



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# State of West Virginia Master Agreement

Order Date: 02-13-2026

CORRECT ORDER NUMBER MUST  
 APPEAR ON ALL PACKAGES, INVOICES,  
 AND SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CMA 0704 7892 INS2300000002 5	<b>Procurement Folder:</b>	1202681
<b>Document Name:</b>	Prior Authorization Reporting	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Prior Authorization Reporting		Change Order #3
<b>Procurement Type:</b>	Central Master Agreement		To renew the contract
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2023-05-15
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2027-05-14

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000129068			<b>Requestor Name:</b>	Beverley Toney
INS REGULATORY INSURANCE SERVICES INC				<b>Requestor Phone:</b>	304-414-8473
100 CRESCENT COURT STE 7005				<b>Requestor Email:</b>	beverley.a.toney@wv.gov
DALLAS		TX	75201	<div style="font-size: 48px; font-weight: bold; margin: 0;">2026</div> <div style="margin: 0;">FILE LOCATION _____</div>	
US					
<b>Vendor Contact Phone:</b>	2156252927	<b>Extension:</b>	8902		
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
ACCOUNTS PAYABLE MANAGER OFFICES OF THE INSURANCE COMMISSIONER PO BOX 50540  CHARLESTON WV 25305-0540  US	OFFICES OF THE INSURANCE COMMISSIONER 900 PENNSYLVANIA AVE  CHARLESTON WV 25302  US

*CR 2-19-26*

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

*JA 2/18/26*

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *JA 2-18-26*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *[Signature]*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
 DATE: *[Signature]*  
 ELECTRONIC SIGNATURE ON FILE

*2/24/2026*

**Extended Description:**

Change Order No. 3 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

Effective date of renewal: 5/15/26 through 5/14/27

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84000000			HOUR	160.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-05-15	2027-05-14		0.00	

**Commodity Line Description:** Financial and Insurance Services

**Extended Description:**



STATE OF WEST VIRGINIA  
***Offices of the Insurance Commissioner***

**Allan L. McVey**  
Insurance Commissioner

February 11, 2026

Annette M. Knief, Managing Director  
INS Regulatory Insurance Services, Inc.  
419 South 2<sup>nd</sup> Street  
New Market, Suite 206  
Philadelphia, PA 19147

Subject: CMA INS230000002 3<sup>rd</sup> Renewal – Prior Authorization Reporting

Dear Ms. Knief:

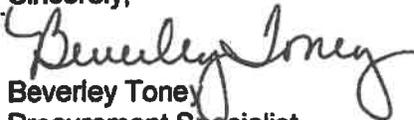
The State of West Virginia, Offices of the Insurance Commissioner is offering to renew the subject contract according to the same terms, conditions, prices, and specifications contained in the original contract including all authorized change orders. There are no remaining renewals on this contract.

**Effective date of the 3rd renewal: May 15, 2026 through May 14, 2027**

If your company agrees to this renewal, please sign below, return the original letter and updated Certificates of Insurance by email as soon as possible.

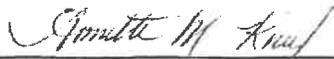
If you have any questions, please do not hesitate to give me a call at (304) 414-8473 or by email at [beverley.a.toney@wv.gov](mailto:beverley.a.toney@wv.gov).

Sincerely,

  
Beverley Toney  
Procurement Specialist

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We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

  
\_\_\_\_\_  
Name/Signature

02/11/2026  
\_\_\_\_\_

Date

President and Managing Partner  
\_\_\_\_\_  
Title



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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### INS REGULATORY INSURANCE SERVICES, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	3/25/2019		3/25/2019	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	8139 - Other Services (except Public Administration) - Religious/Grantmaking/Prof/Like Organizations - Business, Professional, Labor, Political and Similar Organizations		<b>Capital Stock</b>
<b>Charter County</b>	Kanawha	<b>Control Number</b>	9AQ3X
<b>Charter State</b>	DE	<b>Excess Acres</b>	
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Designated Office Address</b>	100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201
<b>Notice of Process Address</b>	URA SERVICES, INC. 5098 WASHINGTON STREET W. SUITE 407 CHARLESTON, WV, 25313
<b>Principal Office Address</b>	100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201 USA
<b>Principal Office Mailing Address</b>	100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Director</b>	ANNETTE M. KNIEF 100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201
<b>President</b>	ANNETTE M. KNIEF 100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201
<b>Secretary</b>	ANNETTE M. KNIEF 100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201
<b>Treasurer</b>	ANNETTE M. KNIEF 100 CRESCENT COURT SUITE 7005 DALLAS, TX, 75201
<b>Type</b>	<b>Name/Address</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2026	

2025
2024
2023
2022
2021
2020
<b>Date filed</b>

For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, February 18, 2026 — 8:44 AM

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Exact Phrase *i*

e.g. 123456789, Smith Corp

"INS REGULATORY INSURANCE SERVICES, INC." x

Entity

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>12</u> Date: <u>2/18/26</u>  Solicitation No. <u>CO#3</u>	Agency: OIC Procurement Officer Submitting Requisition: Beverley Toney Requisition No. CMA INS23*02 PF No.: 1202681
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

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

