



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP# NUMBER: 21ITB0929B-EC

BID/RFP# TITLE: W-2, 1099, and Affordable Care Act Filing, Processing, Printing, and Mailing Services

ORIGINAL APPROVAL DATE: December 15, 2021

RENEWAL EFFECTIVE DATES: 1/1/2024 – 12/31/2024

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$ 40,000

COMPANY'S NAME: National Payment Corporation

ADDRESS: 3415 West Cypress Street

CITY: Tampa

STATE: Florida

ZIP: 33607

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/20/23 BOC NUMBER: 23-0922

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

DocuSigned by:



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Kevin Kerrigan

Kevin Kerrigan, CIO
Information Technology

NATIONAL PAYMENT CORPORATION

DocuSigned by:

Steven F. Pereira

Steve Pereira
General Manager



ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Mark Williams

Notary Public Mark Williams

County: Hillsborough

Commission Expires: 11/15/2024

(Affix Notary Seal)



ITEM#: 23-0922 **RCS:** 12/20/2023
RECESS MEETING

ITEM#: _____ **RM:** _____
REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2023

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 The Fessler Agency, Inc. 3165 N McMullen Booth Road G-2 Clearwater FL 33761	CONTACT NAME: Patsy Penn PHONE (A/C, No, Ext): 727-451-6219 FAX (A/C, No): 727-725-4698 E-MAIL ADDRESS: ppenn@fessleragency.com														
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COVERAGES**CERTIFICATE NUMBER:** 235900856**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
C	<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	6605H448748	7/10/2023	7/10/2024	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 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6605H448748	7/10/2023	7/10/2024	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 DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			CUP5H45085A	7/10/2023	7/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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 Y	N/A	CUP5H45085A	7/10/2023	7/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$
B	Crime			106214577	1/13/2023	1/13/2024	Emp Dishonesty 2,000,000

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

This certificate is for information only for the insured. Please contact The Fessler Agency certs@fessleragency.com and provide the certificate holder name and mailing address, for a specific certificate to be issued.

CERTIFICATE HOLDER**CANCELLATION**

XXXX INFO ONLY XXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

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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Fulton County

Legislation Details

File #: 23-0922 **Version:** 1 **Name:**

Type: Consent - Open & Responsible Government **Status:** Agenda Ready

File created: 10/11/2023 **In control:** Board of Commissioners

On agenda: 12/20/2023 **Final action:**

Title: Request approval to renew an existing contract - Department of Information Technology, 21ITB0929B-EC, W-2, 1099, and Affordable Care Act Filing, Processing, Printing, and Mailing Services, in an amount not to exceed \$40,000.00 with National Payment Corporation (Tampa, FL) to provide a system to process, print, fold, and mail W-2 forms, 1099-Misc forms, 1099-R forms and Affordable Care Act (ACA) forms for employees, poll workers, retirees and vendors of Fulton County. This action exercises the second of three renewal options. One renewal option remains. If approved, this contract will be effective January 1, 2024, through December 31, 2024.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1: Vendor Performance Evaluation, 2. Exhibit 2: Contract Renewal Evaluation, 3. Exhibit 3: CONTRACT RENEWAL AGREEMENT FORM

Date	Ver.	Action By	Action	Result
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COVERAGES**CERTIFICATE NUMBER:** 235900856**REVISION NUMBER:**

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