



# Board of Public Works and Safety

## Agenda Item

### Cover Sheet

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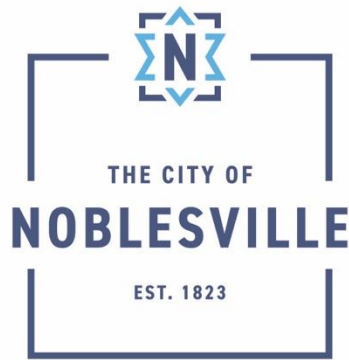
**MEETING DATE:** April 15, 2025

- ☒ Consent Agenda Item
- ☐ New Item for Discussion
- ☐ Previously Discussed Item
- ☐ Miscellaneous

**ITEM #:** 8

**INITIATED BY:** Kristyn Parker

- ☒ Information Attached
- ☐ Verbal
- ☐ No Paperwork at Time of Packets



**TO:** Board of Works

**FROM:** Kristyn Parker, Project Coordinator, Utilities Department

**SUBJECT:** Approval of Lease Agreement with Pitney Bowes

**DATE:** April 15, 2025

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The Utility is requesting approval of a renewal lease agreement with Pitney Bowes for a postage meter and folding/stuffing machine. The lease agreement is for 48 months with quarterly payments of \$1,636.71.

I recommend that the approval of the renewal lease agreement with Pitney Bowes.

Agreement Number \_\_\_\_\_

## Full Legal Name of Lessee / DBA Name of Lessee

CITY OF NOBLESVILLE

Tax ID # (FEIN/TIN)

356001141

**Sold-To: Address**

197 WASHINGTON ST, NOBLESVILLE, IN, 46060-3254, US

**Sold-To: Contact Name**

**Felicia Hunt**

**Sold-To: Contact Phone #**

3177766353

**Sold-To: Account #**

0015353145

**Bill-To: Address**

197 WASHINGTON ST, NOBLESVILLE, IN, 46060-3254, US

**Bill-To: Contact Name**

**Felicia Hunt**

## Bill-To: Contact Phone #

3177766353

**Bill-To: Account #**

0015353145

**Bill-To: Email**

fhunt@noblesville.in.gov

**Ship-To: Address**

197 WASHINGTON ST, NOBLESVILLE, IN, 46060-3254, US

**Ship-To: Contact Name**

**Felicia Hunt**

**Ship-To: Contact Phone #**

3177766353

**Ship-To: Account #**

0015353145

**PQ #**

## Your Business Needs

Qty	Item	Business Solution Description
1	RELAY3500	Relay 3500
1	DI90012	Power Stacker Localization Kit
1	F381076	PB Kit, Relay 2500-4500
2	F790042-01	Power Cord
1	STDSLA	Standard SLA-Equipment Service Agreement (for Relay 3500)
1	TI35	Relay 3500 w/Install & Training
1	TIRS	Vertical Power Stacker
1	SENDPROCAUTO	SendPro C Auto
1	1FXA	Interface to InView Dashboard
1	7H00	C Series IMI Meter
1	APAC	Connect+ Accounting Weight Break Reports
1	APAX	Cost Acctg Accounts Level (100)
1	APKN	Account List Import/Export
1	C5CC	Sendpro C Auto 95

1	CAAB	Basic Cost Accounting
1	ME1A	Meter Equipment - C Series
1	MP81	C Series Integrated Scale
1	PAB1	C Series Premium App Bundle
1	SJS2	Softguard For SendPro C500
1	SPACRL	Return Lbl/Instr - SendPro Auto C
1	STDsla	Standard SLA-Equipment Service Agreement (for SendPro C Auto)
1	ZH24	Manual Weight Entry
1	ZH29	HZ03 95 LPM Speed
1	ZHC5	SendPro C500 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E Conf Services for Metered LTR. BDL
1	ZHD9	Retail Ground LOR
1	ZHWL	5lb/3kg Weighing Option for MP81

#### Your Payment Plan

<b>Initial Term: 48 months</b>	<b>Initial Payment Amount:</b>	
<b>Number of Months</b>	<b>Monthly Amount</b>	<b>Billed Quarterly at*</b>
48	\$ 545.57	\$ 1,636.71

- ☐ Tax Exempt Certificate Attached  
☐ Tax Exempt Certificate Not Required  
☐ Purchase Power® transaction fees included  
☒ Purchase Power® transaction fees extra

\*Does not include any applicable sales, use, or property taxes which will be billed separately.  
 If the equipment listed above is replacing your current meter, your current meter will be taken out of service once this lease commences.

**Your Signature Below**

**Non-Appropriations.** You warrant that you have funds available to make all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to make all payments in each subsequent fiscal period through the end of your Lease Term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to make the payments is denied, you may terminate this Lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue this Lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under this Lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the Equipment at your expense.

By signing below, you agree to be bound by all the terms of this Agreement, including those located in the State of Indiana Contract 0000000000000000000000031988, Exhibit F the Pitney Bowes Terms, Exhibit H Software License, Subscription and Maintenance Agreements, and Exhibit I Fair Market Value Lease Agreement which are available at <http://www.pb.com/states> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you to provide proof of insurance covering the replacement cost of the equipment.

0000000000070000000031988

State/Entity's Contract#

Lessee Signature

Don  
Print Name

Title

Date \_\_\_\_\_

Email Address

Salvatore Politi a

Salvatore Polletta

**VP, Risk Assurance & Operational Governance**

**Pitney Bowes Signature**

Wednesday, March 26, 2025

Print Name \_\_\_\_\_

Title

Date \_\_\_\_\_

### Sales Information

Bradley Lang

bradley.lang@pb.com

Account Rep Name

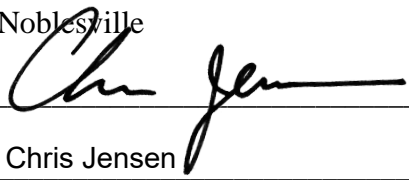
Email Address

PBGFS Acceptance

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates subscribed below.

City of Noblesville

By: \_\_\_\_\_



Printed: Chris Jensen

Title: Mayor

Date: 04/09/2025

**CITY OF NOBLESVILLE  
E-VERIFY AFFIDAVIT**

Pursuant to Ind. Code 22-5-1.7-11, the Contractor entering into the Agreement with the City of Noblesville is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify Program. The Contractor is not required to verify the work eligibility status of all its newly hired employees through the E-Verify Program if the E-Verify Program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ and unauthorized alien. The undersigned further affirms that, prior to entering into its Agreement with the City of Noblesville, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify Program.

(Contractor): Pitney Bowes, Inc.

By (Written Signature) 


(Printed Name): Bradley Lang

(Title): Government Account Executive

Important – Notary Signature and Seal Required in the Space Below

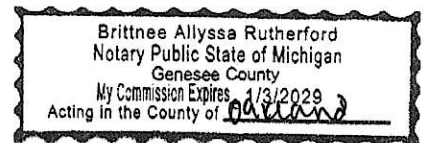
STATE OF MI  
COUNTY OF OAKLAND ss: Oakville

Subscribed and sworn to before me this 09 day of March, 2025

My commission expires: 01/03/2029 (Signed): 

Residing in Genesee County, State MI

3801237





# CERTIFICATE OF LIABILITY INSURANCE

2/1/2026

DATE (MM/DD/YYYY)

3/6/2025

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 Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste. 2010 New York NY 10036 (646) 572-7300	<b>CONTACT NAME:</b>
	<b>PHONE (A/C, No, Ext):</b>
<b>INSURED</b> 1554483 Pitney Bowes Inc. 3001 Summer Street Stamford, CT 06926	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> ACE American Insurance Company	<b>NAIC #</b> 22667
<b>INSURER B:</b> Commerce and Industry Insurance Company	19410
<b>INSURER C:</b> Indemnity Insurance Co of North America	43575
<b>INSURER D:</b> ACE Fire Underwriters Insurance Company	20702
<b>INSURER E:</b> --- SEE ATTACHMENT ---	
<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 21355515**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	HDO G48962531	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	ISA H10819751	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000	N	N	BE 020598078	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
C A D C	<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 <input checked="" type="checkbox"/> N	N/A	WLR C72627763 (AOS) WLR C72632710 (AZ) SCF C72627805 (WI) SCF C72627842 (AK, GA)	2/1/2025 2/1/2025 2/1/2025 2/1/2025	2/1/2026 2/1/2026 2/1/2026 2/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
E	Worker's Comp(Ohio Excess)	N	N	See Attached	2/1/2025	2/1/2026	See Attached

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
City of Noblesville is included as Additional Insured on the General Liability as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION** See Attachment

<b>21355515</b> City of Noblesville 197 WASHINGTON ST NOBLESVILLE, IN 46060-3254	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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**Worker's Comp Coverage - Ohio Excess**

<b>Policy#:</b>		WCU C72632679	
<b>Policy Term:</b>		2/1/2025-2/1/2026	
<b>Issuing Co.:</b>		ACE American Insurance Company	
<input checked="" type="checkbox"/>	Per Statute	<input type="checkbox"/>	Other
Employer's Liability Each Accident		\$2,000,000	
Employer's Liability Dis. Ea. Employee		\$2,000,000	
Employer's Liability Dis Policy Limit		\$2,000,000	