

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

NOTICE OF CONTRACT RENEWAL

CAYENTA, A DIVISION OF N HARRIS COMPUTER CORP 1 ANTARES DRIVE, SUITE 400 OTTAWA, ONTARIO, CANADA K2E 8C4	DATE ISSUED: CURRENT REFERENCE NO: CONTRACT TITLE:	<u>JUNE 14, 2019</u> <u>16-248-RFP</u> <u>UTILITY BILLING SERVICE</u>
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**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. 16-248-RFP including any attachments or amendments thereto.

**EFFECTIVE DATE:** AUGUST 9, 2019

**EXPIRES:** AUGUST 8, 2020

**RENEWALS:** NINE (9) ONE (1) YEAR RENEWAL OPTIONS FROM AUGUST 9, 2020 TO AUGUST 8, 2029

**COMMODITY CODE(S):** 20810

**LIVING WAGE:** N

**ATTACHMENTS:**

AGREEMENT No. 16-248-RFP  
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:** LARISSA WONG

**VENDOR TEL. NO.:** (604) 570-4300 X464

**EMAIL ADDRESS:** LWONG@CAYENTA.COM

**COUNTY CONTACT:** CLAUDIA O'CONNOR (DES - ENVIRONMENTAL SERVICES)

**COUNTY TEL. NO.:** (703) 228-3283

**COUNTY CONTACT EMAIL:** CLOCONNOR@ARLINGTONVA.US

PRODUCER  
Serial # 178455  
**WILLIS CANADA INC., A WILLIS TOWERS WATSON COMPANY**  
100 KING STREET WEST, SUITE 4700  
TORONTO, ON M5X 1E4 CANADA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC#
INSURER A:	CHUBB INSURANCE COMPANY OF CANADA	
INSURER B:	CHUBB INSURANCE COMPANY	
INSURER C:		
INSURER D:		
INSURER E:		

INSURED  
**CONSTELLATION SOFTWARE INC. AND CAYENTA, A DIVISION OF N. HARRIS COMPUTER CORPORATION**  
1 ANTARES DRIVE, SUITE 400  
OTTAWA, ON K2E 8C4

**COVERAGES**

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	36049367	09/27/2018	09/27/2019	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 25,000
		<input checked="" type="checkbox"/> NON-OWNED AUTO LIABILITY				PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 10,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						TENANTS LEGAL LIABILITY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS							
<input type="checkbox"/> ALL AUTOS OWNED AND/OR LEASED TO THE NAMED INSURED							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY	78183369	09/27/2018	09/27/2019	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	7176-4342	09/27/2018	09/27/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT	\$ 1,000,000
						EL DISEASE - EA EMPLOYEE	\$ 1,000,000
						EL DISEASE - POLICY LIMIT	\$ 1,000,000
A		OTHER	36049367	09/27/2018	09/27/2019	\$ 5,000,000 PER CLAIM & IN THE AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: CONTRACT #16-248-RFP  
WITH REGARDS TO GENERAL LIABILITY POLICY, IT IS HEREBY UNDERSTOOD AND AGREED THAT COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA IS ADDED AS AN ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED.

**CERTIFICATE HOLDER**

ARLINGTON COUNTY  
2100 CLARENDON BLVD, SUITE 500  
ARLINGTON, VA 22201

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

