

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

**NOTICE OF CONTRACT RENEWAL**

POLIHIRE, LLC	DATE ISSUED:	February 28, 2019
1300 PENNSYLVANIA AVENUE, NW, F17	CURRENT REFERENCE NO:	16-039-RFP-2
WASHINGTON, DC 20004	CONTRACT TITLE:	HR - Executive and Hard-to-Fill Search Services TITLE

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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.**

The contract documents consist of the terms and conditions of AGREEMENT No. 16-039-RFP-2 including any attachments or amendments thereto.

**EFFECTIVE DATE:** JUNE 1, 2019

**EXPIRES:** MAY 31, 2021

**RENEWALS:** ONE (1) TWO (2) YEAR RENEWAL OPTIONS FROM JUNE 1, 2021 TO MAY 31, 2023

**COMMODITY CODE(S):** 91800

**LIVING WAGE:** N

**ATTACHMENTS:**

AGREEMENT No. 16-039-RFP-2  
CERTIFICATE OF INSURANCE  
ATTACHMENT B - CONTRACT PRICING

**EMPLOYEES NOT TO BENEFIT:**

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

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**VENDOR CONTACT:** KENYATTA UZZELL

**VENDOR TEL. NO.:** 202 821 2073

**EMAIL ADDRESS:** KENYATTA@POLIHIRE.COM

**COUNTY CONTACT:** LORIE M. MOORE (HRD -  
COMPENSATION & RECRUITMENT)

**COUNTY TEL. NO.:** (703) 228-3502

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



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

February 27, 2019

County Board of Arlington County  
Virginia  
2100 CLARENDON BLVD  
ARLINGTON VA 22201-5447

**Account Information:**

<b>Policy Holder Details :</b>	POLIHIRE STRATEGY, CORP
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**Contact Us**

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Business Service Center  
**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)  
**Phone:** (866) 467-8730  
**Fax:** (888) 443-6112  
**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)  
**Website:** <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,  
Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2019

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 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> DH LLOYD & ASSOC INC/PHS 42620071 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (866) 467-8730 (A/C, No, Ext):	<b>FAX</b> (888) 443-6112 (A/C, No):
	<b>E-MAIL ADDRESS</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> The Hartford Casualty Insurance Company	
	<b>INSURER B:</b>	
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		42 SBM RR1692	05/17/2018	05/17/2019	EACH OCCURRENCE \$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			42 SBM RR1692	05/17/2018	05/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			42 SBM RR1692	05/17/2018	05/17/2019	EACH OCCURRENCE \$2,000,000
							AGGREGATE \$2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	<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				PER STATUTE
							E.L. EACH ACCIDENT
							E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	<b>EMPLOYMENT PRACTICES LIABILITY</b>			42 SBM RR1692	05/17/2018	05/17/2019	Each Claim Limit \$5,000 Aggregate Limit \$5,000

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

Those usual to the Insured's Operations. Contract # 16-039-RFP-2. (EXECUTIVE AND HARD TO FILL SEARCH SERVICES) Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Contractual Liability applies per the Business Liability Coverage Form SS0008, attached to this policy.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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County Board of Arlington County Virginia 2100 CLARENDON BLVD ARLINGTON VA 22201-5447	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 <i>Susan L. Castaneda</i>
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Attachment B

Contract Pricing

The below fees for the Contractor to conduct executive and hard-to-fill recruitment services are inclusive of all services, to include position advertising and all necessary meetings. Travel expenses incurred by candidates for on-site interviews with the County are paid by the County, and, if paid for by the Contractor, will be billed to the County at Contractor's cost.

One third of the fee will be invoiced at the signing of the search agreement and delivery of the search plan. The second third will be invoiced upon identification of semifinalists. The final third will be due following the first day of employment of the selected candidate, if the candidate's first day of employment is within 30 days of the offer, or will be negotiated between the County and the Contractor if the candidate's first day of employment is beyond 30 days of the offer. The County reserves the right to renegotiate payment schedule for particular recruitments.

<b>Task</b>	<b>Cost</b>
Position Analysis	\$2,800
Recruitment	\$4,500
Preliminary screening	\$3,000
Identification of semi-finalists	\$4,000
Presentation of Candidates & Selection of Finalists	\$3,700
<b>Total</b>	<b>\$18,000</b>

If the Contractor is unable to fill a position within the agreed upon timeframe without notifying the County in advance of the change in the project timeline and obtaining the County's approval, no further payment will be due of the County.

The Contractor will consider offering discounts to the County once they have completed two searches within a fiscal year.

Any additional services outside of this Scope of Work shall be paid at the fully burdened hourly rates listed below:

<b>Position</b>	<b>Hourly Rate</b>
Project Manager	\$141
Consultant/Recruiter	\$90
Associate	\$65

The Contractor shall not directly solicit any candidates selected under this contract for any other position while the candidate is employed with the County.