



AMERICAN DOCUMENT DESTRUCTION, INC.

The Cutting-Edge
In
Document
Destruction

MOBILE ON-SITE, DROP-OFF OR PICK-UP



- Viewed Destruction
- Hard-To-Handle Materials
- Bulk Purges
- Large Selection of Free Security Containers
- Free Estimates
- We Recycle!

PROVEN State-Of-The-Art On-Site No Touch Shredding Unit.
Saves you time & money!



Full
Service
Shredding
Company

Locally Owned & Operated

775-358-2323

480 Coney Island, Dr - Sparks, NV
www.ADDNV.com

Bonded
And
Insured

Servicing Northern Nevada & California

American Document Destruction, Inc. has provided certified data and sensitive material destruction since 1992. Not only specializing in ON SITE mobile destruction with a state of the art, hands free Sterling Mobile Shredding Unit, **American Document Destruction, Inc.** also provides full service shredding at the lowest rates around.

Whether you require ON SITE or OFF SITE service, our powerful equipment can handle it all. Large volumes can be quickly destroyed regardless of staples, paperclips, binders, etc. Office paper, folders, floppy discs, CD's, VHS, microfilm, and much more are destroyed in just minutes. As a result, we pass the savings on to you!

American Document Destruction, Inc. ensures that even small amounts are economical to have destroyed. We encourage all our clients to visit our Sparks, NV facility to observe the shredding of your documents. The added bonus with **American Document Destruction, Inc.** is that we offer personal service whenever you need it. We are locally owned and operated, and treat all of our customers and clients with the highest standards of customer service and secure record destruction. We offer consistent and convenient schedules tailored to fit the needs of any business with no preparation needed by your staff prior to our arrival. All services are satisfaction guaranteed with a Certificate of Destruction. Whether your company needs in-office destruction service on a regular basis, or it is finally time to purge outdated but vital files, **American Document Destruction, Inc.** is ready for the responsibility of your destruction needs. Please call to find out how **American Document Destruction, Inc.** can be of assistance to your shredding needs and how we can help design and implement your own tailored sensitive material destruction program today.



EXECUTIVE CONSOLE

Our executive consoles are not only 100% secure, but also easy on the eyes. This security bin is a great additions to and office, no matter the size. Save space by adding a fax or printer to the top of this Console. The executive console holds up to 125 pounds of paper. Perfect for your business or home.

Dimensions – H35.5”, L23”, W15.5”



COMBO

Our Combo bins are one of the largest security containers available to businesses. Holding up to 250 pounds of paper, this security bin can be moved virtually anywhere and always maintain 100% secure disposal of all your sensitive materials.

Dimensions – H44”, L30”, W25”

**ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFP**

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Assured Document Destruction, Inc.

Company Name

Signature

Alex Cordier

Print Name

06/01/2016

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
<i>NA</i>			

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
<i>NA</i>			

This document must be submitted in Tab V of vendor's technical proposal

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Southern Nevada - Contractor

Question	Response
Company name:	<i>Assured Document Destruction</i>
Ownership (sole proprietor, partnership, etc.):	<i>S Corporation</i>
State of incorporation:	<i>Nevada</i>
Date of incorporation:	<i>9/2000</i>
# of years in business:	<i>16 Years</i>
List of top officers:	<i>Susan Cordier - President</i>
Location of company headquarters:	<i>8050 Arville St. Suite 105 Las Vegas, Nevada 89139</i>
Location(s) of the company offices:	<i>Las Vegas – 8050 Arville St. Suite 105 Las Vegas, Nevada 89139 Phoenix – 7225 W. Roosevelt St. Suite 182 Phoenix, AZ 85043</i>
Location(s) of the office that will provide the services described in this RFP:	<i>Las Vegas Location</i>
Number of employees locally with the expertise to support the requirements identified in this RFP:	<i>30</i>
Number of employees nationally with the expertise to support the requirements in this RFP:	<i>40</i>
Location(s) from which employees will be assigned for this project:	<i>Las Vegas Location</i>

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State’s Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State’s Office pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://nvsos.gov>.

Question	Response
Nevada Business License Number:	<i>Assured - NV20001415539</i>
Legal Entity Name:	<i>Assured Document Destruction, Inc.</i>

Is “Legal Entity Name” the same name as vendor is doing business as?

Yes	X	No	
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If “No”, provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	
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If “Yes”, complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	<i>All State Agencies – We held the 1st ever State Shredding Contract Awarded in 2002.</i>
State agency contact name:	<i>All State Agencies – We held the 1st ever State Shredding Contract Awarded in 2002.</i>
Dates when services were performed:	<i>2002-2008</i>
Type of duties performed:	<i>Document Destruction</i>
Total dollar value of the contract:	<i>\$105,713</i>

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	X
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If “Yes”, please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other

governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor’s ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	X
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If “Yes”, please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in **Attachment E, Insurance Schedule for RFP 3240**. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in **Attachment E**.

Yes	X	No	
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Any exceptions and/or assumptions to the insurance requirements **must** be identified on **Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP**. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor **must** provide the Certificate of Insurance identifying the coverages as specified in **Attachment E, Insurance Schedule for RFP 3240**.

Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages. **Assured**

has provided shredding services for the State of Nevada for 6 years in the past. Assured has been in business shredding documents since 2000 and has grown to be the largest shredding provider in Nevada offering both on-site and off-site shredding to thousands of customers. Assured operates the largest fleet of high-speed mobile shredding trucks in Nevada and has a well established office capable of responding in a timely manner to customer requests. American Document Destruction has been in business since 1997 and is the largest privately held shredding company in Northern Nevada.

Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description. *Assured has been in business shredding documents since 2000 and has grown to be the largest shredding provider in Nevada offering both on-site and off-site shredding to thousands of customers. Assured services many 1000's of customers both in the public and private sector. American Document Destruction has been in business since 1997 and is the largest privately held shredding company in Northern Nevada.*

4.1.9 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.9.1 Dun and Bradstreet Number

Assured – 14-608-3063

4.1.9.2 Federal Tax Identification Number

Assured – 88-047-2274

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes	X	No	
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If “Yes”, vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services. *American Document Destruction, Inc. will be our subcontractor and will service the Northern Nevada areas.*

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements; *we have a existing subcontractor agreement in place with American Document Destruction. We have been subcontracting work for over 10 years to ADDNV.*

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and *Assured*

management will communicate all service needs directly to ADDNV management. ADDNV will invoice Assured and Assured will invoice the State.

C. Describe your previous experience with subcontractor(s).

We have an existing subcontractor agreement in place with American Document Destruction. We have been subcontracting work for over 10 years to ADDNV. We have no negative feedback on ADDNV, all positive experiences.

4.2.1.3

Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

We have an existing subcontractor agreement in place with American Document Destruction. We have been subcontracting work for over 10 years to ADDNV. We have no negative feedback on ADDNV, all positive experiences.

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

We have an existing subcontractor agreement in place with American Document Destruction. We have been subcontracting work for over 10 years to ADDNV. We have no negative feedback on ADDNV, all positive experiences.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

We have an existing subcontractor agreement in place with American Document Destruction. We have been subcontracting work for over 10 years to ADDNV. We have no negative feedback on ADDNV, all positive experiences.

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State’s request, the State will be notified of such payments. *Assured will comply with all such requests. We have an excellent working relationship with ADDNV and have been doing business together for more than 10 years.*

4.2.1.4

Provide the same information for any proposed subcontractors as requested in *Section 4.1, Vendor Information.*

Northern Nevada - Subcontractor

Question	Response
Company name:	<i>American Document Destruction</i>
Ownership (sole proprietor, partnership, etc.):	<i>S Corporation</i>
State of incorporation:	<i>Nevada</i>
Date of incorporation:	<i>9/1997</i>
# of years in business:	<i>19 Years</i>
List of top officers:	<i>Jeff Gadsby - President</i>
Location of company headquarters:	<i>480 Coney Island Dr. Sparks, NV 89431</i>
Location(s) of the company offices:	<i>480 Coney Island Dr. Sparks, NV 89431</i>

Question	Response
Location(s) of the office that will provide the services described in this RFP:	<i>Sparks Location</i>
Number of employees locally with the expertise to support the requirements identified in this RFP:	<i>7</i>
Number of employees nationally with the expertise to support the requirements in this RFP:	<i>7</i>
Location(s) from which employees will be assigned for this project:	<i>Sparks Location</i>

Question	Response
Nevada Business License Number:	<i>ADDNV – NV19971278345-Sub</i>
Legal Entity Name:	<i>American Document Destruction, Inc.</i>

Dun and Bradstreet Number
ADDNV – 85-841-5805

Federal Tax Identification Number
ADDNV – 86-088-3867

- 4.2.1.5 Business references as specified in *Section 4.3, Business References* must be provided for any proposed subcontractors. *Please see our business references section, subcontractors will be clearly identified.*
- 4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor. *Assured agrees and will comply.*
- 4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in *Section 4.2, Subcontractor Information*. The vendor must receive agency approval prior to subcontractor commencing work. *Assured agrees and will comply.*

4.3 BUSINESS REFERENCES

- 4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years. *Assured agrees and will comply. We are providing 6 references for Assured and 3 for our subcontractor ADDNV.*
- 4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #:	<i>1</i>
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Company Name:	<i>Southern Nevada Regional Housing Authority</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
X	VENDOR		SUBCONTRACTOR
Project Name:	<i>Shredding for all Southern Nevada Regional Housing Locations</i>		
Primary Contact Information			
Name:	<i>Linda P. Simpson</i>		
Street Address:	<i>340 North 11th Street, Suite 180</i>		
City, State, Zip:	<i>Las Vegas, NV 89101</i>		
Phone, including area code:	<i>(702) 922-6825</i>		
Facsimile, including area code:	<i>(702) 922-6648</i>		
Email address:	<i>lpsimpson@snavrha.org</i>		
Alternate Contact Information			
Name:	<i>NA</i>		
Street Address:	<i>NA</i>		
City, State, Zip:	<i>NA</i>		
Phone, including area code:	<i>NA</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>NA</i>		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging for all of the SNVRHA locations since 2011</i>		
Original Project/Contract Start Date:	<i>2/2011</i>		
Original Project/Contract End Date:	<i>Current</i>		
Original Project/Contract Value:	<i>Less than \$25,000 annually</i>		
Final Project/Contract Date:	<i>Current</i>		
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>		
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>		

Reference #:	<i>2</i>		
Company Name:	<i>Enterprise Car Rental</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
X	VENDOR		SUBCONTRACTOR
Project Name:	<i>Shredding for all Southern Nevada Enterprise Locations</i>		
Primary Contact Information			
Name:	<i>Linda Fowler</i>		

Street Address:	<i>6855 Bermuda Rd.</i>
City, State, Zip:	<i>Las Vegas, NV 89119</i>
Phone, including area code:	<i>(702) 597-4564</i>
Facsimile, including area code:	<i>(702) 597-5509</i>
Email address:	<i>linda.m.fowler@ehi.com</i>
Alternate Contact Information	
Name:	<i>NA</i>
Street Address:	<i>NA</i>
City, State, Zip:	<i>NA</i>
Phone, including area code:	<i>NA</i>
Facsimile, including area code:	<i>NA</i>
Email address:	<i>NA</i>
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging for all of the Enterprise locations since</i>
Original Project/Contract Start Date:	<i>1/2005</i>
Original Project/Contract End Date:	<i>Current</i>
Original Project/Contract Value:	<i>Since 6/2007 - \$90,870.57</i>
Final Project/Contract Date:	<i>Current</i>
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>

Reference #:	<i>3</i>		
Company Name:	<i>Nevada Supreme Court</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
<input checked="" type="checkbox"/>	VENDOR	<input type="checkbox"/>	SUBCONTRACTOR
Project Name:	<i>Shredding for all Southern Nevada Supreme Court</i>		
Primary Contact Information			
Name:	<i>Myrna Byrd</i>		
Street Address:	<i>200 Lewis Ave. 17th Floor</i>		
City, State, Zip:	<i>Las Vegas, NV 89101</i>		
Phone, including area code:	<i>(702) 5486-3201</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>mjbyrd@nvcourts.nv.gov</i>		
Alternate Contact Information			
Name:	<i>NA</i>		
Street Address:	<i>NA</i>		

City, State, Zip:	<i>NA</i>
Phone, including area code:	<i>NA</i>
Facsimile, including area code:	<i>NA</i>
Email address:	<i>NA</i>
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding for the Nevada Supreme Court. The Nevada Supreme Court decided to stay with us since 2008 when the State contract was awarded to another vendor.</i>
Original Project/Contract Start Date:	<i>1/2002</i>
Original Project/Contract End Date:	<i>Current</i>
Original Project/Contract Value:	<i>Since 1/2002 \$59.90 every 4 weeks</i>
Final Project/Contract Date:	<i>Current</i>
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>

Reference #:	<i>4</i>		
Company Name:	<i>One Nevada Federal Credit Union</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
<input checked="" type="checkbox"/>	<i>VENDOR</i>	<input type="checkbox"/>	<i>SUBCONTRACTOR</i>
Project Name:	<i>Shredding for all Southern Nevada ONFCU Locations</i>		
Primary Contact Information			
Name:	<i>Deb Underwood</i>		
Street Address:	<i>2645 S. Mohave Rd.</i>		
City, State, Zip:	<i>Las Vegas, NV 89121</i>		
Phone, including area code:	<i>(702) 641-4342</i>		
Facsimile, including area code:	<i>(702) 641-4287</i>		
Email address:	<i>debu@onenevada.org</i>		
Alternate Contact Information			
Name:	<i>NA</i>		
Street Address:	<i>NA</i>		
City, State, Zip:	<i>NA</i>		
Phone, including area code:	<i>NA</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>NA</i>		
Project Information			
Brief description of the project/contract and description of services performed, including	<i>On-going shredding and as needed purging for all of the ONFCU locations since 6/2007.</i>		

technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>Northern Nevada Locations are subcontracted to American Document Destruction since the contract began.</i>
Original Project/Contract Start Date:	<i>06/2007</i>
Original Project/Contract End Date:	<i>Current</i>
Original Project/Contract Value:	<i>Since 6/2007 - \$12,000 per year</i>
Final Project/Contract Date:	<i>Current</i>
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>

Reference #:	<i>5</i>		
Company Name:	<i>Nellis Air Force Base Hospital</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
<i>X</i>	VENDOR		SUBCONTRACTOR
Project Name:	<i>Shredding for Nellis AFB Hosiptal</i>		
Primary Contact Information			
Name:	<i>Caitlyn Bohlman</i>		
Street Address:	<i>99 Cons / LGCB</i>		
City, State, Zip:	<i>Nellis AFB, NV 89191</i>		
Phone, including area code:	<i>(702) 652-3365</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>caitlyn.bohlman@us.af.mil</i>		
Alternate Contact Information			
Name:	<i>NA</i>		
Street Address:	<i>NA</i>		
City, State, Zip:	<i>NA</i>		
Phone, including area code:	<i>NA</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>NA</i>		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging for the Nellis AFB.</i>		
Original Project/Contract Start Date:	<i>1/2008</i>		
Original Project/Contract End Date:	<i>Current</i>		
Original Project/Contract Value:	<i>Since 01/2008 - \$1,202.50 per month</i>		
Final Project/Contract Date:	<i>Current</i>		
Was project/contract completed in	<i>Yes</i>		

time originally allotted, and if not, why not?	
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	Yes

Reference #:	6		
Company Name:	Southwest Gas Corporation		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
X	VENDOR		SUBCONTRACTOR
Project Name:	Shredding for Southwest Gas Corporate		
Primary Contact Information			
Name:	Ryan Pease		
Street Address:	5241 Spring Mountain Rd. LVA-530		
City, State, Zip:	Las Vegas, NV 891150		
Phone, including area code:	(702) 364-3679		
Facsimile, including area code:	NA		
Email address:	ryan.pease@swgas.com		
Alternate Contact Information			
Name:	NA		
Street Address:	NA		
City, State, Zip:	NA		
Phone, including area code:	NA		
Facsimile, including area code:	NA		
Email address:	NA		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	On-going shredding and as needed purging for SW Gas Corporate offices.		
Original Project/Contract Start Date:	4/2012		
Original Project/Contract End Date:	Current		
Original Project/Contract Value:	Since 4/2012, \$300-\$400 monthly		
Final Project/Contract Date:	Current		
Was project/contract completed in time originally allotted, and if not, why not?	Yes		
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	Yes		

Reference #:	7
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Company Name:	<i>US Secret Service</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
	VENDOR	X	SUBCONTRACTOR
Project Name:	<i>Shredding for US Secret Service</i>		
Primary Contact Information			
Name:	<i>Jeffery Puffer</i>		
Street Address:	<i>100 W. Liberty # 650</i>		
City, State, Zip:	<i>Reno, NV 89501</i>		
Phone, including area code:	<i>(775) 784-5354</i>		
Facsimile, including area code:			
Email address:	<i>Jeffrey.Puffer@uss.dhs.gov</i>		
Alternate Contact Information			
Name:	<i>NA</i>		
Street Address:	<i>NA</i>		
City, State, Zip:	<i>NA</i>		
Phone, including area code:	<i>NA</i>		
Facsimile, including area code:	<i>NA</i>		
Email address:	<i>NA</i>		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging.</i>		
Original Project/Contract Start Date:	<i>2011</i>		
Original Project/Contract End Date:	<i>Current</i>		
Original Project/Contract Value:	<i>Unknown</i>		
Final Project/Contract Date:	<i>Current</i>		
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>		
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>		

Reference #:	<i>8</i>		
Company Name:	<i>Douglas High School Special Services</i>		
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>			
	VENDOR	X	SUBCONTRACTOR
Project Name:	<i>Shredding</i>		
Primary Contact Information			

Name:	<i>Elizabeth Hildebrand</i>
Street Address:	<i>1286 Toler Ave</i>
City, State, Zip:	<i>Reno, NV 89501</i>
Phone, including area code:	<i>775-784-5354</i>
Facsimile, including area code:	
Email address:	<i>ehildeb@dcsd.k12.nv.us</i>
Alternate Contact Information	
Name:	<i>NA</i>
Street Address:	<i>NA</i>
City, State, Zip:	<i>NA</i>
Phone, including area code:	<i>NA</i>
Facsimile, including area code:	<i>NA</i>
Email address:	<i>NA</i>
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging .</i>
Original Project/Contract Start Date:	<i>1/2005</i>
Original Project/Contract End Date:	<i>Current</i>
Original Project/Contract Value:	<i>Unknown</i>
Final Project/Contract Date:	<i>Current</i>
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	<i>Yes</i>

Reference #:	<i>9</i>			
Company Name:	<i>Nevada State Board of medical Examiners</i>			
<i>Identify role company will have for this RFP project (Check appropriate role below):</i>				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"><i>VENDOR</i></td> <td style="width: 33%; text-align: center;"><i>X</i></td> <td style="width: 33%;"><i>SUBCONTRACTOR</i></td> </tr> </table>	<i>VENDOR</i>	<i>X</i>	<i>SUBCONTRACTOR</i>
<i>VENDOR</i>	<i>X</i>	<i>SUBCONTRACTOR</i>		
Project Name:	<i>Shredding</i>			
Primary Contact Information				
Name:	<i>Helen Teeples</i>			
Street Address:	<i>1105 Terminal Way</i>			
City, State, Zip:	<i>Reno, NV 89502</i>			
Phone, including area code:	<i>775-324-9352</i>			
Facsimile, including area code:				
Email address:	<i>hteepl@medboard.nv.gov</i>			
Alternate Contact Information				
Name:	<i>NA</i>			

Street Address:	<i>NA</i>
City, State, Zip:	<i>NA</i>
Phone, including area code:	<i>NA</i>
Facsimile, including area code:	<i>NA</i>
Email address:	<i>djsbme@medboard.nv.gov</i>
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	<i>On-going shredding and as needed purging.</i>
Original Project/Contract Start Date:	<i>1998</i>
Original Project/Contract End Date:	<i>Current</i>
Original Project/Contract Value:	<i>Unknown</i>
Final Project/Contract Date:	<i>Current</i>
Was project/contract completed in time originally allotted, and if not, why not?	<i>Yes</i>
Was project/contract completed within or under the original budget/cost proposal, and if not, why not?	<i>Yes</i>

- 4.3.3 Vendors must also submit *Attachment F, Reference Questionnaire* to the business references that are identified in *Section 4.3.2*.
Assured agrees and will comply. The reference questionnaire has been sent to all of the listed references.
- 4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.
Assured agrees and will comply. The reference questionnaire has been sent to all of the listed references. We have asked them to do so; we cannot confirm receipt as we are not copied on the communication of these.
- 4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in *Section 8, RFP Timeline* for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.
Assured agrees and will comply. The reference questionnaire has been sent to all of the listed references. We have asked them to do so; we cannot confirm receipt as we are not copied on the communication of these.
- 4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance. *We have communicated with all of the listed references that they may be contacted by the State of Nevada.*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/08/2015

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 USI Ins Svcs C/L Salt Lake Cty 1100 E. 6600 S., Suite 280 Salt Lake City, UT 84121 801 713-4550	CONTACT NAME: Joan Bennett	
	PHONE (A/C, No, Ext): 801 713-4550 E-MAIL ADDRESS: Joan.Bennett@usi.biz	FAX (A/C, No): 866 729-7172
	INSURER(S) AFFORDING COVERAGE INSURER A : Peerless Indemnity Insurance Co INSURER B : Colorado Casualty Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 18333 41785
INSURED Assured Document Destruction, Inc. 8050 Arville St., Ste 105 Las Vegas, NV 89139		

COVERAGES CERTIFICATE NUMBER: 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC	X	X	CBP7330844	09/07/2015	09/07/2016	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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	BA7330840	09/07/2015	09/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			CU8877617	09/07/2015	09/07/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC8708698 Arizona Only	09/07/2015	09/07/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS 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
A	Blanket BPP			CBP7330844	09/07/2015	09/07/2016	\$1,485,711, Ded \$1,000
A	Warehouse Legal L			IM8948023	09/07/2015	09/07/2016	\$200,000, Ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 If required by written contract or written agreement, the following provisions apply subject to the policy terms, conditions, limitations and exclusions: The Certificate Holder is included as Additional Insured under the General Liability and Automobile Liability Policies with respect to liability arising out of the Named Insureds work performed on behalf of the certificate holder. The General Liability insurance will apply on a primary and non-contributory basis. A Blanket Waiver of Subrogation applies for General (See Attached Descriptions)

CERTIFICATE HOLDER Assured Document Destruction 8050 South Arville Street, Suites 105, 106 & 111 Las Vegas, NV 89139-0000	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 <i>Valencia Howard</i>
--	--

DESCRIPTIONS (Continued from Page 1)

Liability and Automobile Liability.

RE: Assured Document Descurcion Inc. Workers Compensation Shown is for the state of Arizona

CERTIFICATE of COVERAGE

Workers' Compensation

Nevada Transportation Network Self Insured Group &
Safety National Casualty Corporation - AM Best Rated A+13

NAIC #15105

575 S. Saliman Road
Carson City, NV 89701-5000
Phone: (775) 887-2480 Fax: (775) 887-2481

MEMBER COMPANY Assured Document Destruction dba Assured Document Destruction 8050 S Arville St #105 Las Vegas, NV 89139	Policy No : NTN5521-2016-02
---	------------------------------------

Dates of Coverage: 12:01 AM on 01/01/2016 to 12:01 AM on 01/01/2017

This is to certify that the above named employer has secured coverage for his employees under the Nevada Workers Compensation Act by qualifying as a member of the Nevada Transportation Network Self Insured Group. The Self Insured Group is an Association of Self Insured private employers authorized by the Nevada Insurance Division to pay Workers Compensation Benefits to employees of its member companies under Chapters 616 and 617 of the Nevada Revised Statutes. The State of Nevada issued it Certification Number 5001 to the Nevada Transportation Network Self Insured Group effective Wednesday, October 18, 1995.

CERTIFICATE HOLDER: Assured Document Destruction, Inc. 8050 Arville St., Ste. 105 Las Vegas, NV 89139	JOB DESCRIPTIONS: All Nevada Jobs
---	---

LIMITS OF LIABILITY:	WORKERS COMPENSATION	STATUTORY
OPERATIONS COVERED :	NEVADA	
EXCESS WORKERS COMP INSURANCE :	Safety National Casualty	
EMPLOYER'S LIABILITY LIMIT :	\$1,000,000/\$1,000,000/\$1,000,000	

This Certificate is issued as a matter of information only. Should the member company's enrollment in the Self Insured Group be terminated before the date of expiration shown above, for any cause, the Nevada Transportation Network Self Insured Group and the Safety National Casualty Corporation will endeavor to mail 30 days written notice of such termination to the Certificate Holder named above. However, failure to mail such notice shall impose no obligation or liability upon the Nevada Transportation Network Self Insured Group or the Safety National Casualty Corporation, the Association Administrator, or any Party acting as a Trustee, Officer, Agent, or Appointee of the Nevada Transportation Network Self Insured Group or the Safety National Casualty Corporation.

Dated At
Carson City,

Nevada : February 10, 2016

By: 

Title: Underwriter



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2015

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 Association Insurance Management, Inc 8144 Walnut Hill Lane, Ste#500 Dallas TX 75231		CONTACT NAME: Andrea Walton PHONE (A/C, No, Ext): 800.876.4044 FAX (A/C, No): (214) 360-0802 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Assured Document Destruction, Inc. 8050 Arville Street, Suite 105 Las Vegas, NV 89139		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Underwriters at Lloyds, London <input checked="" type="checkbox"/>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

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
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PQN14002-1	4/9/15	04/09/2016	\$2,000,000 Each Claim \$2,000,000 Policy Aggregate

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

Retroactive Date: 10/3/2006
Includes physical destruction of media and records storage coverage

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY
FOR INFORMATIONAL PURPOSES ONLY
FOR INFORMATIONAL PURPOSES ONLY

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

7.1 Acceptance/Limit of Liability. Contractor shall be responsible for financial coverage of all any materials deposited in bins or otherwise delivered to it for secure destruction. In the event of an accident, negligence or willful misconduct by the Contractor, the Contractor shall be responsible for all expenses incurred by Contractor due to Contractor's actions, including but not limited to, considered reasonable damages.

7.2 Ownership Warranty. Contractor to deliver for confidential to Service Provider Contract v. 1.01.

Did we verify they have the proper coverage?

Your service provider may not have the proper insurance to cover their mistakes.

So NAID, the non-profit watchdog for the secure destruction industry, created Downstream Data Coverage to better protect providers and customers.

- Includes data breach notification coverage
- Requires periodic, unannounced audits
- Covers liability for electronic media destruction
- Eliminates exclusions that make other policies useless

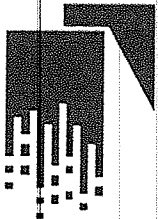
Ask your service provider to look into Downstream today.



Downstream[®] Data Coverage

www.downstreamdata.com

NAID, the NAID logo, Government Data Coverage, and the Downstream Data Coverage logo are registered trademarks of the National Association for Information Destruction. Downstream Data Coverage is offered exclusively as a benefit of NAID membership to NAID AAA Certified member companies. All rights reserved.



® National Association for Information Destruction
3030 North 3rd Street, Suite 940
Phoenix, AZ 85012
www.naidonline.org

July 21, 2014

Dear Client:

When selecting a secure information destruction service, your main priority is protecting your company, its customers and its employees. On behalf of NAID, the non-profit industry watchdog, thank you for taking this responsibility so seriously.

Assured Document Destruction takes their responsibilities seriously as well, which is why they are NAID AAA Certified.

It is also why they have chosen to be insured by Downstream Data Coverage, the only professional liability coverage developed specifically by NAID for data destruction services.

The quality of your service provider's professional liability coverage is very important to your organization. Being covered by Downstream proves Assured Document Destruction has the confidence and resources to stand behind its commitments.

NAID helped to create Downstream Data Coverage because other coverages did not provide proper protection.

Protection your organization deserves.

Sincerely,

Robert J. Johnson
Chief Executive Officer
National Association for Information Destruction (NAID)

/RJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/18/2016

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 Comstock Insurance Agency 9424 Double R Blvd Reno NV 89521		CONTACT NAME: Naomi Parker PHONE (A/C No. Ext): (775) 853-9424 E-MAIL ADDRESS: nparker@comstockins.com FAX (A/C No.): (775) 852-1616	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A Nationwide Mutual Ins. Co.	23787
		INSURER B Markel Insurance Company	38970F
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2.25.16-9.15.16 Master 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP7860662256	2/25/2016	9/15/2016	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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ACP7860662256	2/25/2016	9/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ACP7860662256	2/25/2016	9/15/2016	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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	N/A	MWC0069298-02	9/15/2015	9/15/2016	<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
A	Employee Dishonesty			ACP7860662256	2/25/2016	9/15/2016	Limit: \$100,000 Deductible: \$1,000

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

CERTIFICATE HOLDER **CANCELLATION**

Proof of Insurance	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 Naomi Parker/NMP <i>Naomi Parker</i>



U.S. Risk, Inc.

In CA: d/b/a USRisk Brokers Insurance Services of Texas, Inc. (Lic. #0F82757)

BINDER

Reference: 1101296B

8401 North Central Expressway
Suite 1000
Dallas, TX 75225

Contact:
E-mail:
Phone:
Fax:
Date

Crystal Jacobs
crystal.jacobs@usrisk.com
(214) 265-7090
(214) 265-4932
November 23, 2015

Professional Liability

INSURED:

American Document Destruction Inc
480 Coney Island Drive
Sparks, NV 89431

PRODUCER:

Contact: Denise Corona
Association Insurance Management, Inc.
8144 Walnut Hill Lane, Suite 1500
Dallas, TX 75231
Phone: (214) 360-0801
Fax: (214) 362-0802

CARRIER:

Underwriters at Lloyd's, London
A

TERM:

12 Months

POLICY PERIOD:

11/23/2015 TO 11/23/2016

POLICY NUMBER:

PQN130092

TERMS AND CONDITIONS:

Option 3 (Including Physical Destruction of Media & Electronic Media Sanitization)
Policy Limits: \$3,000,000 Any One Claim and in all including Costs & Expenses
Deductible \$10,000
Annual Premium: \$3,132.00

- * Surplus Lines Fees & Taxes in addition to Premium
- * Deductible Applies to Damages & Claims Expenses
- * Retroactive Date: 06/28/2013 for \$1,000,000/\$1,000,000 limits
- * Retroactive Date: 11/23/2015 for \$3,000,000/\$3,000,000 limits
- * DDC1 (1/2015) A Claims-Made & Reported Form
- * LMA 3100 (09/15/10) - Sanction Limitation and Exclusion Clause
- * LSW 1001 (08/94) - Several Liability Notice
- * LSW 1127 (08/01) - Organic Growths Exclusion Endorsement
- * LSW 1135B (06/03) - Lloyd's Privacy Policy Statement
- * NMA 1256 (03/17/60) - Nuclear Energy Liability Exclusion Endorsement (Broad Form)
- * NMA 1331 (04/20/61) - Cancellation Clause
- * NMA 2918 (10/08/01) - War and Terrorism Exclusion Endorsement
- * NAID/03 (04/02) - Warrant Endorsement - General Liability Insurance in force and maintained
- * NAID/74 (04/02) - Asbestos Exclusion
- * NAID/26 (01/15) - Prior Acts Endorsement - if higher limits are purchased

ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

Tab 1 – Title Page

Part I A – Technical Proposal	
RFP Title:	Statewide Document Destruction, Shredding and Recycling Services
RFP:	3240
Vendor Name:	Assured Document Destruction, Inc.
Address:	8050 Arville St. Suite 105, Las Vegas, NV 89139
Opening Date:	June 2, 2016
Opening Time:	2:00 PM

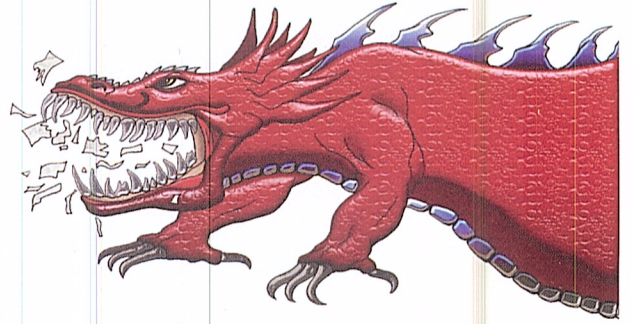
**Primary Contractor (Southern Nevada):
Assured Document Destruction, Inc.**



Subcontractor (Northern Nevada):



ASSURED
DOCUMENT DESTRUCTION, Inc.
On-Site Shredding Services



On-Site Shredding



High speed, hands free, cross-cut shredding ensures total destruction.

Serving all of Southern Nevada-Locally owned and operated.

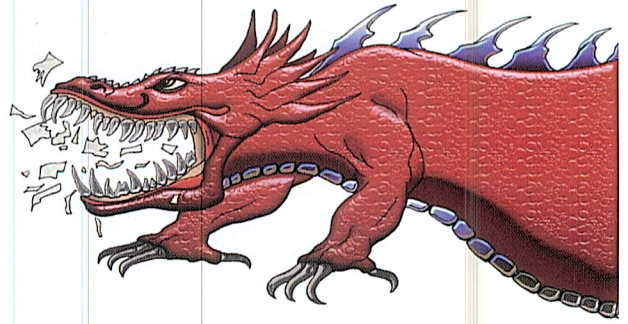
8050 S. Arville Street, Suite 105, Las Vegas, NV 89139

Contact Us (702) 614-0001 Fax (702) 614-0002

Email: info@shreddinglv.com

www.shreddinglv.com

ASSURED DOCUMENT DESTRUCTION, Inc. On-Site Shredding Services



Available Containers

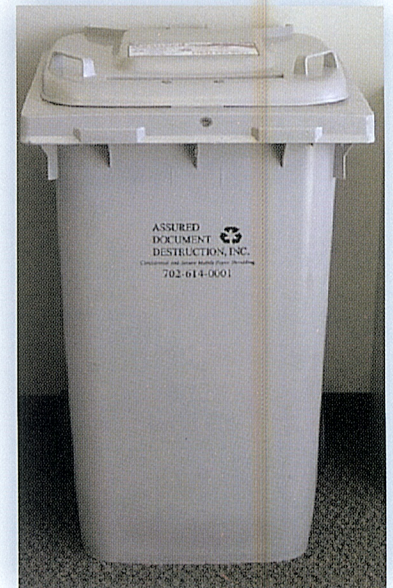


LOCKED EXECUTIVE CABINET

- ◆ Great for scheduled service.
- ◆ Attractive for any office environment.
- ◆ Locked door with exchangeable bag inside.
- ◆ Workable counter space ideal for fax or phone.
- ◆ 36" Tall x 23" Wide x 16" Deep - Holds up to 100 lbs.
- ◆ Convenient front slot to deposit items up to 1 ½" thick.

LOCKED WHEELED CART

- ◆ Securely holds large volumes of documents.
- ◆ Easy to maneuver.
- ◆ Provided with locks.
- ◆ Top slot to deposit items up to 1 ½" thick or unlock to deposit large quantities quickly & easily.
- ◆ (64 gallon) 250/lb capacity.
- ◆ (96 gallon) 375/lb capacity.

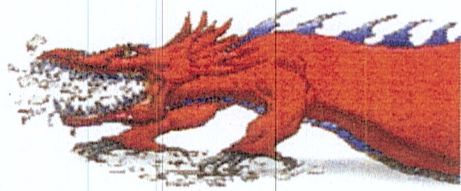


*Personal Collection Bins provided free of charge to go under desks complete the system.
(See top of the Executive Cabinet).

*Other container styles available upon request.

Serving all of Southern Nevada-Locally owned and operated.
8050 S. Arville Street, Suite 105, Las Vegas, NV 89139
Contact Us (702) 614-0001 Fax (702) 614-0002
Email: info@shreddinglv.com
www.shreddinglv.com

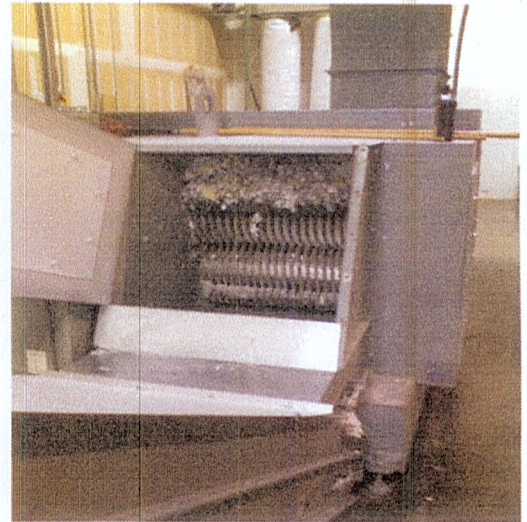
**Assured
Document Destruction, Inc.
On-Site Shredding Services**



1. Trucks are unloaded inside our secure warehouse.



2. Shredded paper from the trucks is conveyed through a 20,000 lb monster shredder and shred a second time. This re shred produces a particle 2-3 times smaller than our competitors.



3. All re-shredded materials are then compressed into 1500 lb bales and shipped directly to a paper mill to be recycled into paper towels and toilet tissue.

3. SCOPE OF WORK

3.1 Geographic Locations:

- 3.1.1 Identify geographical location serviced, (See *Attachment I, Cost Schedule*), hours of availability (i.e., standard work hours, emergency availability) and typical lead times necessary for scheduling pickups. Final schedules will be determined between the awarded vendor and the using agencies. Proposals that include service to the rural areas will be given stronger consideration. *For the urban areas, Las Vegas, Henderson, Boulder City, Carson City, Reno – Service will be available at least weekly. Most sites will be on scheduled routes for on-going service, purge requests will typically be serviced within 5 business days of the request. Standard work hours are Monday – Friday from 8 am – 4 pm. In our experience, emergency service is rarely requested but can be available. If emergency service is needed, an off-site route fee may be assessed. The off-route fee will be discussed with the end user and will need to be approved prior to the emergency service being scheduled.*
- 3.1.2 Northern Nevada Region may include, but is not necessarily limited to:
- 3.1.2.1 Carson City - *Weekly*
 - 3.1.2.2 Reno - *Weekly*
 - 3.1.2.3 Ely – *Every 4 Weeks*
 - 3.1.2.4 Elko – *Every 4 Weeks*
 - 3.1.2.5 Fallon – *Every 2 Weeks*
 - 3.1.2.6 Fernley – *Every 2 Weeks*
 - 3.1.2.7 Winnemucca – *Every 4 Weeks*
 - 3.1.2.8 Yerington – *Every 4 Weeks*
 - 3.1.2.9 Hawthorne – *Every 4 Weeks*
 - 3.1.2.10 Carlin – *Every 4 Weeks*
 - 3.1.2.11 Wells – *Every 4 Weeks*
- 3.1.3 Southern Nevada Region may include, but is not necessarily limited to:
- 3.1.3.1 Las Vegas – *Service is available at regular rates at least weekly.*
 - 3.1.3.2 Pahrump – *Service is available at regular rates and every 2 weeks.*
 - 3.1.3.3 Indian Springs – *Service is available, subject to minimum charges.*
 - 3.1.3.4 Laughlin – *Service is available at regular rates and every 2 weeks.*
 - 3.1.3.5 Tonopah – *Service is available, but subject to minimum charges.*
 - 3.1.3.6 Pioche – *Service is available at regular rates and every 8 weeks.*
 - 3.1.3.7 Jean – *Service is available at regular rates and every 4 weeks.*
 - 3.1.3.8 Alamo – *Service is available at regular rates and every 8 weeks.*
 - 3.1.3.9 Moapa – *Service is available at regular rates and every 8 weeks.*
 - 3.1.3.10 Primm – *Service is available at regular rates and every 4 weeks.*
- 3.1.4 The State does not have current information regarding using agencies, number of containers or frequency of service. Estimated volumes for 2011 were approximately 125,000 lbs. in Northern Nevada and approximately 50,000 lbs. for Southern Nevada. *We are able to service 1 box to thousands, 1 bin to 100's. No amount is too big or too small.*

- 3.2 HIPAA:** Requires compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162, and 164, as amended. In the event that the functions or activities include the involvement of Protected Health Information, the awarded vendor agrees to enter into a Business Associate Agreement (see *Attachment J, Business Associate Addendum*) with the individual using agency which is under the HIPAA regulations as required by 45 C.F.R. 164.504 (e). *Assured agrees to enter into a Business Associate Agreement with individual using agencies, which are under HIPAA, and Assured complies with HIPAA requirements.*
- The State is seeking vendors who can provide onsite and offsite destruction and removal of documents statewide, with the capability of maintaining the security of confidential records as prescribed in the Nevada Administrative Code (NAC) 239.722 and 239.165 for local governments. *We are able to provide both on and off-site destruction.*
- 3.3 NAID:** Vendors must be certified with the National Association of Information Destruction, Inc. (NAID). Provide a copy of the certificate with your proposal. *We are NAID Certified for all services requested.*
- 3.4 Method(s) of Destruction:** Vendors must be able to provide the following methods of destruction/disposal:
- 3.4.1 Recycling with a bonded/certified destruction service: The vendor picks up the paper from a central point at the facility and transports it to a bonded recycling facility. The vendor must provide a certificate of destruction that verifies when the paper was destroyed and when it was sent to the pulping mill. *Assured is capable but will not utilize this destruction method. Assured is capable of recycling with a bonded/certified destruction service, Assured has its own facility. However, transporting documents to a a third party recycler is an inadequate form of document destruction, as the documents stay intact for long periods of time with readable confidential information and are passed from one vendor's hands to another with too many chances for security breaches, as once the documents are transported to the third party, they are out of the vendor's control. Assured does not recommend this method of document destruction.*
- 3.4.2 Shredding on-site with mobile on-site shredding systems. The vendor picks up the paper from a central point at the facility and shreds it on-site in mobile units. The vendor must provide a certificate of destruction. *Assured is capable of shredding on-site with mobile on-site shredding trucks. Assured operates the largest and most technically advanced, state of the art, fleet of on-site mobile shredding trucks in the State of Nevada.*
- 3.4.3 Shredding off-site. The vendor picks up the paper from a central point at the facility and transports it to a bulk shredding facility. The vendor must provide a certificate of destruction that verifies when the paper was destroyed. *Assured is capable of shredding off-site and is one of the few shredding vendors with its own off-site shredding facility. Assured recommends this type of destruction for large file purge jobs where on-site trucks may be too slow or when volume exceeds the mobile units' capacity. With large off-site file purges - pallets of documents are transported directly to our secure destruction facility and destroyed within the locked, secured confines of our facility.*

3.5 Purging Services: Vendors must provide information on any purging services offered such as frequency, lead time for scheduling, method of destruction, etc. *Purging services are available and will be scheduled typically within 5 business days depending on various factors: location, amount to be destroyed, client availability, etc.*

3.6 Chain of Custody:

All vendors must acknowledge that they will be handling confidential information and must agree to maintain the confidentiality of the information. All records are to be disposed of in a confidential manner. Removal of records to the municipal dump is not permitted. The vendor must limit the use and disclosure of the materials to:

- 3.6.1 Not use or disclose the material in a manner that would violate any state, federal, or local law, including the HIPAA guidelines; *Assured agrees and all Assured employees undergo a thorough criminal background check, and sign non-disclosure confidentiality agreements. Assured is also insured against errors and omissions.*
- 3.6.2 Ensure that there are appropriate safeguards to prevent use or disclosure of the information; *All materials are destroyed beyond recognition before being shipped from our facility. All employees sign non-disclosure and confidentiality agreements and most documents are shred in a manner that does not require employee handling.*
- 3.6.3 Immediately inform the State of any use or disclosure of the information that happens that they become aware of; and *Assured agrees to notify the State.*
- 3.6.4 Ensure that any subcontractors (including trucking companies and paper mills) and employees are aware not to use or disclose the information. *All materials are destroyed beyond recognition before being shipped from our facility.*

3.7 Time Frame: Vendors must identify the time that will elapse between acquisition and destruction/disposal of data/media. *On-site – materials are shred immediately prior to the shredding truck leaving the premises. Off-site – materials are shred within 24 hours.*

3.8 Confidentiality Procedures: Vendors must provide procedures used to safeguard information against breaches in confidentiality, i.e:

- 3.8.1 Shred type and how the waste material is destroyed. *On-site – 5/8 inch cross-cut at the job site Off-site – 5/8 inch strip-cut that meets NAID certification requirements. Both methods of destruction end up being baled into 1500-pound bales for shipping to a paper mill.*
Facility security and vehicle security. *Off-site shredding/baling facility is equipped with remote monitored alarm, accessibility restricting locked gates, Always locked front and rear doors, DVR recording cameras monitoring destruction/baling facility and all entrances and exits. On-site and off-site trucks are equipped with GPS tracking equipment and locks on all doors.*
- 3.8.2 Methods used to prevent the escape of waste from vendors control (wind protection, baling precautions). *On-site trucks are equipped with wind shields and negative air systems (vacuums) which prevent the escape of materials. Off-site trucks are unloaded inside of the warehouse with all the doors closed to prevent any materials escaping. Off-site shredding and baling is done inside*

our secure destruction/baling facility and is not affected by the wind.

3.8.3 Who is authorized to handle the material, will they be bonded, insured; will you perform pre-employment background checks or random drug testing; what is your staff stability and turnover rates, etc. *All employees are subject both pre-employment and random background checks and drug testing. Assured also has an errors and omissions insurance policy, as well as employee bonding, general liability and an umbrella insurance policy. Assureds employee turnover rate is very low – we still have our 1st, 2nd and 3rd employees ever hired. Average employee tenure is over 5 years.*

3.9 Quarterly Reporting: The awarded vendor(s) will provide quarterly reports of all document destruction, shredding and recycling services invoiced under this contract. Unless otherwise agreed, the Quarterly Report Form (*See Attachment K*) must be used for all quarterly reports. Reports are to be submitted to the name and address listed on the form on or before the 15th of the month following the end of each state fiscal quarter. *Assured will comply.*

The State's quarters are:

Quarter	Dates	Report Due
1	July 1 – September 30	October 15
2	October 1 – December 31	January 15
3	January 1 – March 31	April 15
4	April 1 – June 30	July 15

Failure to provide these quarterly reports in a timely manner may result in the assessment of one or more of the following penalties:

- Contract suspension; and/or
- Contract termination.

3.10 Reimbursement Program: The State is interested in a recycled paper reimbursement program where the State is paid for shredded, recyclable paper. Vendors are to provide how their reimbursement will be calculated. Reimbursement checks shall be remitted to the Purchasing Division, payable to the State of Nevada for deposit into the general fund. Reimbursement checks will be submitted along with the Quarterly Report Form (*see Attachment K*). *Assured will offer a recycling reimbursement.*

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<i>X</i>	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Susan Cordier</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>President</i>		
# of Years in Classification:	<i>16</i>	# of Years with Firm:	<i>16</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
--

President Assured Document Destruction 2000-Present Primarily oversees all administrative and customer service aspects of the company. Expert in the field of secure document destruction. Prior to 2000 experience included the legal industry.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

President Assured Document Destruction 2000-Present Primarily oversees all administrative and customer service aspects of the company. Expert in the field of secure document destruction. Prior to 2000 experience included the legal industry. Started business with husband – Alex Cordier. Handled all accounting, administrative, sales, delivery, human resources, etc. Helped grow the business from 1 truck to over 40 staff in 2 states.

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

B.A. Indiana University

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

NAID Certified

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
--

See Attached business references.

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	X	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Alex Cordier</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>General Manager</i>		
# of Years in Classification:	<i>16</i>	# of Years with Firm:	<i>16</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
--

General Manager Assured Document Destruction 2000-Present Primarily oversees all operational and customer service aspects of the company. Expert in the field of secure document destruction. Prior to 2000, experience included the Hotel/Casino industry.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

General Manager Assured Document Destruction 2000-Present Primarily oversees all operational and customer service aspects of the company. Expert in the field of secure document destruction. Started the business with wife – Susan Cordier. Drove 1st Shred truck, sold service, delivered bins, repaired equipment, serviced customers, hired and fired employees. Helped grow the business from 1 truck to a staff of 40 people in 2 States.

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

Graduate of Valley High School in 1989. Attended CCSN and UNLV for 2 years.

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

NAID Certified, CDL

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
--

See Attached business references.

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<i>X</i>	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Brian Gutierrez</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Las Vegas Area Manager</i>		
# of Years in Classification:	<i>8</i>	# of Years with Firm:	<i>10</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
--

Started as a shred truck driver in 2006, after 2 years was promoted to routing / office. After a few years has taken on the complete Las Vegas shredding division daily management duties. Prior to coming to Assured, worked in the route food service industry as a driver, salesperson, and manager for 10 years.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

Started as a shred truck driver in 2006, after 2 years was promoted to routing / office. After a few years has taken on the complete Las Vegas shredding division daily management duties. Handles all shredding division employees, customer service, oversees sales, scheduling, paper loads, training, etc.

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

Graduate of Pasadena High School in 1989. Attended Pasadena City College for 2 years.

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

NAID Certified, CDL

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
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See Attached business references.

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<input checked="" type="checkbox"/>	Subcontractor:	<input type="checkbox"/>
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Marge Bisbee</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Lead Accountant</i>		
# of Years in Classification:	<i>5</i>	# of Years with Firm:	<i>2</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Past business owner and prior to Assured worked in the auto sales industry in the accounting department for years. Started with Assured in sales department and took over the accounting duties in 2010.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Started in sales and is knowledgeable in all shredding services offered and performed. Now applying past accounting experience to accounting duties. In charge of new account set ups, account closures, receivables, payables, collections, etc.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Went to Technical School in Madison, Wisconsin. Various on the job training courses.

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

QuickBooks Certification

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

See Attached business references.

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	X	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Drivers</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Drivers</i>		
# of Years in Classification:	<i>5.5</i>	# of Years with Firm:	<i>5.5</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
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All of our drivers are NAID Access employees meaning they have passed background checks, drug tests, credit checks, etc. All drivers maintain clean CDL licenses and undergo initial as well as on-going driver training. All employees are uniformed and wear ID badges.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

All of our drivers have been trained for a minimum of 30 days hand in hand with a lead driver. Our average driver tenure is 5 1/2 years meaning we have a very experienced staff to handle customer requests.

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

CDL and NAID certification at a minimum. Smith System Driver Safety training.

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

Varies

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
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See Attached business references.

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:		Subcontractor:	<i>X</i>
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Jeffrey Jay Gadsby</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>President / Owner</i>		
# of Years in Classification:	<i>19</i>	# of Years with Firm:	<i>19</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
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I successfully have been running my company American Document Destruction since 1997. We are located in Sparks, NV. I have facilitated many contracts and proposals. I have been managing the office and all that it entails for the past 19 years.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

See above

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

*University of Nevada Reno
Bachelor of Science in Business Administration
May 15, 1993*

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

N/A

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
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*Brian Olsen, Owner, Offsite Data Depot, 775-220-7439, bolsen@offisitedatadepot.com
Garry Nolan, Owner, American Mobil Shredding, 916-416-5143 , amsi2323@yahoo.com
Randi Lincoln, Accounting Manager, Selco Products, 800-257-3526, rlincoln@selcoproducts.com*

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<i>X</i>	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>David Miller</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Operations Manager</i>		
# of Years in Classification:	<i>2</i>	# of Years with Firm:	<i>2</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
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I have been with American Document Destruction, Inc. for the past two years. During which time I have overseen the operations and office staff to insure that all manner of operations is held to the highest industry standards. I am also the head bookkeeper for Truckee Meadows Tax Service along with being one of the tax preparers in charge of Corporate and Partnership returns. Prior to this I was with H&R Block as the District Manager for the Reno-Sparks area for 23 years. I was in charge of every aspect of my district from the hiring and oversee of up to 275 employees to meeting the expectations of my corporate office. My job also included insuring that returns were prepared using the client's information to get the most accurate tax returns possible within the limits of the tax law.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

See above

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

General Education, Ambassador Christian High School – Downey, CA 1975

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

N/A

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
--

*Dawn Mooneyham – Truckee Meadows Tax Services (775) 674-6691 – truckeemeadows@live.com
 Debra Miller – Truckee Meadows Tax Service (775) 674-6691 – truckeemeadows@hotmail.com
 Judy De Los Angeles – Team Care Plus, LLP (775) 690-3545 – rushkyle@hotmail.com*

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:		Subcontractor:	<i>X</i>
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Nicholas Listar</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>President / Owner</i>		
# of Years in Classification:	<i>4</i>	# of Years with Firm:	<i>4</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
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I have been working for American Document Destruction for about four years. I am the receptionist and field all incoming calls and handle the customer service side.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

I have worked in the front office for a total of just under four years. I know all about the front office and out in the field. I occasional go out as the helper. I'm aware of all the rules and regulations.

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

*College Associates- TMCC, Reno, NV – In progress
High School Diploma-Reed High School, Sparks, NV - Graduated- 2005*

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

N/A

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
--

*Logan Palmer, Water Resources EIT, Stantec Consulting, 206-770-7779,
Megan Suter, Design Engineer, Barghausen Consulting Engineers,425-251-6222,
Bobby Moraldo, Lead Driver, American Document Destruction, 775-685-2668*

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<i>X</i>	Subcontractor:	
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The following information requested pertains to the individual being proposed for this project.

Name:	<i>Luis Reyes</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Warehouseman</i>		
# of Years in Classification:	<i>17</i>	# of Years with Firm:	<i>17</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE <i>Information should include a brief summary of the proposed individual's professional experience.</i>
--

I control all operations for the warehouse of American Document Destruction. My job consists of shredding and baling all materials not shredded in our shredding trucks. I shred all of the hard drives using our machine that grinds the hard drives into little pieces of metal. I also operate the granulator that turns clay casino chips in to cat litter size material. I oversee all of the security compliance of the shredded documents from the time it enters our warehouse until it leaves in a secure truck to the pulping mill.

RELEVANT EXPERIENCE <i>Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.</i>

See above

EDUCATION <i>Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.</i>

General Degree – La Vinio High School, El Salvador - 1983

CERTIFICATIONS <i>Information required should include: type of certification and date completed/received.</i>

Certified Forklift operator

REFERENCES <i>A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.</i>
--

*Lorri Jean Lewis, Collections Manager, Selco Products, 800-257-3526, llewis@selcoproducts.com
Mario Flores – Personal Friend – (775) 342-4190
Maleti Castio – Personal Friend – (775) 912-2159*

PROPOSED STAFF RESUME FOR RFP 3240

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	<i>Assured Document Destruction, Inc.</i>
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Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	<input checked="" type="checkbox"/>	Subcontractor:	<input type="checkbox"/>
-------------	-------------------------------------	----------------	--------------------------

The following information requested pertains to the individual being proposed for this project.

Name:	<i>Robert Maraldo</i>	Key Personnel: (Yes/No)	<i>Yes</i>
Individual's Title:	<i>Lead Driver</i>		
# of Years in Classification:	<i>14</i>	# of Years with Firm:	<i>14</i>

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

I have been with American Document Destruction since 2001 and have worked my way up from a route driver to lead driver a position I have held for the past two years. I have driven and trained on every route that we have to ensure the drivers are meeting our company standards for confidential document destruction. I have had a class B license for 18 years and have never had an accident nor have I had a single incident of data breach. I operate both tipping and shredding trucks and gate loaded trucks.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

See above

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

General Degree – McQueen High School – Reno, NV 1994

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Class B Driver's License

Associates of Welding Technology – TMCC - 2008

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Jude Johns – Personal Friend – (775) 560-1408

Dustin Palmer – IES, Inc. – (775) 530-1682

Brian Olson – Offsite Data Depot – (775) 888-9933

Tab IV – State Documents

The State documents tab must include the following:

- ✓ The signature page from all amendments with an original signature by an individual authorized to bind the organization.
- ✓ Attachment A – Confidentiality and Certification of Indemnification with an original signature by an individual authorized to bind the organization.
- ✓ Attachment C – Vendor Certifications with an original signature by an individual authorized to bind the organization.
- Copies of any vendor licensing agreements and/or hardware and software maintenance agreements. – NA
- ✓ Copies of applicable certifications and/or licenses.

15. In regards to Bulk destruction. Would it be on the schedule we setup or at random time when its needed?

This will be determined between the using agency and the awarded contractor.

16. What is the preference for on-site and Offsite shredding at the locations?

The State does not have this information; however, most health related sites will require on-site shredding.

17. Is it mandatory for all state buildings to have a shredding bin/console?

No.

ALL ELSE REMAINS THE SAME FOR RFP 3240.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name:

Assured Document Destruction, Inc.

Authorized Signature:

[Signature] - Alex Cordier

Title:

General Manager

Date:

6/1/16

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part III Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in *Section 2 “ACRONYMS/DEFINITIONS.”*

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	X
Justification for Confidential Status			

A Public Records CD/Flash Drive has been included for the Technical and Cost Proposal			
YES	X	NO (See note below)	
<i>Note: By marking “NO” for Public Record CD/Flash Drive included, you are authorizing the State to use the “Master CD/Flash Drive” for Public Records requests.</i>			

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			
<i>We have included company financials in this section.</i>			

Assured Document Destruction, Inc.

Company Name

Signature

Alex Cordier

Print Name

06/01/2016

Date

This document must be submitted in Tab IV of vendor’s technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

- (1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.
- (2) All proposed capabilities can be demonstrated by the vendor.
- (3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.
- (4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.
- (5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.
- (6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.
- (7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.
- (8) All employees assigned to the project are authorized to work in this country.
- (9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.
- (10) The company has a written policy regarding compliance for maintaining a drug-free workplace.
- (11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.
- (12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.
- (13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Assured Document Destruction, Inc.

Vendor Company Name

Vendor Signature

Alex Cordier

Print Name

06/01/2016

Date

This document must be submitted in Tab IV of vendor's technical proposal

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ASSURED DOCUMENT DESTRUCTION, INC.

Nevada Business Identification # NV20001415539

Expiration Date: September 30, 2016

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 4, 2015

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.

Assured Document Destruction, Inc.

Las Vegas, NV

HAS ACHIEVED CERTIFICATION FROM THE NATIONAL ASSOCIATION FOR INFORMATION DESTRUCTION



FOR

Mobile & Plant-based Operations

ENDORSED MEDIA DESTRUCTION FOR

Paper/Printed,
Computer Hard Drive &
Non-Paper

August 1, 2015 thru July 31, 2016

VALID

Katie Mahony
NAID DIRECTOR OF CERTIFICATION

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

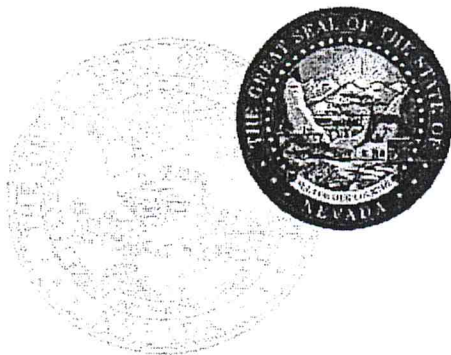
AMERICAN DOCUMENT DESTRUCTION, INC.

Nevada Business Identification # NV19971278345

Expiration Date: September 30, 2016

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 14, 2016

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.

American Document Destruction, Inc. Sparks, NV

HAS ACHIEVED CERTIFICATION FROM THE NATIONAL ASSOCIATION FOR INFORMATION DESTRUCTION



FOR
**Mobile & Plant-based
Operations**

ENDORSED MEDIA DESTRUCTION FOR

Paper/Printed,
Physical Hard Drive &
Non-Paper

October 1, 2015 thru September 30, 2016

VALID

Kathie M anony
NAID DIRECTOR OF CERTIFICATION

ASSURED DOCUMENT DESTRUCTION, INC.

Account Subcontract Agreement

This is an agreement between ASSURED DOCUMENT DESTRUCTION, INC. (hereinafter "Assured"), or any of its subsidiaries, successors and assigns, and American Document Destruction, Inc. (hereinafter "Subcontractor") regarding provision of shredding, recycling and/or destruction services to certain locations of Assured's National Account Customers (hereinafter "Customer" or "Customers").

Assured enters into national contracts with certain of its Customers to provide shredding, recycling and/or destruction services at various Customer locations throughout the United States. When Assured does not have the capacity to service certain locations of its Customers, the Subcontractor agrees, on a Customer-by-Customer basis, to furnish merchandise and services required by these Customers.

The specific products, pricing and other details about individual Customers assigned to and to be serviced by Subcontractor are set forth in the attached Customer Summary (hereinafter "Customer Summary") for each individual Customer. Additional Customer Summaries may be assigned to Subcontractor after the date hereof and will be accepted on a Customer-by-Customer basis by the Subcontractor. Acceptance of any Customer Summary by the Subcontractor warrants acceptance of the terms and conditions of this Agreement for that Customer except to the extent otherwise specifically noted in the Customer Summary.

The parties agree as follows:

1. Subcontractor agrees to provide a shredding, recycling and/or destruction service and other related services, if required, to each Customer location designated by Assured on the Customer Summary (/ies) accepted by the Subcontractor.
2. Subcontractor agrees to provide services to Customer locations strictly in accordance with the provisions of the Customer Summary.
3. Subcontractor agrees to submit invoices to Assured only for services provided by it. Subcontractor shall look solely to Assured for payment of its invoices; Subcontractor agrees that Assured shall have no obligation or liability to Subcontractor in the event Customer shall fail or refuse to pay for any services or containers provided by Subcontractor and such failure or refusal to pay by Customer is a result of Subcontractor's performance or nonperformance of services to Customer.
5. During the term of this Agreement and for a period of two (2) years after the termination of this Agreement, Subcontractor shall not solicit any Customer with the intent to independently service the Customer and shall not execute any separate agreement with any Customer or affiliates of Customer with respect to any services covered under the Customer Summary. Any such separate agreement with a Customer shall be null and void. This will only apply in regards to customers bound by contract with Assured and if customer is no longer under contract with Assured then subcontractor will be free to solicit and/or service customer.
6. The term of this Agreement will commence on the date of execution of this Agreement, and extend until the date of expiration of any Customer Summaries with respect to any Customer location(s) serviced by Subcontractor.

Notwithstanding the foregoing, this Agreement may be terminated, in whole or in part, at any time as follows:

- a. By Assured, for quality of service reasons. In the event Assured receives complaints from Customer arising from the quality of services furnished by Subcontractor, Assured will transmit a letter to Subcontractor which letter will set out in detail the specifics of the complaint. Subcontractor will have ten (10) days from the receipt of this letter to respond to the specifics of the complaint and define the method and time frame to resolve the complaints to the reasonable satisfaction of the Customer from which the complaints have arisen.

If Subcontractor fails to resolve the complaints to the satisfaction of Assured and the Customer, then Assured may terminate this Agreement as it relates to the Customer location from which the complaints have arisen.

- b. By Assured, with respect to all or certain Customer locations determined by Assured in the event that Assured develops the capacity to service Customer location(s) serviced by Subcontractor and if it elects to service Customer location(s) which were previously assigned to Subcontractor under a Customer Summary.
 - c. By either party if the other party hereto files a voluntary petition of bankruptcy, or for reorganization under any bankruptcy law, or makes an assignment for the benefit of creditors, or if any involuntary petition of bankruptcy is filed against either party and not dismissed or withdrawn within thirty (30) days of such filing, or if a receiver shall be appointed for its property, or if it shall become insolvent, then the other party shall have the right to terminate this Agreement by giving five (5) days written notice.
 - d. By either party upon five (5) days written notice, if the other party hereto is in breach of its obligations hereunder and such breach is not cured within five (5) days after receipt of notice.
 - e. By Assured, immediately, if Customer determines that there has been a breach of any of the requirements of Items 12 and 13 below and the breach cannot be cured (as determined by Customer).
7. Subcontractor shall at all times indemnify, defend and save harmless Assured, its officers, directors and other affiliates, against any and all claims, actions, demands, costs, damages, loss or expense of any kind whatsoever asserted against Assured or any affiliate of Assured, resulting from or in connection with or arising out of the performance of services by Subcontractor, or from the omission or commission of any act, lawful or unlawful, by Subcontractor or Subcontractor's agents, and/or employees. Subcontractor shall immediately notify Assured of any such claim, action or demand and shall be solely liable for all resulting costs, damages, expenses and legal fees which may be incurred by Assured or its affiliates.
 8. Subcontractor will at all times during this Agreement maintain minimum levels of insurance per the attached Exhibit D of Assured Corporate Policy – Assured Document Destruction, Inc. Standard Insurance Requirements for Suppliers. Subcontractor will provide an insurance certificate to Assured naming Assured as an additional insured on this policy per the following:

The following wording shall be required under special provisions:

Assured Document Destruction, Inc., its subsidiary companies, co-lessees or co-ventures, agents, directors, officers, and employees are named as additional insured on above policies as respects all operations and work performed by the insured.

9. Upon request, Subcontractor that is not a current NAID member company will provide evidence of Workers' Compensation coverage.
10. Subcontractor must submit to NAID AAA Certification compliant employment, background checks, and all shred particle size for on-site or off-site.
11. Subcontractor is an independent contractor and not an agent, partner or member of a joint venture with Assured. The engagement of Subcontractor under this Agreement is limited solely to furnishing merchandise and services and Subcontractor has no authority to act on behalf of Assured.
12. Subcontractor accepts fiduciary responsibility for confidentiality of confidential information relating to Assured's business, which includes Customers' confidential information and protected health information ("PHI") as defined by the medical privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and shall not disclose or communicate to a third party, or otherwise improperly use, such information. Accordingly, Subcontractor shall also: (a) comply with Assured's policies and procedures relating to the shredding, recycling and/or destruction of Customers' confidential information and PHI; and (b) comply with all applicable laws pertaining to the protection of Customers' confidential information and PHI.
13. Subcontractor agrees to the same restrictions and conditions that apply to Assured, pursuant to business associate agreements between Assured and any Customers subject to HIPAA, including the following: (a) Subcontractor shall not use or disclose Customer's PHI other than as permitted or required by the shredding, recycling and/or destruction services agreement between Assured and Customer or as required by law; (b) Subcontractor shall use appropriate safeguards (including the establishment and maintenance of policies and procedures) to help prevent the improper use or disclosure of Customer's PHI; (c) Subcontractor shall use commercially reasonable efforts to mitigate, to the extent practicable, any harmful effect of which it is aware (or should be aware) of an improper use or disclosure of Customer's PHI; (d) Subcontractor shall report to Assured any improper use or disclosure of Customer's PHI of which Subcontractor becomes aware or should have become aware; (e) Subcontractor shall make its internal practices, books, and records, including policies and procedures relating to the use and disclosure of Customer's PHI available to the Secretary of the Department of Health and Human Services (the "Secretary"), in a time and manner specified by the Secretary or Customer, for purposes of determining Customer's compliance with HIPAA; and (f) notwithstanding any contrary provision in this Agreement, Subcontractor agrees that the conditions and restrictions in this Item 13 shall not terminate any earlier than the time that Customer's PHI that was provided to Subcontractor is destroyed or returned to Customer, as applicable.
14. This Agreement, and any agreements referenced herein, set forth the entire agreement and understanding between the parties as to the subject matter hereof, and supersedes all prior discussions, agreements and understandings of any nature between the parties. This Agreement may not be changed or modified, except by agreement in writing, signed by each of the parties.

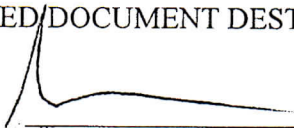
However, the parties agree to amend this Agreement from time to time if necessary for Customer to comply with HIPAA or any other applicable law.

15. If any provision of the Agreement shall be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired. This Agreement shall inure to the benefit of and be binding upon the successors and assigns of the parties hereto, provided, however, that Subcontractor, without the prior written consent of Assured, shall not assign or delegate its rights or obligations hereunder, including any assignment or delegation by contract, operation of law, sale of assets or sale of a controlling interest in Subcontractor. This Agreement shall be governed and construed by the laws of the State of Nevada.

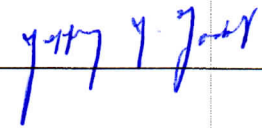
ASSURED DOCUMENT DESTRUCTION, INC.

SUBCONTRACTOR

By:


Signature

By:


Signature

Name:

Alex Cordie
Printed

Name:

Jeffrey J. GADSBY
Printed

Title:

General Manager

Title:

President

Address:

8050 Arille St. #105
Las Vegas, NV 89120

Address:

480 Coney Island Drive, Sparks, NV 89433

Tax ID

86-088-3867

DUNS

14-608-3063, 88-0472294

DUNS #

85-841-5805

DATE:

1/1/2005

DATE:

1/1/2005

1	Title Page (On Front of Binder)
2	Table of Contents
3	Vendor Information Sheet
4	State Documents
5	Attachment B – Technical Proposal Certification of Compliance with Terms and
6	Section 3 – Scope of Work
7	Section 4 – Company Background and References
8	Attachment G – Proposed Staff Resume(s)
9	Other Information Material: Brochures , Subcontractor Agreement
10	Insurance Information

VENDOR INFORMATION SHEET FOR RFP 3240

Vendor Must:

- A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
- B) Type or print responses; and
- C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	<i>Assured Document Destruction</i>	
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V2	Street Address	<i>8050 S Arville St. Suite 105</i>	
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V3	City, State, ZIP	<i>Las Vegas, Nevada 89139</i>	
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V4	Telephone Number		
	Area Code: <i>702</i>	Number: <i>614-0001</i>	Extension: <i>none</i>

V5	Facsimile Number		
	Area Code: <i>702</i>	Number: <i>614-0002</i>	Extension: <i>none</i>

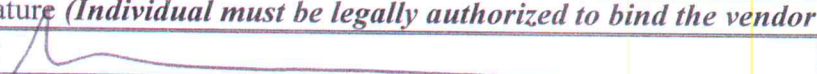
V6	Toll Free Number		
	Area Code: <i>866</i>	Number: <i>334-6544</i>	Extension: <i>none</i>

V7	Contact Person for Questions / Contract Negotiations, including address if different than above		
	Name: <i>Alex Cordier</i>		
	Title: <i>General Manager</i>		
	Address: <i>8050 S Arville St. Suite 105</i>		
Email Address: <i>alex@shreddinglv.com</i>			

V8	Telephone Number for Contact Person		
	Area Code: <i>702</i>	Number: <i>614-0001</i>	Extension: <i>none</i>

V9	Facsimile Number for Contact Person		
	Area Code: <i>702</i>	Number: <i>614-0002</i>	Extension: <i>none</i>

V10	Name of Individual Authorized to Bind the Organization		
	Name: <i>Alex Cordier</i>	Title: <i>General Manager</i>	

V11	Signature <i>(Individual must be legally authorized to bind the vendor per NRS 333.337)</i>		
	Signature: 	Date: <i>06/01/2016</i>	