

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 04/02/2021

Contract/Lease Control #: C17-2556-TDD

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: PITNEY BOWES, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 04/20/2021

Expiration Date: 04/19/2025

Description of: MAIL PROCESSING EQUIPMENT

Department: TDD

Department Monitor: ADAMS

Monitor's Telephone #: 850-609-5387

Monitor's FAX # or E-mail: JADAMS@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C17-2556700 Tracking Number: 4245-21  
Procurement/Contractor/Lessee Name: Rhey Baur Grant Funded: YES \_\_\_ NO X  
Purpose: contract renewal  
Date/Term: 48 months 1.  GREATER THAN \$100,000  
Department #: 1151 2.  GREATER THAN \$50,000  
Account #: 544640 3.  \$50,000 OR LESS  
Amount: 3028.32  
Department: TPD Dept. Monitor Name: Adams

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
Wheeler Date: 2-24-21  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr, Angela Etheridge

**2CFR Compliance Review (if required)**

Approved as written: no federal bid Grant Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Grants Coordinator

**Risk Management Review**

Approved as written: see email attached Date: 2-24-21  
\_\_\_\_\_ Lisa Price

**County Attorney Review**

Approved as written: see email attached Date: 3-9-21  
\_\_\_\_\_ Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

**IT Review (if applicable)**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

## DeRita Mason

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**From:** Lisa Price  
**Sent:** Wednesday, February 24, 2021 8:12 AM  
**To:** DeRita Mason  
**Subject:** RE: Pitney Bowes Contract Renewal

Same as the other, otherwise approved by Risk.

Lisa Price  
Public Records & Contracts Specialist  
302 N Wilson Street, Suite 301  
Crestview, FL. 32536  
(850) 689-5979  
[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)



"Kindness is the language which the deaf can hear and the blind can see"  
Mark Twain

For all things Wellness please visit:  
<http://www.myokaloosa.com/wellness>

*Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

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**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Wednesday, February 24, 2021 7:48 AM  
**To:** Parsons, Kerry <[KParsons@ngn-tally.com](mailto:KParsons@ngn-tally.com)>  
**Cc:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>; Lisa Price <[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)>  
**Subject:** Pitney Bowes Contract Renewal

Good morning,

Please review and approve the attached.

Thank you,

Also, can we continue with the old contract and treat this as a renewal or should we start a new contract?

DeRita Mason

## DeRita Mason

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**From:** Lynn Hoshihara  
**Sent:** Monday, March 8, 2021 5:01 PM  
**To:** DeRita Mason; Parsons, Kerry  
**Cc:** Lisa Price  
**Subject:** Re: Pitney Bowes Contract Renewal

This is approved as to legal sufficiency.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

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**From:** DeRita Mason  
**Sent:** Wednesday, February 24, 2021 8:47:45 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara; Lisa Price  
**Subject:** Pitney Bowes Contract Renewal

Good morning,

Please review and approve the attached.

Thank you,

Also, can we continue with the old contract and treat this as a renewal or should we start a new contract?

DeRita Mason



DeRita Mason, CPPB  
Senior Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)





## **GENERAL SERVICES INSURANCE REQUIREMENTS**

REVISED: 01/2/2019

### **CONTRACTORS INSURANCE**

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation. A waiver of subrogation is required on all workers compensation policies.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

### **WORKERS' COMPENSATION INSURANCE**

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of

this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.

2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.
4. Okaloosa County Board of County Commissioners shall be listed as an Additional Insured by policy endorsement on all policies applicable to this agreement except Worker's Compensation. A waiver of subrogation is required on all policies

#### **BUSINESS AUTOMOBILE LIABILITY**

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement. The County shall be shown as additional insured.

#### **COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
  - 1.) Premises & Operations Liability
  - 2.) Bodily Injury and Property Damage Liability
  - 3.) Independent Contractors Liability
  - 4.) Contractual Liability
  - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.



## **INSURANCE LIMITS OF LIABILITY**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u><b>LIMIT</b></u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

## **NOTICE OF CLAIMS OR LITIGATION**

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

## **INDEMNIFICATION & HOLD HARMLESS**

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

## **CERTIFICATE OF INSURANCE**

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County Board of County Commissioners, 302 N. Wilson St., Crestview, Florida, 32536.

2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10) days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

*OKALOOSA COUNTY*

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

**EXCESS/UMBRELLA INSURANCE**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.



**Consumer's Certificate of Exemption**  
Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8013105818C-2	09/30/2019	09/30/2024	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BOARD OF COUNTY COMMISSIONERS  
OF OKALOOSA COUNTY  
101 E JAMES LEE BLVD RM 108  
CRESTVIEW FL 32536-3552

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



**Important Information for Exempt Organizations**

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Willis Towers Watson Northeast, Inc.		<b>NAMED INSURED</b> Pitney Bowes Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	
<b>POLICY NUMBER</b> See Page 1		<b>NAIC CODE</b> See Page 1	
<b>CARRIER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Certificate Holder is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

**INSURER AFFORDING COVERAGE:** ACE Fire Underwriters Insurance Company **NAIC#:** 20702  
**POLICY NUMBER:** SCF C66920653 (WI) **EFF DATE:** 07/01/2020 **EXP DATE:** 07/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers' Liability	E.L. Each Accident	\$2,000,000
Per Statute	E.L. Disease-Ea Emp.	\$2,000,000
	E.L. Disease Policy	\$2,000,000

**INSURER AFFORDING COVERAGE:** Steadfast Insurance Company **NAIC#:** 26387  
**POLICY NUMBER:** SXS Q20491520-00 **EFF DATE:** 07/01/2020 **EXP DATE:** 07/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Business Auto	Limit:	\$1M xs \$2M



Shipping & Mailing

SendPro® C200

# Make the smart sending choice every time.

## Eliminate guesswork with our all-in-one solution.

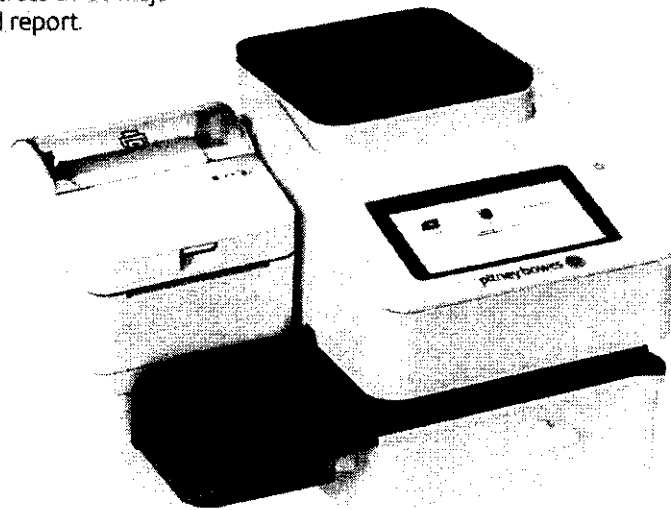
The SendPro C200 is the simplest, all-in-one technology for office mailing and package shipping. It's a complete sending solution that makes it easy to process mail and send packages all from one place. You'll be able to:

- Process daily mail and print postage quickly and accurately.
- Access USPS® shipping rates which offer discounts of up to 39% off retail rates\*.
- Compare options from three major carriers, like USPS and UPS®.
- Print shipping labels for three carriers right from the system.
- Track packages and costs across three major carriers in one consolidated report.

Plus, with the integrated scale you can accurately calculate postage and shipping charges for all of your letters, flats and packages. The C200 makes it easy for your office to consistently choose the ideal mailing or shipping option.

## Save money and eliminate overspend.

Using a color touchscreen display, the C200 makes your selections of carrier, class and services simple and accurate. For letter mail, simply select the postal class and services you want, then seal and print postage in one easy step. For larger items, you can compare each carrier's shipping options and print a shipping label. Plus, the C200 is digitally connected so you'll always be up-to-date with automatic postal and carrier updates, low ink alerts, service warnings and diagnostic notifications.



\*Actual savings may vary depending on weight, zone and services requested.

## Make the confident choice, no matter what you send.

With the SendPro® C200, you can consistently choose the ideal carrier, class or service to get your items delivered—all at the best price for your needs. Just weigh the item to see your carrier's options with a cost and estimated delivery time. A common address book works across all three carriers and verifies the recipient addresses to ensure accurate delivery. Then, after selecting the ideal choice for your unique business needs, the C200 will print a shipping label from the attached label printer or your network printer.



## Ship and track from anywhere.

Access C200's shipping and tracking capabilities away from your mail area with secure access from your desktop computer. You'll always have a consolidated view of your cost history and tracking information for carrier shipments. By having multiple information on a single platform, the C200 eliminates having to use multiple carriers' websites to process a package or track a shipment.

## Maximize savings every time you send.

The C200 is designed to save you and your office staff time and money in many ways. You can get automatic ink replenishments at savings of 20% off the retail price when you enroll in the AutoInk™ program. When shipping, you immediately save with USPS® shipping discounts for Priority Mail and other package services. As a certified Ready Provider of UPS®, Pitney Bowes offers savings of 18% on UPS Next Day Air® and 9% off UPS Ground Commercial and Residential.

### Specifications

User display	Color touchscreen
Envelope processing	Up to 40 letters per minute; semi-automatic feeding
Envelope moistener	Standard
Integrated scale	Standard: Up to 5 lbs.
External scale	Optional
USPS retail rates and extra services	Standard; No Presort rate option
Electronic return receipt	Not available—use standard USPS return receipt
USPS shipping (Commercial Base Pricing)	Standard
Multi-carrier shipping	Optional; Use existing business account (UPS and other carrier)
Multi-user access	Optional
Shipping label printer (4" x 6")	Optional; Compliant to USPS and alternate carriers
Label and report printing	Standard: Print to network printer Optional: Laser printer for reports
Cost accounting	Optional: 25 accounts, 100, 500 or more
Connectivity	Standard: LAN (wired) or Wi-Fi (wireless)
Envelope sizes	Up to 3/8" thickness. Media sizes: 3" x 5" up to 13" x 15"
Differential weighing	Optional
Electrical and approvals	100 – 120 VAC, 50/60 Hz, 1.0A
Dimensions	16 1/2" L x 15 1/2" D x 11 1/2" H (with integrated scale)

For more information, visit us online: [pitneybowes.com/us/sendpro-c-series](http://pitneybowes.com/us/sendpro-c-series)



United States  
3001 Summer Street  
Stamford, CT 06926-0700

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**RECYCLE  
PLEASE >**  
recyclepitney.com

175MB04484\_US





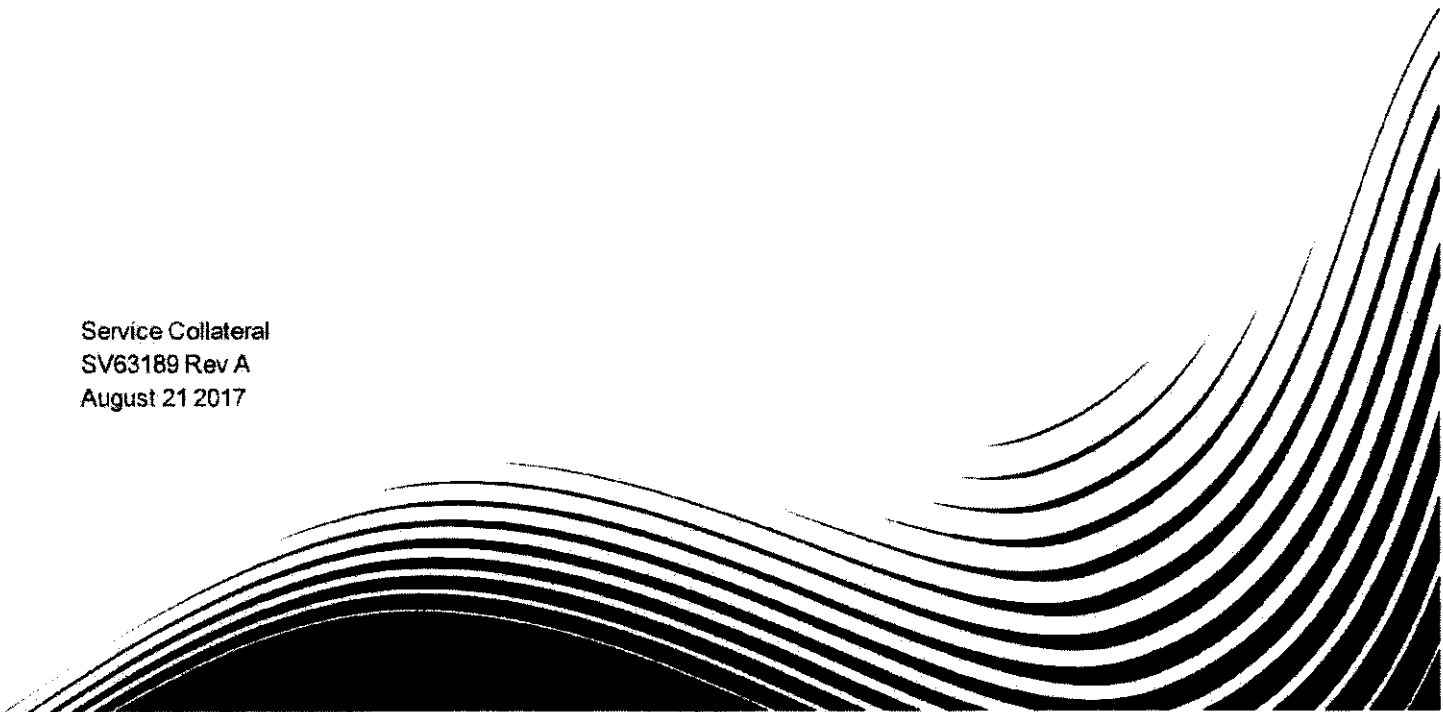
**Shipping & Mailing**  
Postage Meters

# SendPro® C-Series

## Connectivity Guide

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Service Collateral  
SV63189 Rev A  
August 21 2017



# Introduction

The SendPro® C-Series is a new generation office shipping and mailing system from Pitney Bowes that uses a LAN or Wi-Fi connection versus an old-style analog phone line.

Step-by-step instructions are included with your shipment so that your C-Series device will connect to Pitney Bowes during the installation process. If you requested our Professional Service, your installation will be supported onsite by a trained Pitney Bowes professional.

Your online connection provides you quick postage refills, automatic rate updates and access to additional Pitney Bowes support services. In addition to printing postage on outgoing mail, the C-Series system can connect you to your preferred carriers including USPS®, FedEx® and UPS®.

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## Note:

You may need assistance from your network or IT Administrator to proceed to the advanced setup stages.

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# Network Requirements

## Standard Network Requirements

Your device comes with a network plug that provides access to Pitney Bowes support services and secure links to your carriers.

## Advanced Network Requirements

SendPro C-Series initiates all communication (via HTTP or TLS), so it can safely sit behind most corporate firewalls

- High-speed network connection
- SendPro C-Series communicates to external web services via HTTP over Port 80
- SendPro C-Series communicates to PB secure server(s) via TLS over port 443
- SendPro C-Series uses Port 53 for DNS lookup
- Pitney Bowes requires a minimum network bandwidth of 384 kbps (upstream and downstream) to operate, but we recommend 1 Mbit/sec for best performance
- Pitney Bowes recommends that DSL or cellular devices are not shared across multiple SendPro C-Series systems
- Customer owned web filtering devices or software, as well as SSL packet inspection should be disabled for these ports as they can affect performance or could prevent functionality.

# Ports and Communication Requirements

The SendPro C-Series connection uses these ports and protocols. The system will require access through your network and firewall.

## Communications

- All communication is initiated from the system via ports 80 (HTTP) and 443 (TLS)
- All communications from the system to the back end system are in the form of XML messages.

## Ports

### Port 80 (HTTP)

- Web Services
- TeamViewer (remote access software)

### Port 443 (TLS)

- SendPro C-Series sends requests to refill or audit its PSD (Postal Security Device) when the user requests it or an inspection is required. Audits occur if the PSD inspection date has expired.
- During initial install, the system will automatically request an Operational Block, from the infrastructure, for the PSD.
- On PSD replacement the system will automatically request the configuration data for the replacement PSD.
- Transaction records from the SendPro C-Series are automatically uploaded when a user message appears (within three days of the mail being generated).
- O/S updates and PB Application Software and Rates Data updates.

### Port 53

- DNS lookup

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## IMPORTANT:

IT departments that use a "rules based" method for allowing specific ports to pass traffic on their network for port 53, allow for both UDP and TCP traffic to this port.

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# URL Information

These URLs must be accessible from the device, without any obstructions. This includes being free of any SSL packet inspection, web filtering devices or software monitoring.

## Required URLs

- **Distributor** - main PB Server that authenticates machine for access to other PB web services
  - <http://distserv1.pb.com/dstproduct.asp>(Port 80)
  - <https://distserv1.pb.com/dstproduct.asp> (Port 443)
- **Funds (Funds Management & Refills)** - funds are managed through a separate Funds Server
  - [http://cometserv1.pb.com/csd/t3cometserver\\_03.asp](http://cometserv1.pb.com/csd/t3cometserver_03.asp) (Port 80)
  - [https://cometserv1.pb.com/csd/t3cometserver\\_03.asp](https://cometserv1.pb.com/csd/t3cometserver_03.asp) (Port 443)
- **Rates and Updates (Download Services)** - Downloads new software, graphics, rate prices
  - *Main Download Services entry*
    - <https://dlsdlp1.pb.com> (Port 443)
  - *File Processing*
    - <https://pbdisp1.pb.com/prdupdate.dll> (Port 443)
    - <https://pbdisp1.pb.com/prdconfirm.dll> (Port 443)
  - *OS Updates*
    - <http://62.249.6.70/OtaUpdater> (Ports 8080, 2300)
- **Manage Accounts (Accounting)** - separate PB Server that manages accounting including account creation, reports etc.
  - *Accounting Web Application:*  
<https://ms1app.pb.com/> (Port 443)
  - *Accounting Web Services:*  
<https://ms1app.pb.com/ms1atweb/services/> (Port 443)
- **Online Help** - online support website
  - [http://support.pb.com/help\\_videos/SV63242-help/default.htm](http://support.pb.com/help_videos/SV63242-help/default.htm) (Port 80)
- **Health Data Update** - machine health Information upload
  - <https://s3.amazonaws.com> (Port 443)
- **Network Connectivity Test Site** - used by tablet's Android O/S to confirm connectivity
  - [http://connectivitycheck.gstatic.com/generate\\_204](http://connectivitycheck.gstatic.com/generate_204) (Port 80)

- **PB Web Services Support** - used by several PB applications including Shipping
  - <https://api.pitneybowes.com> (Port 443)
  - <https://pitneybowes.okta.com> (Port 443)
  - <http://microsoft.com/SoftwareDistribution/Server/SimpleAuthWebService> (Port 80)
  - <http://mail.o365.pb.com> (Port 80)

## Recommended URLs

We recommend these URLs are left open, but if this presents a security issue, they can remain blocked. They are enabled by default.

### Remote Access

TeamViewer is an application that lets Pitney Bowes Service access your device remotely, when you authorize it. *(A TeamViewer session can only be initiated by someone on your end, therefore the system cannot be accessed without your knowledge.)*

There are two ways to unblock TeamViewer:

- General unblocking of Port 5938 TCP for outgoing connections (recommended). *Port 5938 is only used by a few applications and therefore there is no security risk. This traffic should be filtered or cached.*
- Unblocking URLs of the following formats (to any server) GET:
  - [/din.aspx?s=...&client=DynGate... GET](#)
  - [/dout.aspx?s=...&client=DynGate... POST](#)
  - [/dout.aspx?s=...&client=DynGate...](#)

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## Note:

Regardless of which method you choose to unblock TeamViewer, verify there are no content filters or anything similar blocking one of these URLs:

- \*.TeamViewer.com
- \*.dyngate.com

- 
- **Postal Advisor (PB hosted site)** - utility website that offers helpful hints on postal regulations
    - [http://www.pb.com/postal\\_advisor](http://www.pb.com/postal_advisor) (Port 80)

- **Universal Tracking (PB partner hosted site)** - carrier independent web tracking site for packages
  - <http://www.pb.boxoh.com/> (Port 80)
- **USPS Mobile** - convenient link to USPS mobile website
  - <https://m.usps.com/m/Home> (Port 443)
- **Trackable Labels (PB hosted shipping site)** - Shipping Trackable Labels Web Services Support
  - <https://foundation.us.sending.pitneybowes.com/> (Port 443)
  - <https://shipping.us.sending.pitneybowes.com/> (Port 443)
  - <https://sendpro.us.pitneybowes.com/addressbook> (Port 443)
  - <https://sendpro.us.pitneybowes.com/preferences/costaccounts> (Port 443)
  - <https://sendpro.pitneybowes.com/preferences/printing> (Port 443)
  - <https://sendpro.pitneybowes.com/history> (Port 443)

# FAQs

Question	Answer
What OS does this device run?	Android 6.1
What controls are in place to protect this device against network-based malware threats?	Controls include: <ul style="list-style-type: none"><li>• White list of URLs</li><li>• TLS</li><li>• Only executes services needed to perform activities</li><li>• OS distribution has been optimized and locked down</li></ul>
Does it have a firewall?	No
Who controls the firewall rules?	Not applicable
How are the firewall rules configured?	Allow only the ports Http, TLS and DNS
What is the security patch process?	SendPro® C-Series security patches are applied by emergency updates via PB only, and on a regular schedule through PB services.
What is the software update process, and how often does this occur?	As required with periodic feature additions and bug fixes
<ul style="list-style-type: none"><li>• What is the network traffic flow to and from the SendPro C-Series system?</li><li>• What firewall rules need to be in place to allow the necessary communication?</li></ul>	<ul style="list-style-type: none"><li>• Outgoing contact initiated (no push) utilizing TLS, URLs provided by PB services</li><li>• Outgoing - transactional data</li><li>• Incoming is both transactional data and files and Web Services</li></ul>
Can you identify suspicious activity affecting SendPro C-Series?	Yes. An audit process exists to validate the financial integrity of the system. Error logs are available and can be uploaded to the PB data center.
What are the access controls in place to secure SendPro C-Series?	The application access is managed by the customer using an access code. The system operates in a Kiosk mode where access to the underlying Android operating system is prevented.
How do you authenticate an individual or a service ?	Tracking Labels "Shipping" application access is managed by the customer using User IDs and passwords to authenticate.



Question	Answer
Are there audit trails in place?	Yes. PSD transactional audits, extensive logs and all financial transactions are audited by the PB infrastructure. The SendPro C-Series logs all error conditions, and maintains ink usage logs, print usage logs, etc.
Is data stored on the device?	Yes. SendPro C-Series stores transactional data, graphic images, customer profiles and settings, files (rates, etc.). Transactional usage data is uploaded and then deleted when confirmed upon receipt by PB Infrastructure over TLS channel.
What controls protect the data?	All files and data interface utilizing TLS. Incoming data and files are signed and verified prior to use. If consumed by the printer, it is verified on each use. If used by the application, it is verified on load.
Does the SendPro C-Series allow remote administration?	Pitney Bowes will use TeamViewer to troubleshoot system problems remotely. The end user will initiate the session using a special session code which is generated by the TeamViewer application and changes each session.

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 04/21/2017  
Contract/Lease Control #: C17-2556-TDD  
Bid #: N/A  
Contract/Lease Type: Contract  
Award To/Lessee: Pitney Bowes, Inc  
Owner/Lessor: OKALOOSA COUNTY  
Effective Date: 4/20/2017  
Term: 4/20/2021  
Description of Contract/Lease: Mail Processing Equipment  
Department: TDD  
Department Monitor: Hussong  
Monitor's Telephone #: 850-609-5387  
Monitor's FAX # or E-mail: NHUSSONG@CO.OKALOOSA.FL.US  
Closed: \_\_\_\_\_

cc: Finance Department Contracts & Grants Office



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2019

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).

<b>PRODUCER</b> Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: Commerce &amp; Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER C: Indemnity Insurance Company of North Ameri</td> <td>43575</td> </tr> <tr> <td>INSURER D: ACE Fire Underwriters Insurance Company</td> <td>20702</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Commerce & Industry Insurance Company	19410	INSURER C: Indemnity Insurance Company of North Ameri	43575	INSURER D: ACE Fire Underwriters Insurance Company	20702	INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Company	22667														
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INSURER C: Indemnity Insurance Company of North Ameri	43575														
INSURER D: ACE Fire Underwriters Insurance Company	20702														
INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:** W11870324      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	HDO G71233376	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
A	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		Y	ISA H25280015	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			28295201	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	WLR C65891955	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Workers Compensation and Employers' Liability Per Statute			WLR C65891918	07/01/2019	07/01/2020	E.L. Each Accident \$2,000,000 E.L. Disease-Ea Emp. \$2,000,000 E.L. Disease Policy \$2,000,000

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

SEE ATTACHED

**CONTRACT#: C17-2556-TDD**  
**PITNEY BOWES, INC.**  
**MAIL PROCESSING EQUIPMENT**  
**EXPIRES: 04/20/2021**

CERTIFICATE HOLDER      CAN

Okaloosa County  
5479A Old Bethel Road  
Crestview, FL 32536

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

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Willis of New York, Inc.		<b>NAMED INSURED</b> Pitney Bowes Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Certificate Holder is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702  
 POLICY NUMBER: SCF C65892030      EFF DATE: 07/01/2019      EXP DATE: 07/01/2020

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers' Liability	E.L. Each Accident	\$2,000,000
Per Statute	E.L. Disease-Ea Emp.	\$2,000,000
	E.L. Disease Policy	\$2,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/14/2018

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).

<b>PRODUCER</b> Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Pitney Bowes Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	<b>INSURER A:</b> ACE American Insurance Company      22667	
	<b>INSURER B:</b> Commerce & Industry Insurance Company      19410	
	<b>INSURER C:</b> Indemnity Insurance Company of North Ameri      43575	
	<b>INSURER D:</b> ACE Fire Underwriters Insurance Company      20702	
	<b>INSURER E:</b> <b>INSURER F:</b>	

**RECEIVED**  
 SEP 14 2018  
 BY: P. RICH


**COVERAGES**      **CERTIFICATE NUMBER:** W7501059      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	HDO G71094510	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> AUTOS ONLY		Y	ISA H2515826A	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			28294918	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C64787019	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Workers Compensation and Employers' Liability Per Statute			WLR C64786970	07/01/2018	07/01/2019	E.L. Each Accident \$2,000,000 E.L. Disease-Ea Emp. \$2,000,000 E.L. Disease Policy \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 09/14/2018 WITH ID: W7500748.  
SEE ATTACHED

C17-2556-TDD

<b>CERTIFICATE HOLDER</b>  Okaloosa County 5479A Old Bethel Road Crestview, FL 32536	<b>CANCELLATION</b>  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  

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis of New York, Inc.		NAMED INSURED Pitney Bowes Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Certificate Holder is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702  
POLICY NUMBER: SCF C64787093      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and	E.L. Each Accident	\$2,000,000
Employers' Liability	E.L. Disease-Ea Emp.	\$2,000,000
Per Statute	E.L. Disease Policy	\$2,000,000



# CERTIFICATE OF LIABILITY INSURANCE

C17-2556-TDD

DATE (MM/DD/YYYY)  
08/22/2017

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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<b>PRODUCER</b> Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378		<b>FAX (A/C, No):</b> 1-888-467-2378
	<b>E-MAIL ADDRESS:</b> certificates@willis.com		
<b>INSURED</b> Pitney Bowes, Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> ACE American Insurance Company	22667
		<b>INSURER B:</b> Commerce & Industry Insurance Company	19410
		<b>INSURER C:</b> Indemnity Insurance Company of North Ameri	43575
		<b>INSURER D:</b> ACE Fire Underwriters Insurance Company	20702
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** W3323994                      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G27870089	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			ISA H09059623	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							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 <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			28189242	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> No	N/A	WLR C64416789 (AOS)	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	Workers Compensation and Employers' Liability Per Statute			WLR C64416820	07/01/2017	07/01/2018	E.L. Each Accident	\$2,000,000
							E.L. Disease-Ea Emp.	\$2,000,000
							E.L. Disease Policy	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule)

SEE ATTACHED

**Contract # C17-2556-TDD  
PITNEY BOWES, INC.  
MAIL PROCESSING EQUIPMENT  
EXPIRES: 04/20/2021**

### CERTIFICATE HOLDER

Okaloosa County Water & Sewer  
1804 Lewis Turner Blvd  
Suite 300  
Fort Walton Beach, FL 32547-1285

### 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

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis of New York, Inc.		NAMED INSURED Pitney Bowes, Inc. Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

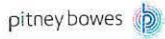
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702  
 POLICY NUMBER: SCF C64416868 (WI)      EFF DATE: 07/01/2017      EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers' Liability	E.L. Each Accident E.L. Disease-Ea Emp.	\$2,000,000 \$2,000,000
Per Statute	E.L. Disease Policy	\$2,000,000



**Contract # C17-2556-TDD**  
**Pitney Bowes, Inc**  
**Mail Processing Equipment**  
**EXPIRES: 4/20/2021**



State of Florida Contract #600-760-11-1 Order Form

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Agreement Number

**Your Business Information**

Okaloosa County dba Okaloosa County Tourist Development

Full Legal Name of Lessee / DBA Name of Lessee		Tax ID # (FEIN/TIN)	
1540 MIRACLE STRIP PKWY SE	FORT WALTON BEACH	FL	32548-6213
Billing Address : Street	City	State	ZIP+4
NANCY HUSSONG	(850) 651-7131	0012909544	
Billing Contact Name	Billing Contact Phone #	Billing Account #	
1540 MIRACLE STRIP PKWY SE	FORT WALTON BEACH	FL	32548-6213
Installation Address (if different from billing address) : Street	City	State	ZIP+4
NANCY HUSSONG	(850) 651-7131	0012909544	
Installation Contact Name	Installation Contact Phone #	Installation Account #	
TBD	2017-06-07		
PO #	Quote Expiration Date		

**Your Business Needs**

Qty	Item	Business Solution Description
1	DM125	DM125 Digital Mailing System
1	1FAB	Dept Accounting Enabler (5 Accts)
1	1FAC	Basic Accounting (10 Dept)
1	7PR0	DM125 US Meter Subscription
1	MPC4	MPC4 Integrate Weigh Platform DM125
1	PR00	PR00- Meter for DM125 / DM225
1	PRM1	PRM1 - Moistener for DM125
1	PRW5	PRW5 - 5 lb. Integrated Weighing
1	SBRP	SBRP - DM125 Digital Mailing System
1	SJ15	SoftGuard for DM100i/DM125
1	STDLSLA	Standard SLA-Equipment Service Agreement (for DM125 Digital Mailing System)

**Your Payment Plan**



Initial Term: 48 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
48	\$ 57.17	\$ 171.51

\*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees included
- Purchase Power® transaction fees extra

**Your Signature Below**

By signing below, you agree to be bound by your State's/Entity's/Cooperative's contract, which is available at [www.pb.com/states](http://www.pb.com/states). The terms and conditions of this contract will govern this transaction and be binding on us after we have completed our credit and documentation approval process and have signed below.

44102100-17-1  
State/Entity's Contract #  
  
Lessee Signature  
  
Print Name **Greg Kisela**  
Title  
4/20/17  
Date

*Dean Merriott*  
**DEAN Merriott**

Pitney Bowes Signature  
Print Name **Gov. Account Mgr**  
Title  
4/13/2017  
Date

Email Address

**Sales Information**

Harold Merriott dean.merriott@pb.com  
Account Rep Name Email Address

## **GENERAL SERVICES INSURANCE REQUIREMENTS**

REVISED: 02/09/16

### **CONTRACTORS INSURANCE**

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers licensed to do business in the State of Florida.
3. All insurance shall include the interest of all entities named and their respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. The County shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation.
5. The County shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual Agreements between the County and the Contractor.
6. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Contractor.
7. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the Contractor, which are involved, and which is a part of the contract.
8. The County reserves the right at any time to require the Contractor to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.

9. The designation of Contractor shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
10. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.

### **WORKERS' COMPENSATION INSURANCE**

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

### **BUSINESS AUTOMOBILE AND COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Contractor shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
2. The Contractor shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures.
3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claims-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits

of Liability, the Contractor shall notify the County representative in writing. The Contractor shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.

4. Commercial General Liability coverage shall be endorsed to include the following:
  - 1.) Premises – Operation Liability
  - 2.) Occurrence Bodily Injury and Property Damage Liability
5. Contractor shall agree to keep in continuous force Commercial General Liability coverage.

#### **LIMITS OF LIABILITY**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u><b>LIMIT</b></u>
1. Worker's Compensation	
1.) State	Statutory
2.) Employer's Liability	\$100,000 each accident
2. Business Automobile	\$1,000,000 each occurrence A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence (A combined single limit)
4. Personal and Advertising Injury	\$250,000

#### **NOTICE OF CLAIMS OR LITIGATION**

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

#### **INDEMNIFICATION & HOLD HARMLESS**

To the fullest extent permitted by law, Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

**Note: For Contractor's convenience, this certification form is enclosed and is made a part of the bid package.**

#### **CERTIFICATE OF INSURANCE**

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.
2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above \$10,000. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs).
4. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility. In particular, the Contractor shall afford full coverage as specified herein to entities listed as Additional Insured.
5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Contractor has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Contractor under all the foregoing policies of insurance.

## **UMBRELLA INSURANCE**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

**[THIS SPACE IS INTENTIONALLY LEFT BLANK]**

## CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>TBD</u>	Tracking Number: <u>2336-17</u>
Contractor/Lessee Name: <u>Pitney Bowes, Inc</u>	Grant Funded: YES ___ NO ___
Purpose: <u>Mail Processing Equipment</u>	
Date/Term: <u>48 months</u>	1. <input type="checkbox"/> GREATER THAN \$50,000
Amount: <u>\$171.51 quarterly</u>	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>FDD</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Dunwoith</u>	
Document has been reviewed and includes any attachments or exhibits.	

<b>Purchasing Review</b>	
Procurement requirements are met:	
<u>Ch - Powell</u>	Date: <u>3/23/2017</u>
Purchasing Director or designee	Greg Kisela, Charles Powell, DeRita Mason, Matthew Young

<b>Risk Management Review</b>	
<i>see approval dated 3/23/2017</i>	
Approved as written:	Date: _____
_____	_____
Risk Manager or designee	Laura Porter or Krystal King

<b>County Attorney Review</b>	
<i>see approval dated 3/21/2017</i>	
Approved as written:	Date: _____
_____	_____
County Attorney	Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

<b>Contracts &amp; Grants</b>	
Document has been received:	
_____	Date: _____
Contracts & Grants Manager	



**TOURIST DEVELOPMENT DEPARTMENT  
CONTRACT APPROVAL FORM**

**CONTRACTOR NAME:** Pitney Bowes, Inc.  
**PURPOSE:** Mail Processing Equipment  
**TERM:** 48 months  
**AMOUNT:** \$171.51 quarterly

I have reviewed the above-referenced Contract and find it to be in compliance with the Tourist Development Department Operations & Procedures Manual, the Okaloosa County Purchasing Manual and applicable local, state and federal laws, rules and regulations.<sup>1</sup>

**(Initial applicable authorization)**

UH This approval authorizes the contract to be entered into by the County and executed by the appropriate authorizing official in accordance with the Okaloosa County Purchasing Manual.

\_\_\_\_\_ This approval authorizes the payment under the Contract to be processed for payment.

**APPROVED AS TO FORM AND LEGALITY:**

  
\_\_\_\_\_  
TDD ATTORNEY

**LYNN HOSHIHARA**

**MARCH 21, 2017**

<sup>1</sup> I have reviewed State Term Contract No. 44102100-17-1 for Mail Processing Equipment, between DMS and Pitney Bowes Inc., which was competitively procured and find that the County may agree to the terms and conditions of this State Term Contract.

## Charles Powell

---

**From:** Krystal King  
**Sent:** Thursday, March 23, 2017 1:46 PM  
**To:** Charles Powell  
**Subject:** RE: Pitney Bowes DM125 Mailing Equipment Lease

Risk Management approved with this addition.

Thanks!

*Krystal King*  
Okaloosa County  
Risk Management  
(850)688-5977  
Fax (850)688-5973

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records available to the public and media upon request. Therefore, this written email communication including your email address, may be subject to public disclosure.

---

**From:** Charles Powell  
**Sent:** Thursday, March 23, 2017 1:39 PM  
**To:** Krystal King <kking@co.okaloosa.fl.us>  
**Subject:** RE: Pitney Bowes DM125 Mailing Equipment Lease

Here you go.

---

**From:** Krystal King  
**Sent:** Thursday, March 23, 2017 1:13 PM  
**To:** Charles Powell <cpowell@co.okaloosa.fl.us>  
**Subject:** RE: Pitney Bowes DM125 Mailing Equipment Lease

This needs our General Services Insurance Requirements added to it. I have attached a copy for your reference.

*Krystal King*  
Okaloosa County  
Risk Management

(850)689-5977  
Fax (850)689-5973

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---

**From:** Charles Powell  
**Sent:** Thursday, March 23, 2017 11:56 AM  
**To:** Krystal King <[kking@co.okaloosa.fl.us](mailto:kking@co.okaloosa.fl.us)>  
**Subject:** FW: Pitney Bowes DM125 Mailing Equipment Lease

Hi Krystal,

Please conduct Risk review/approval for the attached contract. Let me know if you have any questions. Thank you

---

**From:** Charlotte Dunworth  
**Sent:** Tuesday, March 21, 2017 11:17 AM  
**To:** Charles Powell <[cpowell@co.okaloosa.fl.us](mailto:cpowell@co.okaloosa.fl.us)>  
**Subject:** Pitney Bowes DM125 Mailing Equipment Lease

Hi Charles,  
Please begin contract coordination. The state contract is attached for reference as well. Thanks!

**Charlotte Dunworth**  
Finance, Administration, & Compliance Manager  
850.609.5385 | [CDunworth@co.okaloosa.fl.us](mailto:CDunworth@co.okaloosa.fl.us)

Emerald Coast Convention & Visitors Bureau  
1540 Miracle Strip Pkwy. SE,  
Fort Walton Beach, FL 32548

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Username  Password

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# Entity Dashboard

- Entity Overview
- Entity Registration
  - Core Data
  - Assertions
  - Reps & Certs
  - POCs
- Exclusions
  - Active Exclusions
  - Inactive Exclusions
  - Excluded Family Members

[RETURN TO SEARCH](#)

## PITNEY BOWES INC.

DUNS: 074850140 CAGE Code: 8A087  
Status: Active

8245 BOONE BLVD Ste 407  
VIENNA, VA, 22182-3828,  
UNITED STATES

Expiration Date: 01/13/2018  
Purpose of Registration: All Awards

### Entity Overview

#### Entity Registration Summary

**Name:** PITNEY BOWES INC.  
**Doing Business As:** Pitney Bowes  
**Business Type:** Business or Organization  
**Last Updated By:** Jacquelyn Alpert  
**Registration Status:** Active  
**Activation Date:** 01/13/2017  
**Expiration Date:** 01/13/2018

#### Exclusion Summary

Active Exclusion Records? No



IBM v1.P.64.20170330-1550  
WWW7

- Search Records
- Data Access
- Check Status
- About
- Help
- Disclaimers
- Accessibility
- Privacy Policy
- FAPIS.gov
- GSA.gov/IAE
- GSA.gov
- USA.gov