

FIFTH AMENDMENT TO THE AGREEMENT FOR INMATE PHONE SERVICES BETWEEN  
THE  
CITY AND COUNTY OF BROOMFIELD  
AND  
SECURUS TECHNOLOGIES

1. PARTIES. The parties to this Fifth Amendment are the City and County of Broomfield, a Colorado municipal corporation and county (the "City"), and Securus Technologies (Contractor) collectively, the "Parties", or individually, a "Party."

2. RECITALS. The Recitals to this Fifth Amendment are incorporated herein by this reference as though fully set forth in the body of this Fifth Amendment.

2.1 The Parties entered into a service Agreement (hereinafter "the Agreement") for inmate telephone services, dated August 22, 2017.

2.2 The Parties to this Fifth Amendment (hereinafter this "Amendment") desire to amend the Agreement.

3. THE AMENDMENT. In consideration of the mutual covenants and promises of the Parties contained herein, and other valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties agree as follows:

3.1 The Term of the Agreement is hereby amended to extend from September 1, 2021 through August 31, 2022. The Contractor agrees to continue to provide all services required in accordance with the Agreement and any prior amendments thereto throughout this extended Term.

3.2 Pricing for the goods and services shall be as established in Exhibit A.

3.3 Contractor's Insurance Certificate is attached hereto as Exhibit B and incorporated herein by this reference.

4. AGREEMENT IN FULL FORCE AND EFFECT. Except as amended herein, all other terms, conditions, and provisions of the Agreement shall remain in full force and effect and are hereby ratified and reaffirmed by the Parties in their entirety.

IN WITNESS WHEREOF, this Fifth Amendment is executed by the Parties hereto in their respective names as of \_\_\_\_\_ MONTH \_\_\_\_\_ DAY, \_\_\_\_\_ YEAR.

THE CITY AND COUNTY OF BROOMFIELD,  
a Colorado Municipal Corporation and County

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██████████ Chief of Police

APPROVED AS TO FORM:

██████████ ██████████

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Assistant City and County Attorney

Securus Technologies, LLC

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

Address: 4000 International Pkwy  
Carrollton, Tx 75007



STATE OF TEXAS )  
County of Denton ) ss.

The foregoing instrument was acknowledged before me this 13 day  
of October, 2021 by \_\_\_\_\_  
as \_\_\_\_\_ of Securus Technologies.

WITNESS my hand and official seal.



Valerie Strzelecki  
Notary Public

My commission expires: 7-7-2025

Exhibit A

PRICING

The Contractor agrees to continue to provide all services required in accordance with the Agreement and all amendments thereto throughout this extended Term.

Exhibit B

CERTIFICATE OF INSURANCE

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE MM/CO/YYYY:  
11/24/2020

**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> Am Risk Insurance Services West, Inc. Denver CO Office 1900 16th Street, Suite 1000 Denver CO 80202 USA	<b>CONTACT</b> NAME: PHONE (AC No. Ext): (866) 283-7177 FAX (AC No.): (800) 363-0105 E-MAIL: ADDRESS:
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Starr Endowment & Liability Company	38218
INSURER B: QBE Specialty Insurance Company	11515
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

**INSURED**  
 Securus Technologies, LLC  
 4000 International Parkway  
 Carrollton TX 75007 USA

**COVERAGES** CERTIFICATE NUMBER: 570085039311 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. Limits shown are as requested.**

LINE	TYPE OF INSURANCE	AGENCY (INSR. #)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS/MDC <input checked="" type="checkbox"/> OCCUR  GEN. AGGREGATE LMT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		100010013201	09/30/2020	09/30/2021	EACH OCCURRENCE \$1,000,000 DANCE TO TRENCH PREMISES (EA OCCURRENCE) \$100,000 MED EXP (day one benefit) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMPRP AINS \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> OTHER <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTO <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY		1000 198200201	09/30/2020	09/30/2021	COMBINED SINGLE LIMIT (EA OCCUR) \$1,000,000 BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE (Per accident) \$100,000
B	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAMS/MDC <input type="checkbox"/> ACC <input type="checkbox"/> PROTECTON		100041553	09/30/2020	09/30/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER (PARTNER, EXECUTIVE OFFICER/OWNER) EXCLUDED (Waiver only in NY) If yes, circle the word: <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> Y <input type="checkbox"/> N		1000004364	09/30/2020	09/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. ONSHORE EA EMPLOYEE \$1,000,000 E.L. OFFSHORE POLICY LIMIT \$1,000,000

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

<b>CERTIFICATE HOLDER</b>  The City and County of Broomfield Broomfield Detention Center 11000 Ridge Parkway Broomfield CO 80021 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: 
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Holder Identifier: 570085039311  
Certificate No.: 570085039311