

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

NOTICE OF CONTRACT RENEWAL

JOHNSON CONTROLS FIRE PROTECTION LP
22712 COMMERCE CENTER COURT
SUITE 114
DULLES, VA 20166

DATE ISSUED: MAY 22, 2019
CURRENT REFERENCE NO: 16-342-ITBLW
CONTRACT TITLE: FIRE PROTECTION
SERVICES

**THIS IS A NOTICE OF RENEWAL OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

This is your notice that the above referenced contract has been renewed. The contract documents consist of the terms and conditions of AGREEMENT No. 16-342-ITBLW including any attachments or amendments thereto.

EFFECTIVE DATE: AUGUST 1, 2019

EXPIRES: JULY 31, 2020

RENEWALS ONE (1) ONE (1) YEAR RENEWAL OPTIONS FROM AUGUST 1, 2020 TO JULY 31, 2021

COMMODITY CODE(S): 34000

LIVING WAGE: Y

ATTACHMENTS:

AGREEMENT No. 16-342-ITBLW
AMENDMENT NUMBER 7
LIVING WAGE DOCUMENT

EMPLOYEES NOT TO BENEFIT:

**NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE
GENERAL PUBLIC.**

VENDOR CONTACT: JOSEPH 'JOE' CHESELDINE

VENDOR TEL. NO.: (443) 864-0246

EMAIL ADDRESS: JCHESELDINE@SIMPLEXGRINNELL.COM

COUNTY CONTACT: TSEHAY LIGHTFOOT (DES - FACILITIES
MANAGEMENT)

COUNTY TEL. NO.: (703) 228-7593

COUNTY CONTACT EMAIL: TLIGHTFOOT@ARLINGTONVA.US

**ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 16-342-ITB-LW
AMENDMENT NUMBER 7**

This Amendment Number 7 is made on the date of execution by the County and amends Agreement Number 16-342-ITB-LW, dated July 6, 2016, ("Main Agreement") between JOHNSON CONTROLS FIRE PROTECTION LP ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the CONTRACT TERM called for under the Main Agreement as follows:

The Contract Term is hereby renewed for the period beginning August 1, 2019 and expires July 31, 2020.

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

JOHNSON CONTROLS FIRE
PROTECTION LP

AUTHORIZED
SIGNATURE: Cynthia Davis

AUTHORIZED
SIGNATURE: [Signature]

NAME:
TITLE: Procurement Officer

NAME AND
TITLE: Robert Fulmer TSM X

DATE: May 22, 2019

DATE: 5/21/2019

LIVING WAGE FORMS

WAGE NOTICE

**THE HOURLY RATE FOR EMPLOYEES OF CERTAIN ARLINGTON
COUNTY SERVICE CONTRACTORS WORKING ON COUNTY-
OWNED OR COUNTY-OCCUPIED PROPERTY SHALL NOT BE
LOWER THAN**

\$15.00 PER HOUR

REFERENCE: ARLINGTON COUNTY PURCHASING RESOLUTION SECT. 4-103

FOR INFORMATION CONTACT:

**ARLINGTON COUNTY
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VA 22201
703-228-3410**

AVISO de SALARIO MINIMO

**EL SALARIO MINIMO POR HORA PARA LOS EMPLEADOS DE
ALGUNOS CONTRATISTAS QUE TRABAJAN EN UNA
PROPIEDAD O BIEN INMUEBLE del GOBIERNO DEL
CONDADO de ARLINGTON O CUALQUIER OTRA PROPIEDAD
QUE SEA HABITADA/OCUPADA POR OFICINAS DEL
GOBIERNO DEL CONDADO DE ARLINGTON SE HA
ESTABLECIDO QUE EL SALARIO MINIMO SERÁ DE:**

\$15.00 POR HORA

**REFERENCIA: SECCION 4-103, DE LA RESOLUCION DE LA OFICINA DEL
AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON. (ARLINGTON
COUNTY PURCHASING RESOLUTION SECTION 4-103)**

PARA MAS INFORMACIÓN SIRVASE LLAMAR A:

**LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON. 703-
228-3410.**

PARA INFORMACION EN PERSONA DIRIJASE A:

2100 CLARENDON BOULEVARD, OFFICINA No 500

ARLINGTON, VA 22201



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2019

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 Marsh USA Inc. 411 East Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: JCI.Certrequest@marsh.com CN101230596-TycoE-GAWUB-18-	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Old Republic Insurance Company		24147
INSURER B : ACE Property and Casualty Insurance Company		20699
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** CHI-009274941-01 **REVISION NUMBER: 1**

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"/> Contractual Liability <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 313947	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMPROP AGG \$ INC IN GEN AGG \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 313946 (Excludes New Hamp) MWTB 313949 (Primary NH \$250k) MWZX 313950 (Excess NH \$7.25mm) Excess NH Auto is Follow Form to Primary NH Auto	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			G28162509 003	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> 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	MWC 313943 00 (AOS - see page 2) MWXS 313944 (OH & WA)	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
	Builders Risk/ Install/ Contr. or Rental Eq./ & See Attached						See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Arlington County Contract No. 16-342-ITBLW, Fire Protection Services

Arlington County, Virginia is included as additional insured per the attached. See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER Arlington County, Virginia Office of the Purchasing Agent 2100 Clarendon Boulevard, Suite 511 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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