

# INTERNAL CONTRACT REQUISITION FORM



CONTRACTOR/VENDOR NAME: \_\_\_\_\_ VENDOR # \_\_\_\_\_

CONTRACTOR NAME & E-MAIL (*INDIVIDUAL E-SIGNING FOR THE CONTRACTOR*):

Print Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

TYPE OF CONTRACT: New \_\_\_ Renewal \_\_\_ Amendment \_\_\_ Services \_\_\_ Goods \_\_\_ Consulting \_\_\_ Construction \_\_\_ Lease \_\_\_ Other \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT AMT: \_\_\_\_\_ CONTRACT TERM: \_\_\_\_\_ RFP/IFB/RFQ#: \_\_\_\_\_

FUNDING SOURCE/TITLE: County \_\_\_ State \_\_\_ Federal \_\_\_ Title/Name of Grant Funds \_\_\_\_\_

UNIFORM GUIDANCE (UG) PROCEDURES APPLICABLE? YES \_\_\_ NO \_\_\_

ITEM LINE#	FUND	COST CENTER	G/L ACCOUNT	WBS ELEMENT (Grants/Projects Only)	GRANT NUMBER	MATERIAL GROUP#	TOTAL	I/D	ADDITIONAL INFO
1									
2									
3									

RISK MANAGER Contract Requires Risk Management Review/Approval? YES\_\_\_ NO\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contract Requires BOCC Approval? YES\_\_\_ NO\_\_\_ Date of BOCC Approval: \_\_\_\_\_

COUNTY ATTORNEY

Reviewing Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

REQUISITIONER

DocuSign E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/E-Mail: \_\_\_\_\_

PURCHASING MANAGER

\_\_\_\_\_ Date: \_\_\_\_\_

DocuSign E-Signature

DEPARTMENT HEAD OR DESIGNEE

DocuSign E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

CHIEF FINANCIAL OFFICER

\_\_\_\_\_ Date: \_\_\_\_\_

DocuSign E-Signature

COUNTY MANAGER

\_\_\_\_\_ Date: \_\_\_\_\_

DocuSign E-Signature

CLERK TO THE BOARD

\_\_\_\_\_ Date: \_\_\_\_\_

DocuSign E-Signature

FUNDS RESERVATION# \_\_\_\_\_

Purchasing Comments:

IS&T DEPT

\_\_\_\_\_ Date: \_\_\_\_\_

DocuSign E-Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> RBN & Associates, Inc. 303 E Wacker Dr Suite 650 Chicago IL 60601	<b>CONTACT NAME:</b> Ashley Williams <b>PHONE (A/C, No, Ext):</b> 312-856-9400 <b>E-MAIL ADDRESS:</b> awilliams@rbninsurance.com <b>FAX (A/C, No):</b> 312-856-9425
<b>INSURED</b> Schneider Geospatial, LLC SGeospatial Intermediate Holdings, LLC 8901 Otis Avenue Suite 300 Indianapolis IN 46216-1037	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Prop Cas Co of Amer <b>INSURER B:</b> Admiral Insurance Company <b>INSURER C:</b> Great American Insurance Co. <b>INSURER D:</b> Westchester Surplus Lines Ins. <b>INSURER E:</b> Travelers Indemnity Company of Connecticut <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 1880475748**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	ZLP16P41425	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	BA6T607159	11/1/2025	11/1/2026	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Y	CUP6T613210	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB6T612575	11/1/2025	11/1/2026	<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
B C D	Cyber/E&O Crime Management Liability			EO000057290-04 SAA E862790 02 01 G72584703 003	11/1/2025 11/1/2025 11/1/2025	11/1/2026 11/1/2026 11/1/2026	Limit/Each claim 5,000,000 Limit 1,000,000 Aggregate 3,000,000

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

A waiver of subrogation is in favor of Durham County as respects the General liability, Auto, Umbrella and Workers Compensation per written contract or agreement.

**CERTIFICATE HOLDER****CANCELLATION**

Durham County  
201 East Main Street 3rd Floor  
Durham NC 27701

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

## FIRST AMENDMENT TO AGREEMENT AND AUTHORIZATION TO PROCEED

This First Amendment to Agreement is made and entered into by and between **Schneider Geospatial, LLC**, a Delaware Limited Liability Company, whose place of business is 8901 Otis Avenue, Suite 300, Indianapolis, IN 46216 ("PROFESSIONAL") and Durham County, NC, whose place of business is: Durham County Tax Administration, 201 E Main St, Durham, NC 27701 ("CLIENT").

WHEREAS, CLIENT entered into a Professional Services Agreement dated **November, 17, 2024** with Schneider Geospatial, LLC (the "Agreement");

WHEREAS, the Agreement included certain Add-On services that could be provided to CLIENT with CLIENT's express approval to proceed with such additional services; and

WHEREAS, CLIENT wishes to provide the requisite authorization for PROFESSIONAL to proceed with the Add-On services upon the terms and conditions set forth in this First Amendment.

NOW, THEREFORE, CLIENT and PROFESSIONAL agree as follows:

1. All defined terms in the Agreement and Contract Documents shall have the same meanings as set forth in this First Amendment.
2. CLIENT hereby consents to, and authorizes PROFESSIONAL to proceed with the following phases of the project:

A. AppraisalEst Professional Services Package (15 days)

Ongoing Annual AppraisalEst analysis and modelling to assist with:

- Regular Data cleansing Reports (Reports generated at County Level, Market Area level and Neighborhood Group Level)
- Provide Data Cleansing AppraisalEst projects to County
- Build and maintain residential regression models
- Build and maintain residential AppraisalEst comparable models
- Provide AppraisalEst Modelling projects to County
- Perform Ratio Analysis: Profiled by geographical area and by property characteristics such as property type and grade/quality
- Perform Equity Analysis
- Provide AppraisalEst Ratio and Equity Analysis projects to County
- Build & Supply Income Analysis Projects
- Build & Supply Land Valuation Projects
- Rework Area Assignments

15 days per annum are available to use as the county desires in assisting with any of the above-mentioned tasks.

*Other Fixed Fee phases of this project may be developed during the course of this agreement. Once the estimates are accepted, an Authorization to Proceed will have to be signed and submitted before work will begin.*

**1 Payment for Services.**

CLIENT shall compensate PROFESSIONAL for the Services as follows:

<b>A. Annual Hosting:</b>	<b>\$15,750</b>
<b>Hosting items:</b>	
<b>AppraisalEst Professional Services</b>	<b>Included</b>
<b>Total</b>	<b>\$15,750</b>
<b>B. Payment Schedule</b>	
<b>Year 1 January 1, 2026 – June 30, 2026:</b>	<b>\$7,875</b>
(Hosting: \$7,875 prorated)	
<b>Year 2 July 1, 2026 – June 30, 2027:</b>	<b>\$16,537</b>
<b>Year 3 July 1, 2027 – June 30, 2028:</b>	<b>\$17,364</b>

3. All other terms, conditions, and provisions of the Agreement shall remain in full force and unaltered by this First Amendment.

**PROFESSIONAL:**  
Schneider Geospatial, LLC

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

Print: Jeff Corns, GISP

Title: President & CEO

Date: \_\_\_\_\_

**CLIENT:**  
Durham County Tax Administration

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

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
**Crystally Wright, Durham County Chief Financial Officer**