

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

NOTICE OF CONTRACT RENEWAL

NETWORK SERVICES COMPANY	DATE ISSUED:	MAY 6, 2019
1100 EAST WOODFIELD ROAD, SUITE 200	CURRENT REFERENCE NO:	17-303-R
SCHAUMBURG, IL 60173	CONTRACT TITLE:	PAPER TOWELS AND TISSUE PRODUCTS

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. 17-303-R including any attachments or amendments thereto.

EFFECTIVE DATE: AUGUST 2, 2019

EXPIRES: AUGUST 1, 2020

RENEWALS: NO RENEWALS

COMMODITY CODE(S): 64075

LIVING WAGE: N

ATTACHMENTS:

AGREEMENT No. 17-303-R

AMENDMENT NUMBER 1

CITY OF TUCSON, ARIZONA - CONTRACT NO. 151148, AMENDMENT NO. 10

CERTIFICATE OF INSURANCE

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: DAN CEKO

VENDOR TEL. NO.:

(224) 361-2278

EMAIL ADDRESS: DCEKO@NETWORKDISTRIBUTION.COM

COUNTY CONTACT: JAMES MENDITTO (DES - CUSTODIAL SERVICES)

COUNTY TEL. NO.:

(703) 228-4451

COUNTY CONTACT EMAIL: JMENDI@ARLINGTONVA.US

**ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 17-303-R
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on the date of execution by the County and amends Agreement Number 17-303-R, dated January 24, 2018, ("Main Agreement") between NETWORK SERVICES COMPANY ("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 2, 2019 and expires August 1, 2020.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

NETWORK SERVICES COMPANY

AUTHORIZED
SIGNATURE: Cynthia Davis

AUTHORIZED
SIGNATURE: Daniel Ceko Digitally signed by Daniel Ceko
DN: cn=Daniel Ceko, o=Network Services Company,
ou=Management Information Systems, email=DCO@NSC.COM

NAME: Cynthia Davis
TITLE: Procurement Officer

NAME AND
TITLE: Daniel Ceko
Treasurer & Corporate Counsel

DATE: May 6, 2019

DATE: May 3, 2019

CONTRACT AMENDMENT

CITY OF TUCSON DEPARTMENT OF PROCUREMENT
255 W. ALAMEDA, 6TH FLOOR, TUCSON, AZ 85701
P.O. BOX 27210, TUCSON, AZ 85726
PHONE: (520) 837-4134 / FAX: (520) 791-4735
Cynthia.Thompson@tucsonaz.gov
ISSUE DATE: APRIL 11, 2019

CONTRACT #151148-01
CONTRACT AMENDMENT NUMBER: TEN (10)
PAGE 1 of 1
CT/ak
SENIOR CONTRACT OFFICER: CYNTHIA THOMPSON, CPPB

JANITORIAL AND SANITATION SUPPLIES, EQUIPMENT AND RELATED SERVICES

THIS CONTRACT IS AMENDED AS FOLLOWS:

ITEM ONE (1): RENEWAL

Pursuant to Paragraph 5 (Term and Renewal) of the Special Terms and Conditions section, the City is hereby exercising its option to renew the contract for the period of **August 2, 2019 through August 1, 2020.**

ALL OTHER PROVISIONS OF THE CONTRACT SHALL REMAIN IN THEIR ENTIRETY.

CONTRACTOR: Network Services Company

CONTRACTOR HEREBY ACKNOWLEDGES RECEIPT OF AND UNDERSTANDING OF THE ABOVE AMENDMENT

Daniel Ceko Digitally signed by Daniel Ceko
DN: cn=Daniel Ceko, o=Network Services
Company, ou=,
email=dceko@networkdistribution.com, c=US
Date: 2019.04.11 16:28:41 -0700 April 15, 2019

Signature of person authorized to sign Date
Daniel Ceko, Treasurer & Corporate Counsel

Name and Title (typed or printed legibly)
NETWORK Services Company

Company Name
1100 E. Woodfield Rd, Suite 200

Address
dceko@networkdistribution.com

Email Address
Schaumburg, IL 60173

City State Zip

Contact information for Sales/Account Representative
for daily business operations:

Frank Barretta, Executive Director - BSC

Name and Title (typed or printed legibly)
224-361-2150

Phone Number
fbarretta@networkdistribution.com

Email Address

CITY OF TUCSON:

THE ABOVE REFERENCED CONTRACT AMENDMENT
IS HEREBY EXECUTED THIS 16th DAY
OF April, 2019, AT TUCSON, ARIZONA.

John R. Austin CPPB
Director of Procurement and not personally

CERTIFICATE OF LIABILITY INSURANCE

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J Smith Lanier & Co-Lexington Marsh & McLennan Agency, LLC P O Box 2030 Lexington, KY 40588		CONTACT NAME: Brenda Stickrod PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 254-8020 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Zurich American Insurance Company	
		INSURER B: Federal Insurance	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


INSURED Network Associates, Inc.
1100 E Woodfield Road Ste 200
Schaumburg, IL 60173

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 SUBR INSR 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 type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		GLO286622514	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BAP286622415	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		79894198	01/01/2019	01/01/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC286622314	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <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
A	Blanket Business Personal Property		CPP461286408	01/01/2019	01/01/2020	\$5,525,000 Limit \$5,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Supplemental Named Insureds: Network Services Company; National Paper & Plastics Co., Inc.; Cleanwise, LLC
Contract - Dates from 8/2/2019 - 8/1/2020 Rider Agreement No. 17-303-R (Paper Towels and Tissue Products)
 Arlington County, and its officers, elected and appointed officials, employees, and agents are included as additional insured when required by written contract but only with respects to the general liability insurance and subject to the provisions and limitations of the policy.

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 	
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