

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT AWARD

Virginia Baseball Club, Inc
3916 N. Dumbarton Street, Arlington VA 22207
Attn: Michael J. Murray

DATE ISSUED: January 2, 2019
CONTRACT NO: 19-016-RFP
Provision of Summer Camp
Services for Department of
CONTRACT TITLE: Parks and Recreation

Your firm is awarded the above referenced contract. By signing below, Virginia Baseball Club, Inc ("Contractor"), a Corporation authorized to do business in Virginia, accepts the terms of the Agreement No. 19-016-RFP.

The contract documents consist of the terms and conditions of AGREEMENT No. 19-016-RFP including any attachments or amendments thereto.

EFFECTIVE DATE: Upon date of signature by the Contractor on the bottom of this page

EXPIRES: September 14, 2019

RENEWALS: Four (4) ONE (1) YEAR RENEWAL OPTIONS FROM INSERT DATES

COMMODITY CODE(S): 95283, 92476, 95295

LIVING WAGE: N

COUNTY CONTACT:

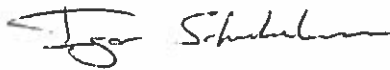
Kathryn (Katie) Salyers (DPR)
3700 South Four Mile Run Drive
Arlington, VA 22206
(703) 228-1856
Ksalyers@arlingtonva.us

CONTRACTOR CONTACT:

Michael J. Murray, President
3916 N. Dumbarton Street, Arlington VA 22207
703.698.5599
mike.murray33@verizon.net

THE COUNTY BOARD OF
ARLINGTON COUNTY, VIRGINIA

AUTHORIZED
SIGNATURE



NAME Igor Scherbakov
TITLE Procurement Officer
DATE January 2, 2019

VIRGINIA BASEBALL CLUB, INC

AUTHORIZED
SIGNATURE



NAME (Print) Michael Murray
TITLE President
DATE 1/3/19



VIRGI-3

OP ID: BD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2018

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 Russell Ins. Group, Inc. (IRI) A Subsidiary of ACNB Corp. 2526 West Liberty Road Westminster, MD 21157 International Risks Inc.	410-875-5617	CONTACT NAME: Brenda Dunn, Ext. 3007 PHONE (A/C, No, Ext): 410-875-5617 FAX (A/C, No): 410-875-5340 E-MAIL ADDRESS: BDunn@RIGInsurance.com														
INSURED Virginia Baseball Club Inc. c/o Mike Murray 3916 N. Dumbarton Street Arlington, VA 22207		<table border="1" style="width:100%"> <tr> <th style="width:80%">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%">NAIC #</th> </tr> <tr> <td>INSURER A: Philidelphia Indemnity Ins. Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philidelphia Indemnity Ins. Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

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 <input checked="" type="checkbox"/> Abuse or Molestat GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1873446	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> 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			PHUB645247	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident			PHPA024213	10/01/2018	10/01/2019	25,000

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

Re: Arlington County and its officers, elected and appointed officials, employees, and agent are Additional Insured on the General Liability in regards to work performed by this insured for them as required by written contract.

CERTIFICATE HOLDER <p style="text-align:right">ARLIN-1</p> The County Board of Arlington County, VA c/o The Purchasing Agent 2100 Clarendon Blvd #500 Arlington, VA 22201	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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