

CS-22-265

AUTO RENEWAL FORM

Renewal of (title of agreement/contract): Online Benefits Administration System

This letter confirms the renewal of the Agreement/Contract on the terms set out below.

General information

No.	Topic	Details
1	Department	Human Resources
2	Vendor	PlanSource Benefits Administration, Inc.
3	Agreement/Contract	Contract Number: <u>CM2871-AR1</u> Funding Account(s): <u>01122513-546020 & Constitutional</u> Amount: <u>Estimated \$17,000.00</u>

Agreement/Contract Renewal

On behalf of the Nassau County Board of County Commissioners, the Department gives notice that it wishes to exercise the option to automatically renew the term of the Agreement/Contract for PlanSource, beginning 06/12/2023 and ending 06/11/2024, in accordance with the terms of the above referenced agreement.

Yours sincerely,

Ashtley Mealy 6/14/2023
Department Head: Date

Approved by:

Chris Lacambra 6/15/2023
Office of Management & Budget Director Date

James Adams 6/26/2023
Procurement Director Date

Denise C. May 6/28/2023 *DJ*
County Attorney Date

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

Taco E. Pope AICP 6/28/2023
Taco E. Pope, AICP, County Manager Date

DATE
6/2/2023

Requisition Form

NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
96135 Nassau Place Suite 1
Yulee, FL 32097

VENDOR NAME/ADDRESS
PlanSource Benefits Administration, Inc.
PO Box 932330
Atlanta, GA 31193-2330

DEPARTMENT
Human Resources

REQUESTED BY
A. Metz

LINE NUMBER	PROJECT NAME	FUNDING SOURCE	AMOUNT AVAILABLE	STATUS	CONTRACT NO.
		01122513-546020	\$ 8,880.00	Encumber Contract	CM2871-AR1
LINE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	
1	Online Benefits Administration System	1.00	\$ 8,880.00	\$ 8,880.00	
	Estimated \$1.85 x 440ees = \$740.00				
	x 12 mos = \$8,880.00				
	*Note: Constitutional Portions Are Paid From A Holding Account				

ORIGINAL - FINANCE
COPY - DEPARTMENT

Shipping \$ 0.00
Total \$ 8,880.00

Department Head
I attest that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.

Ashley Metz 6/14/2023

Office of Management and Budget (signature required if over Department Head signature authority or \$5,000, whichever is less.)
I attest that, to the best of my knowledge, funds are available for payment.

Chris Lacambra 6/15/2023

Procurement Director (signature required if over Department Head signature authority or \$5,000, whichever is less.)
I attest that, to the best of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy.

Tanasa Adams 6/26/2023

County Manager (signature required if over Department Head signature authority or \$5,000, whichever is less.)
I attest that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.

Taco E. Pope AICP 6/28/2023

Clerk: _____
Date: _____



CERTIFICATE OF LIABILITY INSURANCE

4/1/2024

DATE (MM/DD/YYYY)
5/15/2023

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 Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	CONTACT NAME: PHONE (A/C No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: National Fire Insurance Co of Hartford</td> <td style="text-align: right;">20478</td> </tr> <tr> <td>INSURER B: Valley Forge Insurance Company</td> <td style="text-align: right;">20508</td> </tr> <tr> <td>INSURER C: American Casualty Company of Reading, PA</td> <td style="text-align: right;">20427</td> </tr> <tr> <td>INSURER D: The Continental Insurance Company</td> <td style="text-align: right;">35289</td> </tr> <tr> <td>INSURER E: --- SEE ATTACHMENT ---</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Fire Insurance Co of Hartford	20478	INSURER B: Valley Forge Insurance Company	20508	INSURER C: American Casualty Company of Reading, PA	20427	INSURER D: The Continental Insurance Company	35289	INSURER E: --- SEE ATTACHMENT ---		INSURER F:	
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INSURER F:															
INSURED 1461871 PlanSource Benefits Administration, Inc. 101 South Garland Avenue Suite 203 Orlando FL 32801															

COVERAGES PLAHO01 **CERTIFICATE NUMBER:** 19574272 **REVISION NUMBER:** XXXXXXX

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
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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	6076260702	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	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 <input checked="" type="checkbox"/> Comp \$100 Dcd	N	N	6076260747	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX Coll Dcd \$ 1,000
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	6076260716	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXX
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	6076260683 (CA) 6076260697 (AOS)	4/1/2023 4/1/2023	4/1/2024 4/1/2024	<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
E	See Attached	N	N	See Attached			See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 E&O covers the performance of payroll and benefits processing services performed for others by or on behalf of the Company for a fee.

CERTIFICATE HOLDER

CANCELLATION See Attachments

19574272 Nassau County Board of County Commissioners 96135 Nassau Place, Ste 6, Yulee FL 32097	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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Attachment Code: D568356 Master ID: 1461871, Certificate ID: 19574272



To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **19574272**.

- Email: PacificeDelivery@lockton.com
- Phone: (213) 689-2300

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for automating electronic delivery of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Insurance Brokers, LLC – Pacific Series

Lockton Insurance Brokers, LLC
License #0F15767
777 S Figueroa Street, 52nd Fl / Los Angeles, CA 90017-5524
213-689-0065 / FAX: 213-689-0550
lockton.com

Attachment Code: D610057 Master ID: 1461871, Certificate ID: 19574272

Coverage: D&O
Carrier: Westchester Insurance Company
Policy #: G71515953 005
Policy Term: 04/01/2023 – 04/01/2024
Limit: \$10M

Coverage: Crime
Carrier: Federal Insurance Company
Policy #: 8261-7636
Policy Term: 04/01/2023 – 04/01/2024
Limit: \$5

Coverage: Primary E&O-Cyber
Carrier: Republic Vanguard Insurance Company
Policy #: RVA1062225-00
Policy Term: 05/01/2023 – 04/01/2024
Limit: \$5M

Coverage: 1st Excess E&O-Cyber
Carrier: Crum & Forster Specialty Insurance Company
Policy #: EOL-240361
Policy Term: 05/01/2023 – 04/01/2024
Limit: \$5M xs \$5M

Coverage: 2nd Excess E&O-Cyber
Carrier: Allied World Insurance Company
Policy #: 0312-8888
Policy Term: 05/01/2023 – 04/01/2024
Limit: \$5M xs \$10M

This endorsement is attached to and forms a part of Policy No. RVA1062225-00 effective 5/1/2023.

Attachment Code: D627641 Certificate ID: 19574272

PROFESSIONAL SERVICES

In consideration of the premium paid for this Policy, it is hereby understood and agreed that:

- 1. Item 7. of the Declarations is amended to include:

COVERAGE FOR CLAIMS BROUGHT AGAINST THE INSURED	LIMIT OF COVERAGE	DEDUCTIBLE
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- 2. **COVERAGE FOR CLAIMS BROUGHT AGAINST THE INSURED** is amended to include:

Professional Services

The **Insurer** will pay on behalf of the **Insured** any **Damages** and **Defense Costs** arising from a **Liability Claim** first made against an **Insured** during the **Policy Period** for a **Wrongful Act**.

- 3. **DEFINITIONS** is amended to include:

Professional Services means in the performance of payroll and benefits processing services performed for others by or on behalf of the **Company** for a fee.

Retroactive Date means 4/8/2000.

Wrongful Act means any negligent act, error or omission, misstatement or misleading statement in an performance of **Professional Services** for others occurring on or after the **Retroactive Date** and prior to the end of the **Policy Period**.

- 4. **EXCLUSIONS** is amended to include:

Solely with respect to the Professional Services insuring agreement, no coverage will be available under this Policy with respect to any **Loss**, or any other amounts arising out of:

- 1. costs incurred by the **Insured** to correct, re-perform or complete any **Professional Services**; but this exclusion will not apply to the resulting loss of use of such work product resulting from or incorporating the results of **Professional Services**;
- 2. the amounts for which an **Insured** is not financially liable or which are without legal recourse to the **Insured**;
- 3. any obligation the **Insured** has under contract; but this exclusion will not apply to the obligation to perform **Professional Services** or to the extent the **Insured** would have been liable in the absence of such contract;
- 4. any **Wrongful Act** occurring prior to the **Retroactive Date**, or any **Related Event** thereto, regardless of when such **Related Event** occurs;
- 5. any activities performed by or on behalf of the **Company** as an accountant, architect, surveyor, health care provider, lawyer, real estate broker or agent, civil engineer, or structural engineer;
- 6. any deceptive business practices, including but not limited to violations of any local, state, or federal consumer protection laws;