



**STATE OF IOWA**  
**MASTER AGREEMENT**

Contract Declaration and Execution

**MA 005**

**20317**

**EFFECTIVE BEGIN DATE:** 06-01-2020

**EXPIRATION DATE:** 05-31-2023

**PAGE:** 1 of 3

**VENDOR:**

**KONE INC**

**00003078866**

**PO BOX 3491**

**CAROL STREAM, IL 60132-3491**

**VENDOR CONTACT:**

Brittany Reece

**PHONE:** 515-782-7121

**EMAIL:** brittany.reece@kone.com

**ISSUER:**

Bobbi Pulley

**PHONE:** (515) 725-2893

**EMAIL:** bobbi.pulley@iowa.gov

**EXT:**

**FOB:** FOB Dest, Freight Prepaid

**Contract For:** Elevator Maintenance, Inspection, and Repair (Facilities)

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

Attachments are on file with the Department of Administrative Services - Central Procurement.

Attachment 1: Competitive Solicitation RFB1820005090.

Attachment 2: Contractor's Response to Competitive Solicitation RFB1820005090.

Attachment 3: Contractor's Pricing Response to Competitive Solicitation RFB1820005090.

Attachment 4: Bid Tab/NOIA

Sales Contact:

Name: Brittany Reece

Phone: 515-782-7121

Email: brittany.reece@kone.com

24/7 Call Center: 877-276-8691

**RENEWAL OPTIONS**

**FROM** 06-01-2023 **TO** 05-31-2026

**AUTHORIZED DEPARTMENT**

212	Alcoholic Beverages
238	Corrections Central Office
243	Corrections Anamosa
401	Human Services Administration
407	Human Services Cherokee
248	Corrections Clarinda
411	Human Services Glenwood
409	Human Services Independence
249	Corrections Mitchellville
467	Law Enforcement Academy
627	Iowa Lottery Authority
244	Corrections Iowa Medical and Classification Center
553	IPERS
595	Public Safety, Dept Of
242	Corrections Fort Madison
671	Iowa Veterans Home
245	Corrections Newton
405	DHS Trng School Eldora
350	Governor
412	Human Services Woodward



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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1	0.00000	MO	295	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

ELEVATORS, ESCALATORS, AND MOVING WALKS, BUILDING TYPE  
ELEVATORS - Recurring Monthly Costs for Regular Maintenance

ELEVATORS - Recurring Monthly Costs for Regular Maintenance. See Kone Pricing spreadsheet.

2	0.00000	MO	295	\$ 0.000000
				\$ 0.000000

REF DOC: REF VNDR LN: REF COMM LN: REF TYPE: FINAL

ELEVATORS, ESCALATORS, AND MOVING WALKS, BUILDING TYPE  
ELEVATORS - Repairs

ELEVATORS - Repairs. See Kone Pricing spreadsheet.



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**TERMS AND CONDITIONS**



**Services Effective 1 May 16**

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

**Generic**

Refer to attached document(s) for Terms and Conditions.

**THIS MASTER AGREEMENT IS EFFECTIVE AS OF THE LATEST DATE SHOWN IN "EFFECTIVE BEGIN DATE" IN THE UPPER RIGHT HAND CORNER OR THE DATE BELOW SIGNED BY THE STATE OF IOWA.**

CONTRACTOR		STATE OF IOWA	
<b>CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.</b> <a href="#">KONE Inc. a Delaware corporation</a>		<b>AGENCY NAME</b> Department of Administrative Services	
<b>BY (Authorized Signature)</b> 	<b>Date Signed</b> <a href="#">5-21-2020</a>	<b>BY (Authorized Signature)</b> 	<b>Date Signed</b> May 21, 2020
<b>Printed Name and Title of Person Signing</b> <a href="#">Jeff Blum - Senior Vice President</a>		<b>Printed Name and Title of Person Signing</b> Bobbi Pulley, Purchasing Agent	
<b>Address</b>		<b>Address</b> Hoover Building FI 3, 1305 E Walnut, Des Moines, IA 50319	

Record ID# 1110305

## **ADDITIONAL TERMS AND CONDITIONS**

### **Hazardous Materials**

Where the Contractor encounters suspected areas of hazardous materials such as asbestos, Contractor shall immediately cease operations and notify the Owner. No work shall proceed until the Owner has the areas tested and has initiated an approved method of neutralizing or removing the hazard, as per E.P.A. requirements. The Contractor agrees to accept responsibility for notifying his or her employees of any hazard which exists and to protect all personnel from same, holding harmless the Owner, his or her employees, and the Designer from any claims against them by the Contractor, his or her employees or third parties. The Owner shall advise the Contractor of any verified hazards. The Owner will also advise the areas suspected as possible hazards. If the Contractor is required to work in the suspected hazardous area (but not in direct contact with the hazard), they will be required to accept responsibility and cost for notifying and protecting his or her personnel as though the area is contaminated. The Contractor will not be reimbursed for a reasonable delay in work caused by a hazard during the job