STATE OF ALABAMA

DEPARTMENT OF FINANCE DIVISION OF PURCHASING

RSA UNION BUILDING 100 N. UNION ST., SUITE 192 MONTGOMERY, ALABAMA 36130 (334) 242-7250

TELE SERVICES-PAY INMATE

CONTRACT

T-NUMBER.....: TA497 USAGE.....: AGENCY TERM CONTRACT PERIOD.....: JUNE 6, 2012 TO JUNE 5, 2015 SOLICITATION NO : 2238645

> BUYER PHONE.....: (334) 242-7253 PURCHASING NUMBER. : (334) 242-7250

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CONTRACT BUYER : PAT ANTLE FAX NUMBER.... : (334) 242-4419

DATE PRINTED : 06/12/12

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CALLAR BANKS	STATE OF ALABAMA DEPARTMENT OF FINANCE DIVISION OF PURCHASING AGENCY TERM CONTRACT AWARD	CONTRACT ND. : 4012222 1 BUYER : PAT ANTLE 1 BUYER PHONE : (334) 242-7253 1 T-NUMBER : TA497 1 DATE ISSUED : 06/06/12 1 SNAP REQ. NO. : 1483775 1 EFFECTIVE DATE : 06/06/12 1 SOLICITATION DATE : 06/06/15 1 SOLICITATION NO. : 12-X-2238645 1 VENDOR NUMBER : 59326809000 1 VENDOR PHONE : (859)734-9424 1
EMBARQ PA DBA CENTU 1401 CURF HARRODSBU	Y PIKE	
CONTACT PERSON: E	PAUL COOPER	
AGENCY TERM CONT	RACT : TELEPHONE SERVICES -	PAY AND INMATE
4. CASH DISCOUN 5. BID REFERENC 6. AWARDED LINE	RMS: AS SPECIFIED IT TERMS: NET :E NO.:	DUNTS
AL	L TERMS, CONDITIONS, AND ANY AMENDMENTS ARE PART OF THIS CONTRACT AS IF FULLY	
PPROVED: PURCHASI	hael a Jones	
C	PURC	CHASE COPY



PRIC	E SHEET	AGENCY	AGENCY TERM CONTRACT AWARD							
VENDOR : EMBARQ PAYPHONE SERVICES, INC. DBA CENTURYLINK		CONTRACT VENDOR NO	CONTRACT NO.: 4012222 VENDOR NO. : 59326809000							
LINE NO.	COMMODITY/SERVICE DESCRIPTION		ESTIMATED	UNIT	UN	IT PRICE	EXTEN	2 NDED AMT PLICABLE		
	UNLESS SPECIFIED OTHERWISE BELOW: SHIP TO: R1 STATEWIDE									
00001	COMMODITY CODE: 915-77-075872 TELEPHONE SERVICE - INMATE COMMISSION TO BE PAID		1	EA	5	0.57200	\$.57		
00002	COMMODITY CODE: 915-77-075872 TELEPHONE SERVICE - PUBLIC PAY TELEPHONE COMMISSION PERCENTAGE TO BE PAID		1	EA	\$	87.69900	\$	87.70		

SPECIAL TERMS AND CONDITIONS	AUDINUS SMALLS WERE SHOWS SERVICE	4 10 10 H
VENDOR : EMBARQ PAYPHONE SERVICES, INC.	CONTRACT NO.: 4012222	PAGE
DBA CENTURYLINK	T-NUMBER : TA497	3

PURPOSE:

ESTABLISH A CONTRACT ON BEHALF OF THE ALABAMA DEPARTMENT OF FINANCE, INFORMATION SERVICES DIVISION (ISD), AND THE ALABAMA DEPARTMENT OF CORRECTIONS FOR THE INSTALLATION OF EQUIPMENT, PROVISION OF SERVICE AND PAYMENT OF COMMISSIONS ON TELEPHONE CALLS MADE FROM PAY TELEPHONES ON STATE OWNED OR LEASED PROPERTY.

CONTRACT PERIOD:

THE PURPOSE OF THIS ITB IS TO ESTABLISH A 3 YEAR CONTRACT WITH AN OPTION TO ISSUE A FOURTH AND FIFTH 12 MONTH CONTRACT UNDER THE SAME PRICING, TERMS AND CONDITIONS. THE FOURTH OR FIFTH CONTRACT, IF RE-QUESTED BY THE STATE AND AGREED UPON BY THE VENDOR, WOULD BEGIN THE DAY AFTER THE FIRST OR SECOND CONTRACT EXPIRES. ANY SUCCESSIVE CON-TRACT MUST HAVE THE WRITTEN APPROVAL OF BOTH THE STATE AND THE VENDOR NO LATER THAN 30 DAYS PRIOR TO THE EXPIRATION OF THE PREVIOUS CON-TRACT.

NON-APPROPRIATION OF FUNDS:

CONTINUATION OF ANY AGREEMENT BETWEEN THE STATE AND A BIDDER BEYOND A FISCAL YEAR IS CONTINGENT UPON CONTINUED LEGISLATIVE APPROPRIATION OF FUNDS FOR THE PURPOSE OF THIS BID AND ANY RESULTING AGREEMENT. NON-AVAILABILITY OF FUNDS AT ANY TIME SHALL CAUSE ANY AGREEMENT TO BECOME VOID AND UNENFORCEABLE AND NO LIQUIDATED DAMAGES SHALL ACCRUE TO THE STATE AS A RESULT. THE STATE WILL NOT INCUR LIABILITY BEYOND THE PAYMENT OF ACCRUED AGREEMENT PAYMENT.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT (EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE

PAGE NO: 4 CONTRACT VENDORS TERMS AND CONTACT PERSON VENDOR NUMBER DELIVERY CONTRACT PHONE NUMBERS/FAX NAME AND ADDRESS NUMBER NET AS SPECIFIED PAUL COOPER 593268090-00 4012222 913-345-6002 EMBARQ PAYPHONE SERVICES, INC. 866-224-5139 DBA CENTURYLINK 1401 CURRY PIKE 913-397-3523 KY 40330 HARRODSBURG

		COMMO	DITY LISTI	NG		PAGE NO:	5
CONTR/ NUMBER/1		COMMODITY NUMBER COMMODITY DESCRIPTION	UNIT PRICE MEASURE	VENDOR # NAME	TERMS		
4012222	00001	915-77-075872 TELEPHONE SERVICE - INMATE COMMISSION TO BE PAID	.57200 EA	593268090-00 Embarq payphone services, inc. DBA centurylink	NET		
4012222	00002	915-77-075872 TELEPHONE SERVICE - PUBLIC PAY TELEPHONE COMMISSION PERCENTAGE TO BE PAID	87.69900 EA	593268090-00 Embarq payphone services, inc DBA centurylink	NET		

FAMILIARIZE YOURSELF WITH THIS CONTRACT AND THE TERMS AND CONDITIONS REGARDING THE RESPONSIBILITIES OF THE STATE AND THE VENDORS. * IT IS THE RESPONSIBILITY OF THE ORDERING AGENCY TO MAKE SURE THAT * * ALL OF THE INFORMATION SUBMITTED ON THEIR REQUISITION IS CORRECT. * * ALWAYS BE SURE TO RECHECK YOUR COMMODITY NUMBERS. AS SOON AS YOUR * * PURCHASE ORDER ARRIVES, CHECK IT FOR ACCURACY. IF THERE ARE ANY * * DISCREPANCIES, PLEASE NOTIFY THE VENDOR FIRST, THEN CONTACT THE * BUYER LISTED ON THE FRONT OF THIS CONTRACT AS SOON AS POSSIBLE. IN MOST INSTANCES, PROBLEMS CAN BE CORRECTED. × × × ¥ * COMPLAINTS MUST BE DOCUMENTED & SUBMITTED TO THE BUYER IN WRITING.*

SOLICITATION NUMBER : 2238645

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A	CORD [®] CER [®]	TIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) 0/2012	
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.											
t	MPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endor	, cer	tain	policies may require an e	policy ndorse	(ies) must be ment. A sta	e endorsed. tement on th	If SUBROGATION IS V is certificate does not o	VAIVED), subject to rights to the	
	DUCER			,.	CONTA	CT					
	Marsh USA Inc. CA License #0437153 1301 5th Avenue, Suite 1900				NAME: FAX PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL (A/C, No):						
	Seattle, WA 98101-2682				ADDRESS:						
	Attn: Seattle.certrequest@marsh.com / Fax: 2	12-948	3-4326		INSURER(S) AFFORDING COVERAGE NAIC #						
-	913-CTL-GAW-12-13			061915	INSURER A : Greenwich Insurance Company 22322 INSURER B : XL Insurance Company of America						
INSI	CenturyLink, Inc.; Embarq Corporation;									07005	
	Qwest Communications International Inc.; and All Affiliated, Subsidiary & Associated Con	nnonio			INSURE	RC: AL Specia	Ity Insurance Con	npany		37885	
	931 14th St., 10th Floor	ipanie	5		INSURE	RD:					
	Denver, CO 80202				INSURE	and the second se					
			-		INSURER F :						
		_		E NUMBER:		-002326499-02		REVISION NUMBER: 8			
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT	reme Tain, Icies	THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		INSR	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A	GENERAL LIABILITY	X		RGD5000333		09/01/2012	09/01/2013	EACH OCCURRENCE	s	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	s	1,000,000	
								GENERAL AGGREGATE	s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	s	2,000,000	
	X POLICY PRO- JECT X LOC								S		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	s		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s		
	HIRED AUTOS AUTOS	1						PROPERTY DAMAGE (Per accident)	s		
									s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
	DED RETENTION \$	1						AGGREGATE	s		
В	WORKERS COMPENSATION		-	RWD5000329 AOS		09/01/2012	09/01/2013	X WC STATU- OTH-	5		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			RWR5000330 WI		09/01/2012	09/01/2013	E.L. EACH ACCIDENT	s	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1.000.000	
	If yes, describe under									1,000,000	
С	DÉSCRIPTION OF OPERATIONS below XS Workers' Compensation/EL	-		RWE5000331 - WA		09/01/2012	09/01/2013	E.L. DISEASE - POLICY LIMIT Excess of \$1,000,000 SIR	3	\$1.000.000	
С	XS Workers' Compensation/EL			RWE500332 OH		09/01/2012	09/01/2013	Excess of \$1,000,000 SIR		\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: State of Alabama statewide inmate and public telephone equipment, services and commissions. Start date: 6-20-2012 (approx.); End date: 6-19-2015 (3 years from start date). State of Alabama is an Additional Insured as respects their interest in the operations of the Named Insured as required by written contract regarding General Liability. We public telephone equipment, services and commissions. Start date: 6-20-2012 (approx.); End date: 6-19-2015 (3 years from start date). State of Alabama is an Additional Insured as respects their interest in the operations of the Named Insured as required by written contract regarding General Liability. We public telephone equipment, services and commissions. Start date: 6-20-2012 (approx.); End date: 6-19-2015 (3 years from start date). State of Alabama is an Additional Insured as respects their interest in the operations of the Named Insured as required by written contract regarding General Liability. We public telephone equipment, services and commissions. Start date: 6-20-2012 (approx.); End date: 6-19-2015 (3 years from start date). State of Alabama is an Additional Insured as respects their interest in the operations of the Named Insured as required by written contract regarding General Liability. State of Alabama is an Additional Insured as respects their interest in the operations of the Named Insured as required by written contract regarding General Liability.											
CERTIFICATE HOLDER CANCELLATION							-				
State of Alabama Department of Finance Attn: Ms. Pat Antle 100 North Union Street, Suite 192 Montgomery, AL 36104					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

Cheryll L. Koch

of Marsh USA Inc.

Cherryle & Koch

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