



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: 2019-05-22

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

| | |
|--|--|
| Order Number: CMA 0212 0212 ABATMNT17 | Procurement Folder: 344004 |
| Document Name: Asbestos Abatement Services | Reason for Modification: |
| Document Description: Asbestos Abatement Services | Change Order No. 3 - to renew contract under the same terms, conditions and pricing. |
| Procurement Type: Statewide MA (Open End) | |
| Buyer Name: Mark A Atkins | |
| Telephone: (304) 558-2307 | |
| Email: mark.a.atkins@wv.gov | |
| Shipping Method: Yellow Freight | Effective Start Date: 2017-07-01 |
| Free on Board: FOB Dest, Freight Prepaid | Effective End Date: 2020-06-30 |

| VENDOR | DEPARTMENT CONTACT |
|--|--|
| Vendor Customer Code: VS0000008411 CUSTOM SERVICES INDUSTRIES LLC 1608 Virginia Ave W Huntington WV 25704-1535 US Vendor Contact Phone: (304) 633-3776 Extension: Discount Percentage: 0.0000 Discount Days: 0 | Requestor Name: Mark A Atkins Requestor Phone: (304) 558-2307 Requestor Email: mark.a.atkins@wv.gov |

| INVOICE TO | SHIP TO |
|---|---|
| ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US | STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US |

| | |
|--------------------|----------|
| Total Order Amount | Open End |
|--------------------|----------|

AGENCY COPY

| | | |
|---|--|--|
| <i>MA 05/22/2019</i> PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Hyle</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>JUN 12 2019</i> | ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>6/14/19</i> | ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Tolson</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>JUN 14 2019</i> |
|---|--|--|

Extended Description:

Change Order No. 3 - 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 07/01/2019 through 06/30/2020

Renewals Remaining: 1

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

No other changes.

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|------|------------|
| 1 | 76101602 | | | | \$0.000000 |
| | Service From | Service To | | | |
| | 2017-07-01 | 2020-06-30 | | | |

Commodity Line Description: ABATEMENT SERVICES -
INSULATION SERVICES

Extended Description:

PRICING CAPTURED ON UNIT PRICES PAGES AS ATTACHED.

| | | | |
|------------------|--------------------------------|--|------------------------------|
| ABATMNT17 | Document Phase Draft | Document Description Asbestos Abatement Services | Page 3 of 3 |
|------------------|--------------------------------|--|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



ALLAN L. MCVEY
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305-0130

W. MICHAEL SHEETS
DIRECTOR

May 15, 2019

Mr. Michael McCallister, President
Custom Services Industries, LLC
1608 Virginia Avenue, West
Huntington, WV 25704

RE: SWC ABATMNT17 – Asbestos Abatement Services

Dear Mr. McCallister:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are July 1, 2019 through June 30, 2020. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible.

Also attached is an **Affidavit** that is to be part of the purchase order and is required to be signed and dated.

Please call if you have any questions.

Very truly yours,

Tara Lyle
Buyer Supervisor

Attachment

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

5-16-2019
Date

Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2019

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 THORNBURG INSURANCE AGENCY INC 2519 3rd Ave P O Box 2966 Huntington WV 25728 | CONTACT NAME: Joanna Conley PHONE (A/C, No, Ext): (304) 697-7650 E-MAIL ADDRESS: jconley@thornburgagency.com | FAX (A/C, No): (304) 697-7699 | | | | | | | | | | | | | |
|---|--|--------------------------------------|-------------------------------|--------|---|-------|--|-------|---|-------|------------|--|------------|--|------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westchester Surplus Lines Insurance Co</td> <td>10172</td> </tr> <tr> <td>INSURER B: Westfield Insurance Company</td> <td>24112</td> </tr> <tr> <td>INSURER C: BrickStreet Mutual Insurance</td> <td>12372</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Westchester Surplus Lines Insurance Co | 10172 | INSURER B: Westfield Insurance Company | 24112 | INSURER C: BrickStreet Mutual Insurance | 12372 | INSURER D: | | INSURER E: | | INSURER F: |
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| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |
| INSURED Custom Services Industries, LLC 1608 Virginia Avenue Huntington WV 25705 | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 2019-2020

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 | COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution and Professional | | <input checked="" type="checkbox"/> | 027941965003 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Pollution Liability \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS | | <input checked="" type="checkbox"/> | CWP4725687 | 6/7/2019 | 6/7/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> | N/A | WCB1024198 | 8/15/2018 | 8/15/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below. | | | | | | |

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

Requisition Number: CRFQ DEV1900000006.

The State of West Virginia is an Additional Insured as respects General Liability and Auto Liability.

Evidence of Insurance subject to policy terms, conditions, limitations and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| State of West Virginia Department of Administration Purchasing Division 2019 Washington Street, East Charleston, WV 25305 | 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 Adam Yeager/JC <i>Adam Yeager</i> |
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ACORD 25 (2014/01)

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INS025 (201401)