



ROWAN COUNTY CONTRACT MEMORANDUM

TO: Aaron Church, Rowan County Manager  
FROM: Micah Ennis, Director  
DEPT: Social Services  
DATE: 6/6/2022  
SUBJECT: MCCi, LLC 23132

PURPOSE OF CONTRACT:

Laserfiche Renewal Coverage and Software Support

**CONTRACT CERTIFICATION**

*By submitting this memorandum, I agree that I have:*

- 1. Read and understand the terms of the contract.*
- 2. To the best of my knowledge the terms, amount and activities surrounding this contract are compliant with North Carolina General Statutes, the Rowan County Purchasing Policy and any applicable regulations.*
- 3. I have secured and attached in MUNIS the Certificate of Insurance.*

Signature of Director

6/8/2022

DATE



**Bill To:**  
Rowan County  
Attention: Toni Winger  
130 West Innes Street  
Salisbury, NC 28144

**Invoice Number** RN7845  
**Invoice Date** 5/2/2022  
**PO Number**  
**Payment Terms** Net 30  
**Customer ID** ROWANNC01  
**End Customer ID** RowanCounty

**Reference:** Annual Billing for 2022-2023

Laserfiche Renewal Coverage Dates: 7/16 - 7/15

**Description**

**Extended  
Amount**

**Software Support (LF)**

**Product Group**  
**Total** \$32,189.85

Subtotal	\$32,189.85
Downpayment Applied	-\$0.00
Sales Tax	\$2,253.29
Total Due	\$34,443.14

Electronic Payment Information:  
MCCI, LLC  
c/o Enterprise Bank  
ABA: 081006162  
Account: 1293909  
(800) 342-2633

Thank you for your business.

Mail-in Payment Information  
MCCI, LLC  
c/o Enterprise Bank  
P.O. Box 790379  
St. Louis, MO 63179-0379  
(800) 342-2633

3717 Apalachee Parkway, Suite 201  
Tallahassee, FL 32311



# CERTIFICATE OF LIABILITY INSURANCE

12/1/2022

DATE (MM/DD/YYYY)

1/18/2022

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).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b>	
<b>INSURED</b> 1456427 MCCi, LLC 3717 Apalachee Parkway Tallahassee FL 32311	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Valley Forge Insurance Company	
	<b>INSURER B:</b> American Casualty Company of Reading, PA	
	<b>INSURER C:</b> The Continental Insurance Company	
	<b>INSURER D:</b> Mount Vernon Specialty Insurance Company	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** MCCIL01**CERTIFICATE NUMBER:** 18186403**REVISION NUMBER:** XXXXXXXX

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	N	6072067360	12/1/2021	12/1/2022	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 - COMP/OP AGG \$ 2,000,000
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp. Ded. \$100	N	N	6072067343	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Coll. Ded. \$ 1,000
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	6072067357	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N	6072067326 (AOS) 6079501170 (CA)	12/1/2021 12/1/2021	12/1/2022 12/1/2022	<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
D	Tech E&O/Cyber Liability	N	N	DPS4002374	12/1/2021	12/1/2022	Limit: \$5,000,000 SIR: \$100,000

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

Rowan County is an Additional Insured to the extent provided by the policy language or endorsement issued or approved by the insurance carrier

**CERTIFICATE HOLDER**18186403  
Rowan County  
130 West Innes Street  
Salisbury NC 28144**CANCELLATION** See Attachments

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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