

For City Secretary Use Only

Originals sent to CSO: _____

Scanned into Laserfiche/Global: _____

Council Date: _____ Item No.: _____

CONTRACT RENEWAL

July 12, 2021

Tara Brown
V-Quest Office Machines & Supplies (Dealer/Distributor)
4159 E. Hwy 29, Suite A
Georgetown, TX 78626
Tara.Brown@v-questtx.com
512-763-8800

**RE: NCPA Contract #11-18
Office Supplies and Services**

American Office Products Distributors, Inc. ("AOPD"), a contracted supplier with the National Cooperative Purchasing Alliance ("NCPA") under Contract NCPA 11-01, was awarded a contract for Office Supplies and Services submitted to Region XIV Education Service Center, RFP #03-17. V-Quest Office Machines and Supplies ("V-Quest"), is a NCPA approved and qualified dealer/distributor in the AOPD.

The Contract was originally awarded to V-Quest on September 25, 2018 under NCPA Cooperative Contract #11-18. The Contract incorporated the City's Purchase Order Terms and Conditions, including an initial three-year (3) year term beginning on May 1, 2017 and ending on May 31, 2020 with the option to renew for five (5) one-year terms. The City has determined that your company has performed in accordance with the requirements of the Contract.

Therefore, the City desires to exercise its first (2nd) option to renew the Contract effective from June 1, 2021 through May 31, 2022. This Second Renewal term shall be governed by the specifications, the pricing, and the terms and conditions set forth in the above-referenced Contract. The not to exceed amount shall be \$95,000.00.

Acknowledge your acceptance of this Second Renewal by signing this document in the space provided below and returning to the City with ten (10) days.

cc: American Office Product Distributors, Inc. (Supplier)
D. Mark Leazer
1652 E. Main Street, Suite 200
St. Charles, IL 60174
Mark@aopd.com
980-262-3634

[signature page to follow]

Sincerely,

CITY OF GEORGETOWN

Authorized Signature

Date: _____

Printed Name

Title

ATTEST:

APPROVED AS TO FORM:

Robyn Densmore, City Secretary

Skye Masson, City Attorney

I/We hereby acknowledge acceptance of this Contract renewal, and agree to be bound by all requirements, terms, and conditions as set forth in the above referenced Contract.

V-QUEST OFFICE MACHINES & SUPPLIES

Tara Brown
Authorized Signature

Date: 2/15/21

TARA BROWN
Printed Name

President
Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Program Insurance Group / 4D Ins 3609 Williams Dr Suite 101 Georgetown TX 78628-	CONTACT NAME: Amy Young PHONE (A/C, No, Ext): (512)930-3239 E-MAIL ADDRESS: amy@pigbcs.com FAX (A/C, No): (512)869-2418																					
INSURED V-Quest Office Machines & Supplies, LLC AND LTD 4159 E Hwy 29 Georgetown TX 78626-	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Hanover American Insurance Company</td><td>22292</td></tr><tr><td>INSURER B:</td><td>The Hanover Casualty Company</td><td>41602</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hanover American Insurance Company	22292	INSURER B:	The Hanover Casualty Company	41602	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:		OLDA769525	11/01/2020	11/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	AUTOMOBILE LIABILITY <input 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					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	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 <input checked="" type="checkbox"/> N/A	WZDA769528	11/01/2020	11/01/2021	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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B	Employment Practices Liability		OLDA769525	11/01/2020	11/01/2021	<table border="1"><tr><td>Aggregate Limit</td><td>\$25,000</td></tr><tr><td>Deductible</td><td>\$5,000</td></tr></table>	Aggregate Limit	\$25,000	Deductible	\$5,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract ID Number: 3900B026

The general liability policy includes a blanket automatic additional insured endorsement that provides additional insured status only when there is a written contract between the named insured and the certificate holder that requires such status per endorsement form 391-1006 08 16.

CERTIFICATE HOLDER

CANCELLATION

AI 039134

City of Georgetown
300 Industrial Avenue, Ste 1
Georgetown TX 78626-

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

D. GROVES

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

V-Quest
Georgetwon, TX United States

Certificate Number:
2021-768456

Date Filed:
06/18/2021

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Georgetown

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

3900B026
Office Supplies

4

Name of Interested Party

City, State, Country (place of business)

Nature of interest
(check applicable)

Controlling Intermediary

5 Check only if there is NO Interested Party.



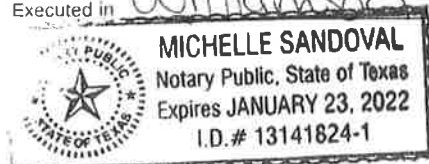
6 UNSWORN DECLARATION

My name is Tara Brown, and my date of birth is 2/3/70

My address is 209 La Mesa Ln, Georgetown, TX, 78628
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Williamson County, State of Texas, on the 20 day of July, 2021
(month) (year)



Michelle Sandoval
Signature of authorized agent of contracting business entity
(Declarant)