

**AMENDMENT NO. 1 TO THE
ANNUAL TRAFFIC SIGNAL CONSTRUCTION CONTRACT
BY AND BETWEEN PALM BEACH COUNTY
AND GERELCO TRAFFIC CONTROLS, INC.**

PROJECT #2022052
R2024 0882 AUG 20 2024

This Amendment No. 1 (AMENDMENT) to the Annual Traffic Signal Construction Contract (R2022-0791), dated August 23, 2022, (CONTRACT), is made and entered into on *August 20, 2024*, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners (COUNTY), and Gerelco Traffic Controls, Inc., a Florida for Profit Corporation (CONTRACTOR) whose Federal ID is 90-0174266 (individually Party and collectively Parties).

WITNESSETH

WHEREAS, the COUNTY and CONTRACTOR entered into the CONTRACT on August 23, 2022 (R2022-0791); and

WHEREAS, Section 3 of the Special Provisions of the CONTRACT allows for extensions and other contract deviations upon mutual written agreement through a Board approved Contract Amendment, while adhering to all other original terms, conditions and unit prices of the CONTRACT; and

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


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

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT is hereby amended to increase the amount by \$5,000,000, from \$5,000,000 to \$10,000,000.
3. It is the intent of the Parties hereto that this AMENDMENT shall not become binding until the date executed by the COUNTY.
4. Except as hereby amended, changed or modified, all other provisions of the CONTRACT shall remain in full force and effect.

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

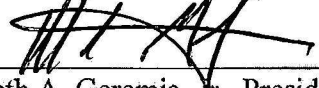
OWNER:

APPROVED AS TO TERMS
AND CONDITIONS

By: 
Motasem Al-Turk, P.E.
Director of Traffic Division

CONTRACTOR:

Gereco Traffic Controls, Inc.


Kenneth A. Geremia, Jr., President

(Corp. Seal)

ATTEST WITNESS:


Signature

O'teaka Lilly

Name (type or print)


Signature

Maria Enriquez

Name (type or print)

{SIGNATURE PAGES CONTINUED}

R2024 0882


AUG 20 2024

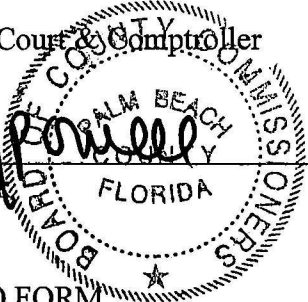
ATTEST:

Joseph Abruzzo
Clerk of the Circuit Court & Comptroller

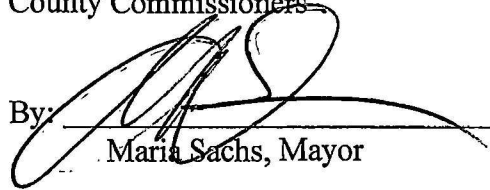
COUNTY: Palm Beach County, a Political Subdivision of
the State of Florida, by and through its Board of
County Commissioners

By:


Deputy Clerk



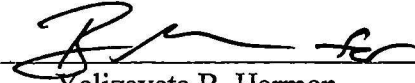
By:


Maria Sachs, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

(Seal)

By:


Yelizaveta B. Herman
Assistant County Attorney



**Palm Beach County
Compliance Summary Report**

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage
DX00000601	Gereico Traffic Control Inc.	Modified	Compliant				
		A++g , XV	Travelers Indemnity Company of America	810R216424	9/1/2023	9/1/2024	Auto Liability
		A++g , XV	Travelers Indemnity Company of America	CUP6S401289	9/1/2023	9/1/2024	Excess Liability
		A++g , XV	Travelers Indemnity Company of America	DTCO3R184643	9/1/2023	9/1/2024	General Liability
		A+r , IX	Bridgefield Casualty Insurance Company	1965155110103	9/1/2023	9/1/2024	Workers Comp

Risk Profile : Standard - Construction Services
Required Additional Insured : Palm Beach County Board of County Commissioners
Ownership Entity :



GERETRA-01

FOSTERJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2024

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

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

PRODUCER Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Patty Beck PHONE (A/C, No, Ext): (407) 998-5507 FAX (A/C, No): (407) 788-7933 E-MAIL ADDRESS: Patty.Beck@ioausa.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : The Travelers Indemnity Company of America 25666 INSURER B : Ironshore Specialty Insurance Company 25445 INSURER C : Travelers Excess and Surplus Lines Company 29696 INSURER D : INSURER E : INSURER F :	NAIC #
INSURED Gerelco Traffic Controls Inc. 683 NW Enterprise Dr. Port St. Lucie, FL 34986		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CO3R184643	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			8103R216424	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP6S401289	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Commercial			ICELLUW00101898	9/1/2023	9/1/2024	Liability \$ 2,000,000
C	Equipment Floater			6309W005262	9/1/2023	9/1/2024	Liability \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project Name: Palm Beach Annual Traffic Signal Contract Project #: 2022052
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, when required by written contract are additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER Palm Beach County 2300 N Jog Rd West Palm Beach, FL 33411	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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GERETRA-02

AZHAMNOV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/8/2023

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

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PRODUCER Collinsworth, Alter, Fowler & French, LLC 15050 NW 79th Court Suite 200 Miami Lakes, FL 33016	CONTACT NAME: PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (305) 362-2443	
	E-MAIL ADDRESS:	
INSURED Gerelco Traffic Controls, Inc 560 NW Enterprise Drive Port Saint Lucie, FL 34986	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Bridgefield Casualty Ins Co NAIC # 10335	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	X 196515110103	9/1/2023	9/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract Number: 2022052; Project Name: Palm Beach Annual Traffic Signal Construction Contract
Waiver of Subrogation applies in favor of Palm Beach County Board of County Commissioners with respects to Worker's Compensation when required by written contract.

CERTIFICATE HOLDER Palm Beach County 2300 N Jog Rd West Palm Beach, FL 33411	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver of Subrogation Applies

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

Date Prepared: July 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: September 1, 2023

Policy Number: 196515110103

Countersigned by:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a flourish.

Insured: Gerelco Traffic Controls, Inc.

WC 00 03 13 (Ed. 4-84)