

**COUNTY OF TULARE  
SERVICES AGREEMENT FOR  
PRINTING AND TYPESETTING**

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THIS AGREEMENT ("Agreement") is entered into as of July 1, 2018, between the COUNTY OF TULARE, a political subdivision of the State of California ("COUNTY"), AND CENTRAL VALLEY BUSINESS FORMS, INC., a California Corporation, referred to as ("CONTRACTOR"). COUNTY and CONTRACTOR are each a "Party" and together are the "Parties" to this Agreement, which is made with reference to the following:

- A. WHEREAS, COUNTY has invited proposals for print and typesetting services to the COUNTY; and,
- B. WHEREAS, CONTRACTOR has submitted such a proposal; and,
- C. WHEREAS, COUNTY and CONTRACTOR have reached agreement on all matters of negotiation with respect to COUNTY'S invitation and CONTRACTOR'S proposal and both desire to reduce the results of said negotiations to writing in the form of this Agreement.

**THE PARTIES AGREE AS FOLLOWS:**

- 1. **TERM:** This Agreement becomes effective as of July 1, 2018 and expires at 11:59 PM on June 30, 2023, with an option to extend for an additional three (3) year period by mutual written consent unless earlier terminated as provided below, or unless the Parties extend the term by a written amendment to this Agreement.
- 2. **SERVICES AND PRICING:** See attached **Exhibit A**
- 3. **PAYMENT FOR SERVICES:** The maximum amount of this Agreement is not to exceed \$200,000.00 per fiscal year.
- 4. **INSURANCE:** Before approval of this Agreement by COUNTY, CONTRACTOR must file with the Clerk of the Board of Supervisors evidence of the required insurance as set forth in the attached **Exhibit B**.
- 5. **GENERAL AGREEMENT TERMS AND CONDITIONS:** COUNTY'S "General Agreement Terms and Conditions" are hereby incorporated by reference and made a part of this Agreement as if fully set forth herein. COUNTY'S "General Agreement Terms and Conditions" can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>
- 6. **NOTICES:** (a) Except as may be otherwise required by law, any notice to be given must be written and must be either personally delivered, sent by facsimile transmission or sent by first class mail, postage prepaid and addressed as follows:

**COUNTY:**

GENERAL SERVICES AGENCY  
5953 S. Mooney Blvd.  
Visalia, CA 93277  
Phone No.: (559) 624-7227  
Fax No.: (559) 624-1022

**With a Copy to:**

COUNTY ADMINISTRATIVE OFFICER  
2800 W. Burrel Ave.  
Visalia, CA 93291  
Phone No.: 559-636-5005  
Fax No.: 559- 733-6318

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**CONTRACTOR:**

**Attn: Rod Singleton**

CENTRAL VALLEY BUSINESS FORMS, INC.

7500 W Sunnyview Ave

Visalia, CA 93291

Phone No.: 559-651-3595

Email: rod@cvbf.com

(b) Notice personally delivered is effective when delivered. Notice sent by facsimile transmission is deemed to be received upon successful transmission. Notice sent by first class mail will be deemed received on the fifth calendar day after the date of mailing. Either Party may change the above address by giving written notice under this section.

**7. AUTHORITY:** CONTRACTOR represents and warrants to COUNTY that the individual(s) signing this Agreement on its behalf are duly authorized and have legal capacity to sign this Agreement and bind CONTRACTOR to its terms. CONTRACTOR acknowledges that COUNTY has relied upon this representation and warranty in entering into this Agreement.

**8. COUNTERPARTS:** The Parties may sign this Agreement in counterparts, each of which is an original and all of which taken together form one single document.

[THIS SPACE LEFT BLANK INTENTIONALLY; SIGNATURES FOLLOW ON NEXT PAGE]

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**THE PARTIES**, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

**CENTRAL VALLEY BUSINESS FORMS, INC.**

Date: 6-4-18

By Rob Singleton

Print Name Rob Singleton

Title Sales

Date: 6-4-18

By LeAnn Murray

Print Name LeAnn Murray

Title C.O.O.

[Pursuant to Corporations Code section 313, County policy requires that contracts with a Corporation be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703 01, County policy requires that contracts with a Limited Liability Company be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

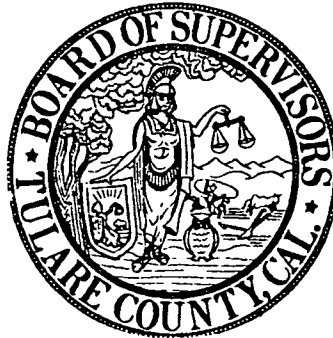
**COUNTY OF TULARE**

Date: 6/20/2018

By John P. Rutledge  
Chairman, Board of Supervisors

ATTEST: MICHAEL C. SPATA  
County Administrative Officer/Clerk of the Board  
of Supervisors of the County of Tulare

By Heleny Rehillo  
Deputy Clerk



Approved as to Form  
County Counsel

By Jennifer Nielsen 06/05/18  
Deputy

Matter # 2018880

EXHIBIT A



P.O. Box 3850  
 7500 W. Sunnyview Ave.  
 Visalia, CA 93278-3850  
 559.651.3595  
 Fax 559.651.3598

5-15-18

**Promotional Products:** List price minus 10% for given quantity. Based on manufacturer's current list price on their website. Standard set up and CVBF art charges may apply

**Apparel:** to be quoted at time of project. Includes T shirts, polo shirts, caps, jackets

**Large Format Printing:** All pricing single sided unless noted.

13 oz banner \$1.73 per sqf, single side. includes hems and grommets  
 coroplast \$ 6.00 per sqf, single sided. H stakes included if needed 12 piece minimum  
 coroplast \$8.50 per sqf, double sided, H stakes included if needed 12 piece minimum  
 aluminum \$10.50 per sqf – single side, lamination not included  
 3 mil PVC \$8.00 sqf – single side

other substrates or specs quoted at time of project

**Custom Printed Orders:** to be quoted at time of project. Includes full color printing, continuous forms, unit sets, custom file jackets, presentation folders, laser sheets and checks

**Trade Show Displays:** includes canopies, table clothes, flags, retractable banner stands – to be quoted at time of project

**Business Cards:**

BC 211	500	\$45
BC Ag commissioner	1000	\$65
BC DA	500	\$50
BC county counsel	250	\$55
BC county counsel risk mgmt	250	\$55
BC CAO	500	\$85
BC assessor/clerk	500	\$124
BC elections fill in	500	\$55
BC FCS – director	500	\$55
BC FCS – investigator	500	\$55
BC library full color	500	\$45
BC library full color thermo	500	\$60
BC library one color	500	\$72
BC board of retirement	1000	\$45
BC film commission	1000	\$115
BC Sheriff imprint	250	\$45
BC superior court 2 color	500	\$82
BC superior court cursive	500	\$35
BC superior court self help	500	\$50
BC registrar of voters	500	\$55

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**Business Card – full color one side, 14pt C1S**

250	\$20
500	\$25
1000	\$35
5000	\$80

**Business Card – full color two side, 14pt C1S**

250	\$30
500	\$35
1000	\$45
5000	\$100

<b>Secure RX Pad</b>	24	\$165
	40	\$280
	80	\$465

RX pad prices do not include custom heading if needed.

<b>#10 Regular Envelope-black ink</b>	1000	\$95
	2500	\$165
	5000	\$245

<b>#10 Window Envelope-black ink</b>	1000	\$100
	2500	\$175
	5000	\$260

<b>#6 ¾ Reply Envelope-black ink</b>	1000	\$85
	2500	\$135

<b>#9 Reply Envelope-black ink</b>	1000	\$95
	2500	\$165

<b>Decal-Environmental Health</b>	1,000	\$1200	static cling
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<b>Decal-Environmental Health</b>	500	\$495	5.5 x 3.5 yearly decal, white vinyl with numbering
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<b>HSD 58 Environmental Form</b>	1,000	\$435
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<b>File Folder-Child Support</b>	1000	\$1900
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<b>Kennel Card</b>	7,500	\$800
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<b>Name Tent Card</b>	500	\$200
	1000	\$229
	5000	\$637

EXHIBIT A



**CVBF.COM**

CENTRAL VALLEY BUSINESS FORMS

PRINTING \ DESIGN \ MARKETING

P.O. Box 3850  
7500 W. Sunnyview Ave.  
Visalia, CA 93278-3850  
559.651.3595  
Fax 559.651.3598

5-15-18

NEO packet	250	\$575
Plea Paper	8,000	\$1700
SD900 Field Info Sheet	10,000	\$1600
SD131 Body Card	10,000	\$800
Subpoena Mailer-Juvenile	45,000	\$7825
Valuation Notice Card-Blue	35,000	\$1450
Valuation Notice Card	25,000	\$875
Z Fold Check-HHSA	6,000	\$492

**Misc Bindery services** – die cut, lamination, perforation, foil, fold etc to be quoted at time of project.

**Art:** \$15 minimum. As needed when client supplied files aren't print ready based on guidelines on CVBF website <http://cvbf.com/fags.html>

Unique/misc print or marketing projects that don't fit above parameters will be quoted at the time of project.

All orders subject to industry standard +/- 10% over or under run. Invoice to be adjusted accordingly.

Shipping/freight cost will be added when applicable.

Local sales tax will be added on all invoices.

## NON-PROFESSIONAL SERVICES INSURANCE REQUIREMENTS

CONTRACTOR shall provide and maintain insurance for the duration of this Agreement against claims for injuries to persons and damage to property which may arise from, or in connection with, performance under the Agreement by the CONTRACTOR, his agents, representatives, employees and subcontractors, if applicable.

### A. Minimum Scope & Limits of Insurance

1. Commercial General Liability coverage of \$1,000,000 on an occurrence basis, including products and completed operations, property damage, bodily injury and personal & advertising injury (occurrence Form CG 00 01). If a general aggregate applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit must be no less than \$2,000,000.
2. Insurance Services Office Form Number CA 00 01 covering Automobile Liability, (any auto) of no less than \$1,000,000 per accident for bodily injury and property damage. If an annual aggregate applies it must be no less than 2,000,000.
3. Workers' Compensation insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.

### B. Specific Provisions of the Certificate

1. If any of the required insurance is written on a claims made form, the retroactive date must be before the date of the contract or the beginning of the contract work and must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract work.
2. CONTRACTOR must submit endorsements to the General Liability reflecting the following provisions:
  - a. *The COUNTY OF TULARE, its officers, agents, officials, employees and volunteers are to be covered as additional insureds as respects: liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operation.*
  - b. *For any claims related to this project, the CONTRACTOR's insurance coverage shall be primary insurance at least as broad as ISO CG 20 01 01 13 as respects the COUNTY, its officers, agents, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, agents, officials, employees or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.*
  - c. *Each insurance policy required by this agreement shall provide that coverage shall not be canceled, except with written notice to the COUNTY.*
  - d. *CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation which any insurer of the CONTRACTOR may acquire against the COUNTY by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this*

*provision applies regardless of whether or not the COUNTY has received a waiver of subrogation endorsement from the insurer.*

3. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the COUNTY for all work performed by the CONTRACTOR, its employees, agents and subcontractors. CONTRACTOR waives all rights against the COUNTY and its officers, agents, officials, employees and volunteers for recovery of damages to the extent these damages are covered by the workers compensation and employers liability.

C. Deductibles and Self-Insured Retentions

Self-insured retentions must be declared and the COUNTY Risk Manager must approve any deductible or self-insured retention that exceeds \$100,000.

D. Acceptability of Insurance

Insurance must be placed with insurers with a current rating given by A.M. Best and Company of no less than A-:VII and a Standard & Poor's rating (if rated) of at least BBB and from a company approved by the Department of Insurance to conduct business in California. Any waiver of these standards is subject to approval by the County Risk Manager.

E. Verification of Coverage

Prior to approval of this Agreement by the COUNTY, the CONTRACTOR shall file with the submitting department, certificates of insurance with original endorsements effecting coverage in a form acceptable to the COUNTY. Endorsements must be signed by persons authorized to bind coverage on behalf of the insurer. The COUNTY reserves the right to require certified copies of all required insurance policies at any time.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/23/2018

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 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 <b>ISU Insurance Services - The F &amp; I Agency</b> 99 Long Ct. Suite 201 Thousand Oaks CA 91360	CONTACT NAME: <b>April Merryman-Gold</b>
	PHONE (A/C No. Ext): (805) 496-6555 FAX (A/C No.): (805) 497-7870
INSURED <b>Central Valley Bus Forms, Inc</b> P.O. Box 3850  <b>Visalia CA 93278-3850</b>	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A <b>Mercury Casualty Ins</b>
	INSURER B <b>Nationwide Mutual Ins Co</b>
	INSURER C <b>Midwest General Insurance</b>
	INSURER D:
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17-18/18-19 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		CCP0050959	11/29/2017	11/29/2018	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							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
							\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			ACP 3036435114	12/18/2017	12/18/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
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 <input checked="" type="checkbox"/>	N/A	WCNCCQ101356400	3/15/2018	3/15/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E L EACH ACCIDENT \$ 1,000,000						
							E L DISEASE - EA EMPLOYEE \$ 1,000,000
							E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
County of Tulare, its officers, agents, officials, employees and volunteers are included as Additional Insured with respects to General Liability.  
\*10 day Notice of Cancellation for non-payment of premium.

CERTIFICATE HOLDER  <b>Tulare County</b> Attn: Purchasing Department 2500 W. Burrel Avenue, Ste B-1 Visalia, CA 93291	CANCELLATION  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  Jesse Cox, Jr./APRIL