



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: 12-11-2020

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 DEBT19E 4	Procurement Folder:	526774
Document Name:	DEBT19E -Statewide Contract for Debt Collection Services	Reason for Modification:	CO#3: Issued to renew the original contract per the attached documents.
Document Description:	Change Order No. 03 Original Folder: 510637		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2019-01-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2021-12-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000170820 PIONEER CREDIT RECOVERY INC 2001 EDMUND HALLEY DR  RESTON VA 20191 US Vendor Contact Phone: 999-999-9999 Extension:	Requestor Name: Mark Atkins Requestor Phone: (304) 558-2307 Requestor Email: mark.a.atkins@wv.gov																				
<b>Discount Details:</b> <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			
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#1	No	0.0000	0																		
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#4	No																				

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
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**AGENCY COPY**

MA 01/08/2021

PURCHASING DIVISION AUTHORIZATION  
*Tara Hyle*  
 DATE:  
 ELECTRONIC SIGNATURE ON FILE  
 JAN 11 2021

ATTORNEY GENERAL APPROVAL AS TO FORM  
*John S. Gray*  
 DATE:  
 ELECTRONIC SIGNATURE ON FILE  
 1/15/2021

ENCUMBRANCE CERTIFICATION  
*Beverly Tolson*  
 DATE:  
 ELECTRONIC SIGNATURE ON FILE  
 JAN 20 2021

**Extended Description:**

**CHANGE ORDER:**

Change Order No. 03 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 01/01/2021 through 12/31/2021.

Renewal Years Remaining: (1)

**NO OTHER CHANGES**

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Colleges and Universities

**Extended Description:**

Colleges and Universities Type of Account - Per Debt % of Amount Collected - NO AWARD See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Workers' Compensation

**Extended Description:**

Workers' Compensation Type of Account - Default Account % of Amount Collected - NO AWARD See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - WV Department of Tax and Revenue

**Extended Description:**

WV Department of Tax and Revenue Type of Account - New Accounts % of Amount Collected - 5.00% See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - WV Department of Tax and Revenue

**Extended Description:**

WV Department of Tax and Revenue Type of Account - Levy Account % of Amount Collected - 5.00% See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Div. of Environmental Protection

**Extended Description:**

Div. of Environmental Protection Type of Account - Per Debt% of Amount Collected - NO AWARD See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Other Spending Units

**Extended Description:**

Other Spending Units Type of Account - Per Debt % of Amount Collected - NO AWARD See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Rate of Second Placement

**Extended Description:**

Rate of Second Placement Type of Account - Per Debt% of Amount Collected - 11.00% See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	84101704				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2019-01-01	2021-12-31			

**Commodity Line Description:** Debt Collection - Rate of Second Placement - Colleges

**Extended Description:**

Rate of Second Placement Type of Account - Colleges % of Amount Collected - NO AWARD See attached Usage Schedule prior to issuing delivery order.



ALLAN 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

December 2, 2020

Mr. Chad Wilson, Vice President  
Pioneer Credit Recovery, Inc.  
26 Edward Street  
Arcade, NY 14009

Subject: WV Statewide Contract No.: DEBT19E

Dear Mr. Wilson:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are January 01, 2021 through December 31, 2021. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible. You may return all renewal documents via email to [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov).

Also attached is an **Affidavit** that is to be part of the purchase order and is required to be signed, dated, and notarized and a copy of your expired **Certificate of Insurance**. Please submit the required Affidavit and COI with this renewal letter.

*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.*

*Chad Wilson*

Name/Signature

12/11/2020

Date

Vice President

Title

Please call if you have any questions.

Very truly yours,

*Mark A. Atkins*

**Senior Buyer, Statewide Contracts**  
West Virginia Department of Administration  
Purchasing Division  
2019 Washington Street, East  
POB 50130  
Charleston, WV 25305-0130  
Phone: 304.558.2307  
Fax: 304.558-4115  
Email: [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov)

Attachments

**DEBT19  
Contract Usage Schedule  
(Rev. 1/01/2021)**

The statewide contract for Debt Collection is a progressive contract based on commodity line. Award is based on low bid to high bid for each line. If the low bidder cannot provide the needs for the Agency at the requested time, the next low bidder will be contacted. Each vendor will have 48 hours to determine if they are able to meet the Agency's needs.

Commodity Lines	First	First	Second	Third
1. Colleges and Universities	Debt19A	Debt19B	Debt19C	Debt19D
2. Workers' Compensation	Debt19A	Debt19C	Debt19D	Debt19B
3. WV Dept. of Tax and Rev. - New	Debt19A	Debt19B	Debt19D	Debt19C
4. WV Dept. of Tax and Rev. - Levy	Debt19A	Debt19B	Debt19C	Debt19E
5. DEP	Debt19A	Debt19B	Debt19C	Debt19D
6. Other Spending Units	Debt19A	Debt19B	Debt19C	Debt19D
7. Rate of Second Placement	Debt19A	Debt19E	Debt19B	Debt19C
8. Rate of Second Placement - Colleges	Debt19A	Debt19B	Debt19C	Debt19D

Contract	Vendor	Contract Manager	Phone Number	Email
DEBT19A	Quality Asset Recovery, LLC	Jack L. Highsmith, Jr.	<del>856-925-1010 ext. 126</del>	<a href="mailto:jh@garecollect.com">jh@garecollect.com</a>
DEBT19B	Penn Credit Corporation	Dale Brumbach	800-720-7293	<a href="mailto:dale.brumbach@penncredit.com">dale.brumbach@penncredit.com</a>
DEBT19C	ARS National Services	Phillip Prince	760-690-9362	<a href="mailto:Phillip.prince@arsnational.com">Phillip.prince@arsnational.com</a>
DEBT19D	I.C. System, Inc.	Karen Jonas	651-270-8393	<a href="mailto:kjonas@icsystem.com">kjonas@icsystem.com</a>
DEBT19E	Pioneer Credit Recovery, Inc.	Chad Wilson	585-237-7037	<a href="mailto:Chad.Wilson@navient.com">Chad.Wilson@navient.com</a>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/19/2020

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> MARSH USA INC. 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386 Attn: CSS, TELEPHONE 202-263-7600	<b>CONTACT NAME:</b> <b>PHONE (A/C No, Ext):</b> <span style="float:right"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>														
CN115014019-NAVI-+E&O-20-21	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td><b>INSURER B :</b> N/A</td> <td>N/A</td> </tr> <tr> <td><b>INSURER C :</b> Riverfront Insurance, LLC</td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Federal Insurance Company	20281	<b>INSURER B :</b> N/A	N/A	<b>INSURER C :</b> Riverfront Insurance, LLC		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER E :</b>															
<b>INSURER F :</b>															
<b>INSURED</b> PIONEER CREDIT RECOVERY, INC. 26 EDWARD STREET ARCADE, NY 14009															

**COVERAGES**                                      **CERTIFICATE NUMBER:** CLE-006373706-14                                      **REVISION NUMBER:** 23

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 INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			3597-08-27	04/30/2020	04/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	PROFESSIONAL LIABILITY ERRORS AND OMISSIONS			1-10000-2020	06/01/2020	06/01/2021	LIMIT: 1,000,000 SIR: 25,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
STATE OF WEST VIRGINIA IS INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECTS TO GENERAL LIABILITY, AND PROFESSIONAL LIABILITY.

<b>CERTIFICATE HOLDER</b>  STATE OF WEST VIRGINIA 2019 WASHINGTON STREET EAST PO BOX 50130 CHARLESTON, WV 25305	<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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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AGENCY CUSTOMER ID: CN115014019

LOC #: Washington



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED PIONEER CREDIT RECOVERY, INC. 26 EDWARD STREET ARCADE, NY 14009	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WITH REGARDS TO PROFESSIONAL LIABILITY:  
THE E&O PLACEMENT WAS MADE BY NAVIENT CORPORATION. MARSH USA INC. HAS ONLY ACTED IN THE ROLE OF A CONSULTANT TO THE CLIENT WITH  
RESPECT TO THIS PLACEMENT, WHICH IS INDICATED HERE FOR YOUR CONVENIENCE.