



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

General Manager

Authorized Signature

Title

James Dainis

07/23/2015

Printed Name

Date

Advanced ATM Systems

907-360-6933 Direct
480-775-9955 Main

Company Name

Telephone

2185 West Pecos Road Suite 3 Chandler, Arizona 85224

Address

City, State, Zip

For clarification of this offer, contact:

907-360-6933 Direct

Name: James Dainis

Phone: 480-775-9955

Fax: 480-775-9956

Email: james@advancedatmsystems.com

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for:

This contract shall henceforth be referenced to as Contract No. IFB-150420. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 26th day of August 2015.

Cheryl Chase

Chairwoman

Cheryl Chase

Name (Print)

Title

Signature

Approved as to form:

Pinal County Attorney's Office



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OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

Commercial ATM Services, LLC
d/b/a Advanced ATM Systems

Firm

Authorized Signature
James Dainis 07/23/2015

 <p>PINAL • COUNTY <i>wide open opportunity</i></p>	<p>IFB-150420 ATM Services</p> <p>Response Form 1</p>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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Responder Name: *Responder Response: Advanced ATM Systems, Chandler, Arizona.*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Acceptability of Responses

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

1 Price

Responders shall complete the following pricing information.

Description	Amount
Service charge to customer	\$2.55
Stipend paid to Pinal County	\$1.15

***** There is no charge to customer (cardholder) for Balance Inquiries, Funds Transfers, or Declined transactions.**

***** There is no charge to Pinal County for ATM services provided by Advanced ATM Systems; and the are no minimum monthly transaction requirements by Advanced ATM Systems.**

2 Capacity of Offeror

2.1. Responder shall provide:

2.1.1 Name, Title and email address of Primary Responder

**Responder Response: James Dainis, General Manager. Email: james@advancedatmsystems.com
Direct Phone: 907-360-6933.**

2.1.2 Address, phone, fax and email address of Primary Servicing Office

Responder Response: Advanced ATM Systems, 2185 West Pecos Road #3, Chandler, Arizona 85224. Main Telephone #: 480-775-9955 | Main Fax #: 480-775-9956.

2.2 Responder shall provide general background information regarding their company. Responder shall describe their overall experience in the industry relative to the services offered.

Responder Response: Please see attached information about Advanced ATM Systems preceding this page.

 <p>PINAL COUNTY <i>wide open opportunity</i></p>	<p align="center">IFB-150420 ATM Services</p> <p align="center">Response Form 1</p>	<p align="center">Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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Vendor Minimum Qualifications:

Established in 1999, Advanced ATM Systems is based in Chandler, Arizona and services a wide variety of traditional ATM locations in Arizona and New Mexico from “mom and pop” businesses to a variety of corporations with a large employee base such as call center operations. In 2014, Advanced ATM Systems acquired Alaska ATM Service based in Anchorage, Alaska, which also services a wide variety of clients across the state of Alaska, including the University of Alaska, and a handful of businesses in the states of Oregon and Washington State as well. Advanced ATM Systems processes transactions and services for 700+ ATM locations.

Our transaction processing service provides connection to all credit / debit and charge card networks, both domestic and internationally. Cardholders can expect to connect without problem to their respective bank (debit card) or charge / credit card issuer.

ATM provided by Advanced ATM Systems allows for the following transactions: Cash Withdrawal, Balance Inquiry, and Funds Transfer.

Advanced ATM Systems maintains an inventory of ATM receipt paper as well as other ATM parts and supplies at our offices in Chandler.

Should cardholders have any issues using ATM equipment, our local phone number and 24 hour technical support number are on the outside of the ATM equipment. Our local phone number is also printed on each ATM receipt.

Advanced ATM Systems has carefully reviewed the Request for Proposal #IFB-150420 is able and willing to provide the necessary ATM equipment and services for the ATM locations as outlined in the Request for Proposal #IFB-150420 and Addendum for the same request for proposal.

ATM Equipment – Description:

Advanced ATM Systems would utilize the Genmega 2500 ATM, a free standing ATM which is compliant with PCI, ADA (Americans with Disabilities Act), EMV, and all Visa/MasterCard network regulations. Genmega ATM equipment is reliable ATM equipment which is designed for ease of operation by the ATM user. Language options for ATM user included English, Spanish, French, and Korean. ATM Equipment specifications are further detailed on attached Genmega 2500 brochure.

Response to Request for Proposal:

**RFP # IFB-150420
Automated Teller Machine (ATM) service for Pinal County,
Arizona.**

Point of Contact for this RFP:

James Dainis, General Manager
Advanced ATM Systems
Direct 907-360-6933
Main 480-775-9955
Fax 480-775-9956

Email: james@advancedatmsystem.com

ORIGINAL COPY

2185 West Pecos Road Suite 3
Chandler, Arizona 85224

Date Submitted: 07/28/2015



PINAL COUNTY
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Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 27 & 28 of this solicitation.</i>	Yes
Did you acknowledge all addendums, if any? <i>See page 24. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Yes
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Yes
Did you include your W-9 Form? <i>See page 25 of this solicitation.</i>	Yes
Did you include any necessary attachments?	Yes
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	Yes
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	N/A
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	Yes
Did you include proof of insurance(s) if requested?	Yes



INSURANCE BINDER

OP ID: LF

DATE (MM/DD/YYYY)
7/10/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Hill & Usher LLC Insurance. Bonds. Benefits. 3033 North 44th Street, #300 Phoenix, AZ 85018		COMPANY Hartford Ins Co of the MW		BINDER #	
PHONE (A/C, No, Ext): 602-956-4220		FAX (A/C, No): 602-956-4418		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 59WECPH2980	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) PLEASE NOTE THAT THIS BINDER IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY. THIS POLICY IS EFFECTIVE 07/15/15 TO 09/25/15.	
AGENCY CUSTOMER ID: ADVAA-1		INSURED Commercial ATM Services LLC 2185 W Pecos Rd Chandler, AZ 85224-4873			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		STATED AMOUNT		\$
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$ 1000000
		E.L. DISEASE - EA EMPLOYEE		\$ 1000000
		E.L. DISEASE - POLICY LIMIT		\$ 1000000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
		LOAN #	
		AUTHORIZED REPRESENTATIVE Guy C McTheny CIC LUTCF	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2015

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 American Special Risk, LLC 212 South Tryon Street Suite 1780 Charlotte NC 28281	CONTACT NAME: Mark Coons PHONE (A/C, No., Ext): (704)358-0447 E-MAIL: mcoons@asrisk.com PRODUCER CUSTOMER ID #: PC-1132408	FAX (A/C, No): (704)358-0977
INSURED Alaska ATM Service dba Advanced ATM Systems PO Box 190438 Anchorage AK 99519	INSURER(S) AFFORDING COVERAGE INSURER A: Berkley National Insurance Company 25980 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	BGL 2001349-13	08/26/2014	08/26/2015	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 - COMPIOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	BGL 2001349-13	08/26/2014	08/26/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	DEDUCTIBLE RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Own, Manage and Operate Automated Teller Machines. Banner Hospital is added as an Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

Banner Hospital 2800 E. Ajo Way Tucson AZ 85713	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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G2500

Adding flexibility to your business

Genmega introduces the G2500 series ATM. Designed for retail and off-premise locations, the G2500 comes loaded with all the features you expect, and also provides additional hardware configuration choices allowing you to custom fit each machine to the needs of your customer or location.

The G2500 comes standard with an 8" high-resolution wide-screen LCD, which can be upgraded to a 10.2" touch-screen. The receipt printer can also be upgraded to a 3" graphics-capable for custom branding or coupons. The integrated topper can also be paired with a selection of energy-efficient LED toppers to add visual impact and attract customers.

In addition to the fixed, removable and multi cash cassette dispenser options offered by Genmega, the G2500 can also support cash dispensers from other equipment suppliers, providing more flexibility and upgrade options for existing deployments.



www.genmega.com

GENMEGA

G2500

Topper

Optional LED Topper Sign
Can accept custom inserts

Integrated Illuminated Sign

High Visibility LED Sign
Attract Customers

LCD Screen

8 inch diagonal 32-bit color
Backlit TFT LCD panel
800 x 480 Resolution
10.2" touch-screen Optional
Customizable Ad Screens

Printer

56mm (2" standard)
80mm (3" optional)
Graphics Capable with 3"

PIN Entry Device

16-key alphanumeric keypad
PCI / Interac Certified
Triple-DES (TDES) EPP

Communication

56Kb Internal modem
TCPIP Ethernet - SSL



CPU

Samsung 32-bit CPU
64MB RAM / WinCE™ 5.0 OS
Electronic Journal > 40K transactions

Card Reader

DIP Style Magnetic Card Reader
EMV Optional

ADA

Voice Guidance
Lighted Transaction Guidance
Accessible Keypad Layout

Security

UL291 Business Hours Vault
Dial or Electronic Lock

Cash Dispenser

800 Note Fixed Cassette (TCDU)
1000 Note Removable Cassette (SCDU)
1700 Note Removable Cassette (MCDU)
2x1700 Note Multi-Cassette (MCDU)

● Dimensions

Height = 56.3"
Width = 15.8"
Depth = 22.3"
Weight = 206 lbs

● Power Requirements:

110/220 VAC ± 10%, 50/60 Hz, 86 Watts

www.genmega.com