITNESS WHEREOF, the parties to this License Agreement have set their hands and seals on the day and year first above written.

"CITY":

Witnesses:

CITY OF POMPANO BEACH

By: _____
LAMAR FISHER, MAYOR

By: _____
DENNIS W. BEACH, CITY MANAGER

Attest:

MARY L. CHAMBERS, CITY CLERK

(SEAL)

Approved by:

GORDON B. LINN, CITY ATTORNEY

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2011 by **LAMAR FISHER** as Mayor, **DENNIS W. BEACH** as City Manager, and **MARY L. CHAMBERS** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who is personally known to me.

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

"LICENSEE":

Witnesses:

AECOM TECHNICAL SERVICES, INC.

[Signature]
SR. PROJ. MGR. - AECOM

By: [Signature]
Bruce Koenig
Typed or Printed Name

Title: Vice President

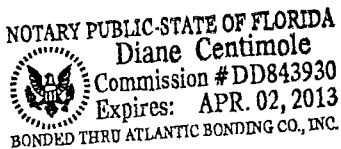
(SEAL)

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 11th day of July, 2011 by Bruce Koenig as Vice President of AECOM TECHNICAL SERVICES, INC., a California corporation licensed to do business in the State of Florida, on behalf of the corporation. He is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:



[Signature]
NOTARY PUBLIC, STATE OF Florida

DIANE CENTIMOLE
(Name of Acknowledger Typed, Printed or Stamped)

DD843930
Commission Number

GBL/jrm
6/28/11
l:agr/engr/2011-1307



AECOM
13450 West Sunrise Blvd.
Suite 200
Sunrise, Florida 33323
www.aecom.com

EXHIBIT A

954 745 7200 tel
954 745 7299 fax

June 22, 2011

Ms. Alessandra Delfico, PE
City Engineer
City of Pompano Beach
1201 NE 5th Avenue
Pompano Beach, FL 33060

Subject: Request of Revocable License Agreement within City of Pompano Beach Right-of-Way adjacent to Dry Cleaning Depot 1530 East Sample Road Pompano Beach, FL FDEP Site #: 069502082

Dear Ms. Delfico:

AECOM Technical Services, Inc., on behalf of the State of Florida, Department of Environmental Protection, requests that a revocable licensing agreement be executed to facilitate the installation of single shallow groundwater monitoring well within the rear alleyway adjacent to the Dry Cleaning Depot. This well is mandated by the approved Remedial Action Plan Modification and is needed to monitoring continuing remediation at the site.

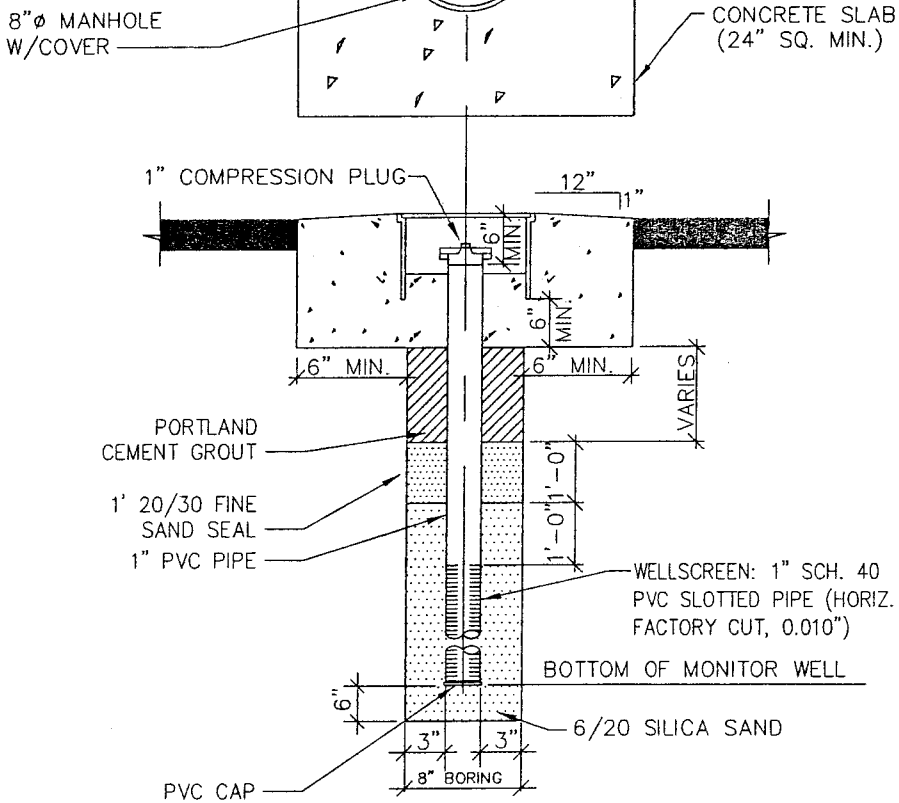
Refer to **Figure 1** for the proposed location, **Figure 2** for the monitoring well construction diagram, and **Figure 3** for the property appraisers depiction of the public right-of-way. Also provided in the insurance certificates naming the city additionally insured and the required license fee of \$965.00. If you have any questions or require additional information, please contact me directly at (954) 745-7211.

Sincerely,

Guy Frearson
Senior Project Manager

PATH/FILENAME: P:\60215980 - DRYCLEANING DEPOT\SHEETS\H\DC DEPOT SAMPLE RD MW DETAIL.DWG
 LAST UPDATE: Tuesday, June 21, 2011 2:09:17 PM
 PLOT DATE: Tuesday, June 21, 2011 2:10:11 PM

NOTE:
 COVER IS PAINTED
 WHITE WITH A
 DISTINCTIVE BLACK
 TRIANGLE IN THE
 CENTER.



DETAIL SHOWS TYPICAL HOLLOW STEM AUGER INSTALLATION. WELLS MAY ALSO BE INSTALLED BY DIRECT PUSH IN ACCORDANCE WITH GEOPROBE'S GUIDELINES. IN THE LATTER CASE, A PRE-PACK SCREEN SHALL BE USED.

WELL ID	TOP OF WELLSCREEN	BOTTOM OF WELLSCREEN
MW032	4' BLS	14' BLS

TYPICAL MONITORING WELL

NOT TO SCALE

ANSI A FLORIDA
 - 21-Jun-11

AECOM
 AECOM TECHNICAL SERVICES
 13450 W. SUNRISE BLVD., SUITE 200
 SUNRISE, FLORIDA 33323
 (954) 745-7200

CERTIFICATE OF AUTHORIZATION NO. 8115

DRYCLEANING DEPOT, 1530 EAST SAMPLE ROAD,
 POMPANO BEACH, FLORIDA FDEP ID No. 069502082

MONITORING WELL DETAIL

SCALE: NTS

DATE: 6/21/11

FIGURE 8

LORI PARRISH
BROWARD COUNTY
PROPERTY APPRAISER



- Parcels
- Aerials (2011)
- County Boundary

Folio #
484224190000

Pompano Beach ROW

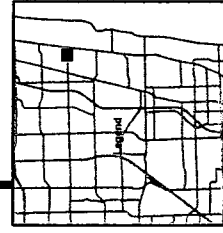
0 30 ft

Created on 5/17/2011 11:56:03 AM using ArcIMS 4.0.1 © Copyright 2003 Broward County Property Appraiser

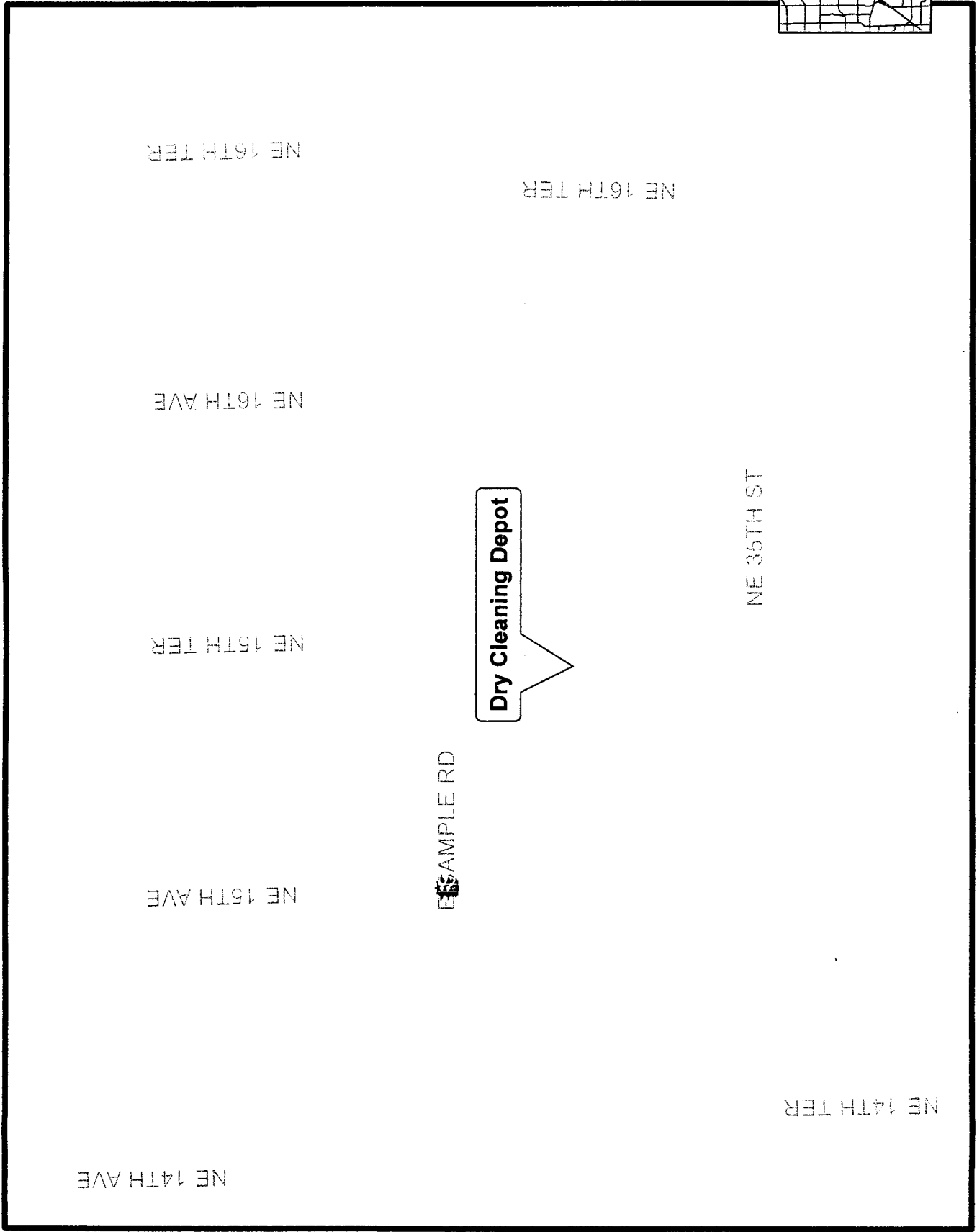
FIGURE 3



Location Map



This product has been compiled from various source data from the City of Pompano Beach. However, this product is for reference only and should not be used for any legal or engineering survey purposes. Any reliance on the information contained herein is at the user's own risk. The City of Pompano Beach assumes no responsibility for any use of the information contained herein or any data reading there from.



Dry Cleaning Depot

EXAMPLE

NE 14TH AVE

NE 15TH AVE

NE 15TH TER

NE 16TH AVE

NE 16TH TER

NE 16TH TER

NE 35TH ST

NE 14TH TER

Alessandra Delfico

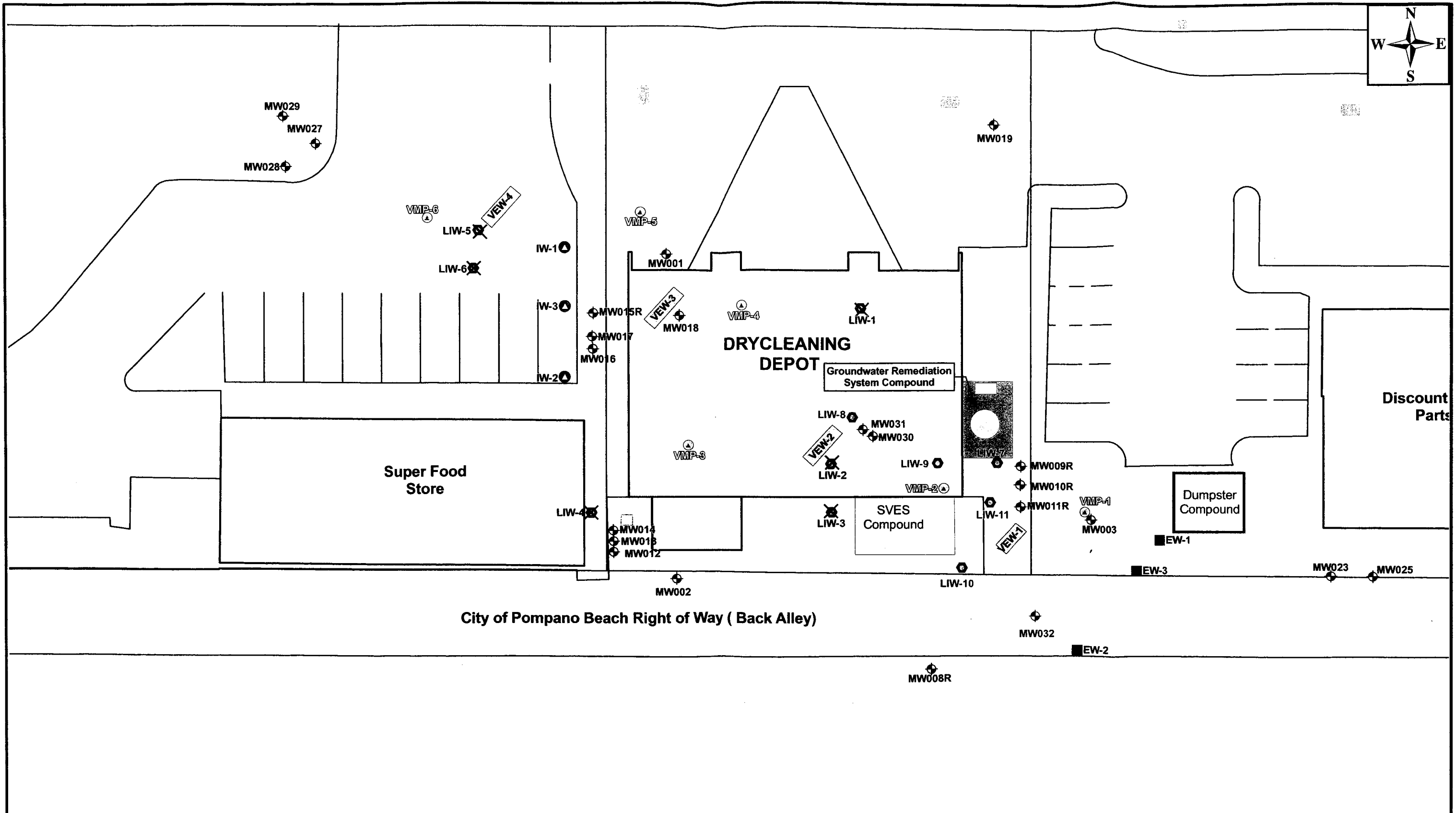
From: Eddie Beecher
Sent: Friday, June 24, 2011 2:16 PM
To: Alessandra Delfico
Cc: John Mealer
Subject: Insurance Review, AECOM Inc.

Alessandra,

Per your request, I have reviewed the certificate of insurance provided by AECOM, Inc., dated 6/23/2011. It is approved.

Thanks, Ed

Ed Beecher
Risk Manager
City of Pompano Beach
100 W. Atlantic Blvd., Suite # 219
Pompano Beach, Florida 33060
telephone: 954.786.5555
fax: 954.786.4067



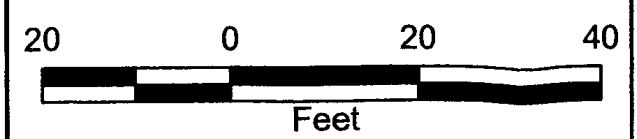
LEGEND:

- ⊕ Existing Monitoring Well Locations
- ⊙ Lactate direct injection well locations
- Extraction well locations
- ⊕ Injection well locations

- ⊗ Proposed Lactate direct injection wells to be discontinued
- ⊕ Proposed New Shallow Monitoring Well Location
- ⊙ Proposed new Lactate direct injection well locations

- Vapor Extraction Well Locations
- ⚡ Underground remediation system piping
- Vacuum Monitoring Point Locations
- Lactate Tank

Scale:



SITE PLAN
 Dry Cleaning Depot
 1530 East Sample Road
 Pompano Beach, FL
 FDEP ID No. 069502082



Figure 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 777 South Figueroa Street Los Angeles, CA 90017 Attn: Lori Bryson (213)-346-5464 06510 -AECOM-CAS-11/12 FIColl CO RBingh 0611	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Zurich American Insurance Company		16535
INSURER B :		
INSURER C : Illinois Union Insurance Co		27960
INSURER D : National Union Fire Ins Co. of Pittsburgh PA		19445
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** LOS-001463367-06 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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			GLO 5965891 03	04/01/2011	04/01/2012	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP 5965893 03	04/01/2011	04/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			25030215	04/01/2011	04/01/2012	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	ARCHITECTS & ENG. PROFESSIONAL LIAB.			EON G21654693 ""CLAIMS MADE""	04/01/2010	10/08/2011	Per Claim/Agg	3,000,000
							Defense Included	

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

INSTALLATION OF A MONITORING WELL IN THE CITY'S RIGHT OF WAY
 CITY OF POMPAÑO BEACH NAMED AS ADDITIONAL INSURED FOR GL, AL & UMB COVERAGES, BUT ONLY AS RESPECTS WORK PERFORMED BY OR ON BEHALF OF THE NAMED INSURED.

CERTIFICATE HOLDER**CANCELLATION**

City of Pompano Beach 1201 NE 5th Avenue Pompano Beach, FL 33060	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 of Marsh Risk & Insurance Services David Denihan <i>David Denihan</i>
------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

4/1/2012

DATE (MM/DD/YYYY)

6/23/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Insurance Brokers, LLC 19800 MacArthur Blvd., Suite 1250 CA License #0F15767 Irvine 92612 949-252-4400	CONTACT NAME: PHONE (A/C, No., Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Co of America		25674
INSURED 1075642 AECOM Technology Corporation AECOM Technical Services, Inc 1601 Prospect Parkway Fort Collins CO 80525-9769	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

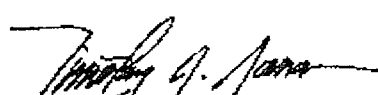
COVERAGES AECTE01 **OE CERTIFICATE NUMBER:** 11317009 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TRJUB-4245B231-11 (AZ, MA, OR, WI) TC2JUB-4245B22A-11 (All Other States)	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Notice of Cancellation applies per attached endorsement. Installation of a monitoring well in the city's right of way

CERTIFICATE HOLDER**CANCELLATION** See Attachment

11317009 City of Pompano Beach 1201 NE 5th Avenue Pompano Beach CA 33060	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 

TRAVELERS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT WC 99 06 11 (A)

POLICY NUMBER: TRJUB-4245B231-11
TC2JUB-4245B22A-11

NOTICE OF CANCELLATION

Except for non-payment of premium by you, we agree that no cancellation or limitation of this policy shall become effective until the number of days written notice specified in item 2 of the Schedule has been mailed to you and to the person or organization designated in item 1 of the Schedule at the address indicated.

SCHEDULE

1. **Name:** Any person or organization to whom you have agreed in a written contract that notice of cancellation or material limitations of this policy will be given but only if:

1. You send us a written request to provide such notice, including the name and address of such person or organization, after the first Named Insured receives notice from us of the cancellation or material limitation of this policy; and

2. We receive such written request at least 14 days before the beginning of the applicable number of days shown in this Schedule.

Address: The address for that person or organization included in such written request from you to us

2. **Number of Days Written Notice:** 30 Additional Days

City of Pompano Beach
1201 NE 5th Avenue
Pompano Beach, CA 33060

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 4/1/2011 Policy No. TRJUB-4245B231-11 Endorsement No.
TC2JUB-4245B22A-11

Insured AECOM Technology Corporation AECOM Technical Premium \$
Services, Inc
Insurance Company Travelers Property Casualty Co of America