

BILL NO.: 20-1132

ORDINANCE NO.: 20- 0505

INTRODUCED BY: COUNCIL MEMBER(s) Hendrickson

1 **AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN**
2 **PRODUCTS AND SERVICES FOR OFFICE SUPPLIES 2020, DEPARTMENT OF**
3 **ADMINISTRATION.**

4 **WHEREAS**, Pursuant to Ordinance 19-0531 Jefferson County, Missouri entered
5 into a Contract, known as the Office Supplies 2020 Contract, with Office Source and Quill
6 LLC; and

7 **WHEREAS**, the Department of Administrative Services of Jefferson County,
8 Missouri, requested renewal from the awarded bidder, Office Source, Quill LLC, to renew
9 the contract for the Office Supplies 2020 with the County; and

10 **WHEREAS**, Jefferson County, Missouri, (hereafter, the "County") recommends
11 the renewal of the following bid awards at the same terms and conditions as previously bid,
12 as authorized by the original Invitation for Bid awarded by the County, for an additional
13 one-year term:

14	<u>BID NAME</u>
15	Office Supplies 2020
16	<u>AWARDED BIDDER</u>
17	Office Source (A1)
18	Quill LLC (A2)
19	<u>ORDINANCE NUMBER</u>

FILED
2020 JUN 23
JEFFERSON COUNTY MISSOURI

19-0531

WHEREAS, the Jefferson County, Missouri, County Council finds it is in the best interest of the County to renew the bid award for Office Supplies 2020 for the term of 1-1-21 to 12-31-21 with approval of the County Council and County Executive up to \$60,000.00 per term, for total amount not to exceed \$60,000.00 for the term, subject to budgetary limitations.

BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,
AS FOLLOWS:

Section 1. The County authorizes the renewal of the bid awards for an additional one-year term as follows:

BID NAME

Office Supplies 2020

TERM

1-1-21 to 12-31-21

Upon approval of the County Council and County Executive

AMOUNT

Up to \$60,000.00 per term,

for total amount not to exceed \$60,000.00 for the term,

subject to budgetary limitations

AWARDED BIDDER

Office Source (A1)

Quill LLC (A2)

1 Section 2. The Jefferson County, Missouri, Council hereby authorizes the
2 County Executive to execute a renewal agreement, attached hereto and incorporated herein
3 by reference and attached as Exhibit A1 and A2. The County Executive is further
4 authorized to take any and all actions necessary to carry out the intent of this Ordinance.

5 Section 3. Copies of all Invitations for Bid, Requests for Proposals, responses
6 thereto, and any contracts or agreements shall be maintained by the Department of the
7 County Clerk consistent with the rules and procedures for the maintenance and retention
8 of records as promulgated by the Secretary of State.

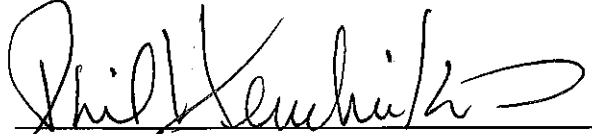
9 Section 4. This Ordinance shall be in full force and effect from and after its
10 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
11 shall not affect the remainder of this Ordinance.

THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:

Council Member District 1, Brian Haskins	<u> yes </u>
Council Member District 2, Renee Reuter	<u> yes </u>
Council Member District 3, Phil Hendrickson	<u> yes </u>
Council Member District 4, Charles Groeteke	<u> yes </u>
Council Member District 5, Tracey Perry	<u> yes </u>
Council Member District 6, Daniel Stallman	<u> yes </u>
Council Member District 7, James Terry	<u> yes </u>

THE ABOVE BILL ON THIS 23rd DAY OF November, 2020:

PASSED FAILED


Phil Hendrickson, County Council Chair

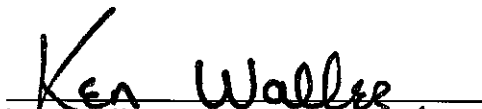

Pat Schlette, Council Executive Assistant

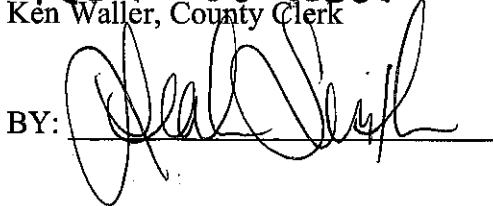
THIS BILL WAS X APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 14th DAY OF NOVEMBER, 2020.

THIS BILL WAS _____ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS _____ DAY OF _____, 2020.


Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:


Ken Waller, County Clerk

BY: 

Reading Date: 11-23-2020



County of Jefferson

State of Missouri

Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffco.mo.org

Dana Downs
Human Resources Manager
(636)797-5563 / Fax (636)797-5596

Jackie Talarski
General Services Contracts & Grants Manager
(636)797-5380 / Fax (636)797-5067

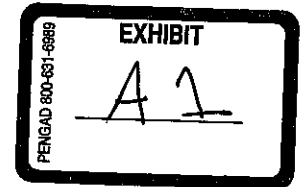
OFFICE SOURCE
719 RUDDER RD
FENTON MO 63026

October 8, 2020

Attn: Kraig Simmons



RECEIVED
NOV 09 2020



Your company was awarded a bid for **“OFFICE SUPPLIES 2020”** for the County of Jefferson, Missouri in **November 2019**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **January 1, 2021 to December 31, 2021**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County
OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Kraig Simmons
Printed Name of Authorizing Agent

[Signature]
Signature

11/5/2020
Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Jackie Talarski
Jackie Talarski

Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this
6TH day of NOVEMBER 2020:

OFFICE SOURCE
Company Name

County of Jefferson, State of Missouri

[Signature]
Signature
KEVIN SIMMONS
Print

[Signature]
Dennis J. Gannon County Executive

Company Address: _____

719 RUDDER ROAD
FENTON MO 63026

Phone: 636-349-5101

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2020

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 Siebert Agency, LTD. 767 Gravois Road Fenton, MO 63026	CONTACT NAME: Sandy Dawson	PHONE (A/C, No, Ext): (636) 343-1000	FAX (A/C, No): (636) 343-9580
	E-MAIL ADDRESS: sandy@siebertinsurance.com		
INSURED OFFICE SOURCE INC 719 RUDDER RD FENTON, MO 63026	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: OWNERS INS CO		32700
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

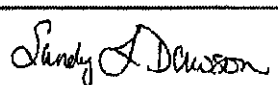
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 / WVO	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	Y	75172381	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
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 <input type="checkbox"/> AUTOS ONLY	Y	Y	52-995748-01	09/01/2020	09/01/2021	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	52-995748-02	09/01/2020	09/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTFL ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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OFFICE SOURCE



719 Rudder Road, Fenton, MO 63026

To whom it may concern,

Office Source does not own any real or personal property in Jefferson County, Missouri.

Sincerely,

Kraig Simmons-President

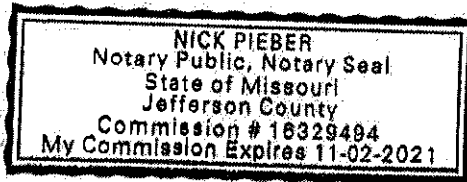
11/9/2020

Date

NOTARY

11/9/20

Date





County of Jefferson

State of Missouri
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

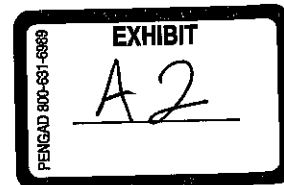
DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director
Web Address: www.jeffco.mo.org

Dana Downs
Human Resources Manager
(636)797-3563 / Fax (636)797-5596

Jackie Talarski
General Services, Contracts & Grants Manager
(636)797-5380 Fax (636)797-5067

QUILL LLC
100 SCHELTER RD
LINCOLNSHIRE IL 60069



October 8, 2020

Attn: Karrie Szaikowski

Your company was awarded a bid for "OFFICE SUPPLIES 2020" for the County of Jefferson, Missouri in **November**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **January 1, 2021 to December 31, 2021**.

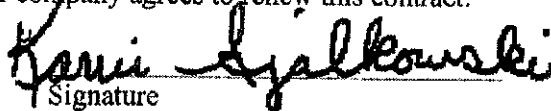
PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County
OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Karrie Szalkowski

Printed Name of Authorizing Agent

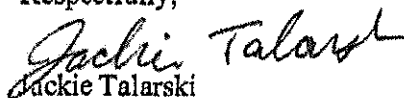

Signature

10/21/2020

Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,


Jackie Talarski

Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 21st day of October 2020:

QUILL LLC

Company Name

County of Jefferson, State of Missouri

Karrie Szalkowski

Signature

Karrie Szalkowski

Print

Dennis J. Gannon
Dennis J. Gannon County Executive

Company Address: _____

100 Schelter Rd

Lincolnshire, Illinois 60069

Phone: 800-634-4809

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

Kristy A. Appell
County Auditor

APPROVED AS TO FORM

James L. Under for Wes Yates
County Counselor



Jackie Talarski
General Services Contracts & Grants Manager
Department of Administrative Services
County of Jefferson
729 Maple Street
Hillsboro, MO 63050

Subject: Bid for 19-0088 Office Supplies 2020 Renewal
Current paid tax receipts

Quill LLC does not own any real or personal property in Jefferson County, Missouri.

Signature

Karrie Szalkowski, Sales Operations Manager

Print Name & Title

Notary:

State of Illinois
County of Lake

Signed and sworn to before me on October 21, 2020

Signature

Official Seal
Conni Montrose
Notary Public, State of Illinois
My Commission Expires 9/14/2024

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Staples, Inc.	
2 Business name/disregarded entity name, if different from above Quill LLC	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 100 Schelter Road	Requester's name and address (optional)
6 City, state, and ZIP code Lincolnshire, IL 60069	
7 List account number(s) here (optional)	

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[][] - [][] - [][][][]	
or	
Employer identification number	
0 4 - 2 8 9 6 1 2 7	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/2/2020
------------------	----------------------------	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number, (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



October 23, 2020

Jackie Talarski
General Services Contracts & Grants Manager
Department of Administrative Services
County of Jefferson
729 Maple Street
Hillsboro, MO 63050

Quill Bid Number: 20-23144
Customer Bid Info: Renewal- OF OFFICE SUPPLIES 2020
Account Number:2327611

Dear Jackie Talarski,

Thank you for your recent bid request renewal. We appreciate your interest in Quill.com and are pleased to extend special pricing on the enclosed bid. Please note that the bid prices and free shipping are good through **December 31, 2021.**

The following items have been discontinued without an available substitute.
Item #1417731UNI – PLASTIC TRIANGLE

Below are a few guidelines that we ask for you to follow to ensure the proper pricing and handling of your purchase orders:

- Verbal or written acceptance** is requested to guarantee your discounts. Please see attached Bid Award Form. If any additional recap information is available, please forward as well. (this will allow us to review and revise our pricing in order to continue to provide the best product pricing available)
- Please use the Quill bid number above, Quill item numbers and prices that are referenced on your bid when placing purchase orders for easy and accurate processing. Orders will ship and invoice the same day, if orders must invoice and/or ship on or after a certain date this must be indicated clearly on your purchase order.
- Please email your tax exempt form to taxexempt@quill.com or fax to 800-499-8805.
- Quill.com offers easy online ordering with visibility to your special item pricing at www.Quill.com.

Thank you once again for choosing Quill.com. We look forward to working with you in the future.

Sincerely,
Quill.com Bid Department

Note: All Quill brand products are equal to (or better than) other name brand products and they're deeply discounted every day. We are so sure of this statement that we proudly stand behind it with our lifetime guarantee.



BID AWARD FORM

In order to ensure proper bid pricing is applied, **complete and return this form** along with any detailed award information. *If results are automatically sent out or posted online, this form is not required.*

Quill Bid #: **20-23144** **** Please reference this bid # and Quill item numbers on ALL purchase orders**

Account #: **2327611** State **MO**

Account Name: **COUNTY OF JEFFERSON**

- Quill.com reserves the right to review and correct pricing/product errors. We will make every effort to satisfy the needs of our customers, as you are our most important asset.
- If Quill.com is awarded, please provide us a list of contacts and/or locations that need to be included as a part of this bid.
- In the event a product is discontinued during the term of your contract with Quill.com, Quill.com will try to find a substitute product at a similar cost. If a substitute product is available but is a higher price, Quill.com may sell you such substitute product at the higher price cost unless you tell us otherwise. If a substitute product is *not* available, we request that you purchase such discontinued product from the next lowest bidder.

Were items awarded to Quill.com on this bid? All Some None

If not, who was awarded your bid? _____

Is a bid tabulation available? Yes No

If tabulation will not be available until a later date, approximately what date will the tabulation be available?

In order to remain on your bid solicitation list, we welcome your feedback as to the reason(s) we were not considered

Are you tax exempt? Yes No

If so, please send your tax exemption certificate to taxexempt@Quill.com or fax to 800-499-8805.

This **BID AWARD FORM** can be returned via:

Fax: (888) 888-8250

Email: bid@quill.com

Mail:

Quill LLC

Bid Department

100 Schelster Road

Lincolnshire, IL 60069-3621

Thank you for the opportunity to do business with you!

Quill's Bid Team

(800) 634-4809



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2020

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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PRODUCER Willis Towers Watson Northeast, Inc. fka Willis of Massachusetts, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No, Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Staples Inc. 500 Staples Drive Framingham, MA 01702 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: XL Specialty Insurance Company	37885
	INSURER C: Indemnity Insurance Company of North Ameri	43575
	INSURER D: ACE Fire Underwriters Insurance Company	20702
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W15371016 **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 <input checked="" type="checkbox"/> SIR applies per policy GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		XSL G71567291	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 975,000						
A	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> AUTOS ONLY	Y		ISA H25293654	02/01/2020	02/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	BODILY INJURY (Per person) \$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		US00086459LI20A	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 10,000,000
	AGGREGATE \$ 10,000,000						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> No N/A	N/A		WLR C66924786 (AOS)	02/01/2020	02/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Workers Compensation and Employers Liability Work Comp: Per Statute			WLR C66924828 (CA MA)	02/01/2020	02/01/2021	EL-Each Accident \$1,000,000 EL-Disease-Pol. Limit \$1,000,000 EL-Disease Each Emp. \$1,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER

Staples Inc.
500 Staples Drive
Framingham, MA 01702

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
Jula M Powers

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc. aka Willis of Massachusetts, Inc.		NAMED INSURED Staples Inc. 500 Staples Drive Framingham, MA 01702 USA	
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 in accordance with the policy provisions of the General Liability, Automobile Liability, and Umbrella Liability policies.

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702
 POLICY NUMBER: SCF C66924865 (WI) EFF DATE: 02/01/2020 EXP DATE: 02/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers Liability	EL-Each Accident	\$1,000,000
Work Comp: Per Statute	EL-Disease-Pol. Limit	\$1,000,000
	EL-Disease Each Emp.	\$1,000,000

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY Willis of New York, Inc.		NAMED INSURED Staples Inc. 500 Staples Drive Framingham, MA 01702	
POLICY NUMBER See Page 1		EFFECTIVE DATE	
CARRIER See Page 1	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Named Insureds:

- Arch Parent Inc.
- Capital Office Products of Volusia County, Inc.
- Happy Studio LLC
- In Designs Global LLC
- Lebanon Mill, L.P.
- Quill LLC
- Quill Lincolnshire, Inc.
- Staples Brands Sales LLC
- Staples Contract & Commercial LLC
- Staples Global Markets, Inc.
- Staples GP, LLC
- Staples Project 2017 LLC
- Staples Shared Service Center, LLC
- Staples Ventures, LLC
- STIC Corp
- The Staples Group, Inc.
- HiTouch Business Services LLC
- MyOfficeProducts, LLC
- Computata Products Inc. dba CPI One Point
- NAD Technology LLC
- DEX-Imaging, LLC
- DEX Imaging, LLC DBA TonerType
- DEX Imaging, LLC DBA TonerType, Inc.
- DEX Imaging of Alabama, LLC
- DEX Imaging of Tennessee, LLC
- DEX Imaging of Texas, LLC
- DEX Imaging of The Carolinas, LLC
- DEX TP, LLC
- DEX Imaging of Maryland, LLC
- Index Datafiles, Inc.
- DEX Imaging of North Carolina, LLC
- Dean's Office Machines, LLC
- Print Counts, LLC
- Ecotype Industries, LLC
- XEROGRAPHICS, LLC

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 4 of 4

AGENCY Willis of New York, Inc.		NAMED INSURED Staples Inc. 500 Staples Drive Framingham, MA 01702	
POLICY NUMBER See Page 1		EFFECTIVE DATE	
CARRIER See Page 1	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Named Insureds:

Emerge Holdings, LLC
Emerge Print Management LLC
Sagamore Solutions, LLC
Total Print USA LLC
WorkLife Brands LLC