



RUSH

Blanket Contract # 20210687

Renewal No. 2

City of Springfield Blanket Contract Tracer Log

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt on this Tracer form. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			AK	5/26/23
Police Department	CCC	6/1/23	CCC	6/1/23
City Comptroller	KV	6/8/23	6/8/23	
Law	AF	6/8	AF	6/8
CAFO	EC	6/9	EC	6/14
Mayor	gwr	6/14/23	gwr	6/14/23
Office of Procurement	fh	6/14/23		

Vendor No.: 17392

Contract No: 20210687

Blanket Contract Date: 05/01/21

Blanket Contract Amount: \$150,000.00

Blanket Renewal Date: 05/01/2023

Blanket Contract Expiration Date: 04/30/2024

Req No.:

Acct No.:

Bid No.: 21-110

Vendor Name: AXON ENTERPRISE INC

Blanket Contract Purpose: **PRICE AGREEMENT FOR TASERS, TRAINING AND MAINTENANCE**

Requesting Dept.: **POLICE**

TYPE OF DOCUMENT (Please select at least one):

☐ New

☐ Amendment

☐ Extension

☒ Renewal

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 2; CITY CONTRACT NO. 20210687

PRICE AGREEMENT FOR TASERS, TRAINING AND MAINTENANCE

WHEREAS, on or about May 1, 2021, the **CITY OF SPRINGFIELD**, a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with its principal offices at 36 Court Street, Springfield, Massachusetts 01103, acting by and through the Springfield Police Department (hereafter referred to as "SPD"), with the approval of the Mayor (collectively referred to herein as the "City"), and **Axon Enterprise, Inc.**, a Corporation, with a mailing address located at 17800 North 85th Street, Scottsdale, AZ 85255 (hereinafter the "Vendor"), entered into a contract for the Price Agreement for Tasers, Training and Maintenance, referred to as City Contract No. 20210687, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20210687, a one-year agreement, referring to Bid No. 21-110, which expired on April 30, 2022 which contained Two (2) one-year in length renewal options, to be exercised at the sole discretion of the City of Springfield; and

WHEREAS, The SPD had elected to exercise Renewal Term No. 1 to continue the services covered in the agreement, and that Renewal Term No. 1 will expire on April 30, 2023; and

WHEREAS, The SPD now seeks to exercise Renewal Option No. 2 to continue the services covered in the agreement, for the amount specified in the original Agreement and unchanged by this renewal notice; and


NOW THEREFORE, the City and the Vendor agree to renew the Agreement under the following terms and conditions:

1. **Article 1 (B) Term; Exercising of 2nd Renewal Option**. The SPD hereby exercises Renewal Option No. 2, a one-year in length renewal period available under the underlying agreement. In doing so, the agreement now has an updated expiration date of **April 30, 2024**. Both parties accept that this is the final Renewal Option under the Agreement.
2. **Article 4 (D)(1) Contract Value**. The amount of the services for the second and final Renewal Period (One Year) is estimated not to exceed **One Hundred Fifty Thousand Dollars and 00/100 (\$150,000.00)** including all reimbursable fees and expenses.
3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, requirements and specifications contained in the Agreement shall remain the same and in full force and effect.

SIGNATURE PAGE TO FOLLOW


IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and **Axon Enterprise, Inc.**, has caused this Renewal Option No. 2 to be executed in duplicate under seal as of the date the document is executed by all parties listed on the signature page, or their lawful successors in office.

FOR THE VENDOR,
Axon Enterprise, Inc.

By: 
55DAEBB131A4424
Name: Robert Driscoll
Title: VP, Assoc. General Counsel
Date: 5/24/2023 | 8:49 AM MST

FOR THE CITY OF SPRINGFIELD:

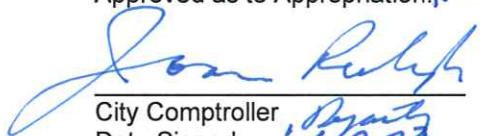
Approved:


Police Superintendent
Date signed: 6/1/23

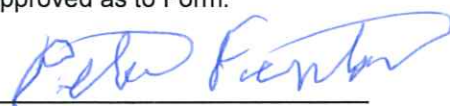
Approved:


Office of Procurement
Date Signed 5/26/23


Approved as to Appropriation: N/A


City Comptroller
Date Signed 6/8/23

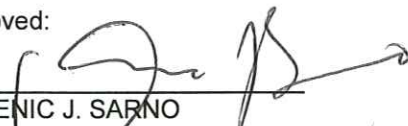
Approved as to Form:


City Solicitor
Date Signed 6/8

Approved:


CAFO
Date Signed 6/14/23

Approved:


DOMENIC J. SARNO
MAYOR
Date Signed 6/14/23

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

001024083

State Identification Number

86-0741227

Federal Identification Number

Pursuant to M.G.L. Ch. 62c, sec. 49a.

Company: Axon Enterprise, Inc.
P.O. Box (if any): _____ Street Address Only: 17800 N. 85th Street
City/State/Zip Code: Scottsdale, AZ 85255
Telephone Number: 800-978-2737 Fax Number: 480-991-0791
E-Mail Address: contracts@axon.com
List address(es) of all other property owned by company in Springfield: n/a

Please identify if the bidder/proposer/contractor is a:

Corporation	<u>X</u>	Name of Individual: _____
Individual	_____	Names of all Partners: _____
Partnership	_____	Names of all Managers: _____
Limited Liability Company	_____	Names of Partners: _____
Limited Liability Partnership	_____	Names of all General Partners: _____
Limited Partnership	_____	

You must complete the following certification and have the signature(s) notarized on the lines below.

TAX CERTIFICATION

I, Robert E. Driscoll, Jr., certify under the pains and penalties of perjury that Axon Enterprise, Inc., to my best (Authorized Agent) (Bidder/Proposer/Contractor) knowledge and belief, has/have complied with all United States Federal, Commonwealth of Massachusetts, and City of Springfield taxes required by law.

Axon Enterprise, Inc.

Bidder/Proposer/Contracting Entity

[Signature]
Authorized Person's Signature

Date: 4/25/23

Notary Public

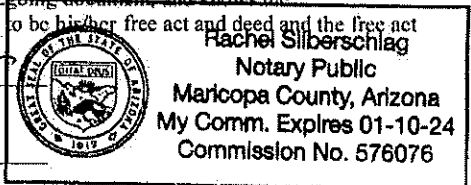
STATE OF ARIZONA

April 25, 2023

County of MARICOPA, ss.

Then personally appeared before me [name] Robert E. Driscoll, Jr., [title] VP, Associate General Counsel of [company] Axon Enterprise, Inc., being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Axon Enterprise, Inc.

[Signature]
Notary Public



My commission expires: 01-10-24

YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/25/2023

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 Aon Risk Insurance Services West, Inc. Phoenix AZ Office 2555 East Camelback Rd. Suite 700 Phoenix AZ 85016 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): 8662837122	FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Axon Enterprise, Inc. 17800 N. 85th Street Scottsdale AZ 85255 USA	INSURER A:	Scottsdale Indemnity Company 15580
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570099557519 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, Limits shown are as requested

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"/> see Prod Liab info att'd GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Xcl Prod/Comp Ops			NG00000097 SIR applies per policy terms & conditions	03/01/2022	08/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG Excluded Per Occ SIR \$1,000,000
	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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

570099557519

Certificate No :

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

Springfield Police Dept. 130 Pearl St. Springfield MA 01105 USA	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 <i>Aon Risk Insurance Services West, Inc.</i>



AGENCY CUSTOMER ID: 570000007117

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Axon Enterprise, Inc.	
POLICY NUMBER See Certificate Numbe 570099557519		EFFECTIVE DATE:	
CARRIER See Certificate Numbe 570099557519	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance**Products Liability Schedule**Products/Completed Operations Coverage
2/1/2022 - 8/1/2023:Policy #034064091
Lexington Insurance Company
Claims Made Coverage Form - Products Liability
\$10,000,000 Each Occurrence Limit
\$10,000,000 Products/Completed Operations Aggregate Limit
\$ 5,000,000 Per Claim Self Insured RetentionPolicy #034064092
Lexington Insurance Company
Occurrence Coverage Form - Products Liability
\$10,000,000 Each Occurrence Limit
\$10,000,000 Products/Completed Operations Aggregate Limit
\$ 5,000,000 Per Occurrence Self Insured Retention

06/14/2023 12:49 | CITY OF SPRINGFIELD
116704 | CONTRACT CHANGE ORDER REPORT

P 1
cmentpst

CONTRACT #	VENDOR	NAME	ENTRY DT	JOURNAL
20210687	17392	AXON ENTERPRISE INC	06/14/23	

Contract Method: Not to Exceed

YEAR	AMOUNT
2023	125,400.00
TOTAL	125,400.00

** END OF REPORT - Generated by Abbie Kusekoski **

Ph