



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: 2019-05-07

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 SWC0000000056	Procurement Folder: 441449
Document Name: HOUSE18	Reason for Modification:
Document Description: Statewide Contract for Housekeeping Supplies	Change Order No. 01 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.
Procurement Type: Statewide MA (Open End)	
Buyer Name: April E Battle	
Telephone: (304) 558-0067	
Email: april.e.battle@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2018-05-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2020-04-30

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000206075 LIBERTY DISTRIBUTORS INC PO BOX 498 TRIADELPHIA WV 26059 US Vendor Contact Phone: (304) 547-0414 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Tara Lyle Requestor Phone: (304) 558-2544 Requestor Email: tara.l.yle@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
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AGENCY COPY

<i>MA 05/07/2019</i> PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Lyle</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>MAY 09 2019</i>	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>[Signature]</i>	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Toler</i> DATE: ELECTRONIC SIGNATURE ON FILE <i>MAY 17 2019</i>
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Extended Description:

CHANGE ORDER No. 01

Change Order No. 01 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 05/01/2019 through 04/30/2020.

Renewals Remaining: 2 years

No Other Changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	47131801			EA	\$0.000000
	Service From	Service To			

Commodity Line Description: Statewide Housekeeping Supplies

Extended Description:

Housekeeping Supplies for Various State Agencies and Political Subdivisions



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

May 7, 2019

Mr. Mark Peluchette, President
Liberty Distributors, Inc.
6015 National Road
Triadelphia, WV 26059

Subject: WV Statewide Contract No.: SWC0000000056 (HOUSE18)

Dear Mr. Peluchette:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are May 01, 2019 through April 30, 2020. 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.

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

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.

<u>Mark Peluchette</u>	<u>5.7.2019</u>
Name/Signature	Date
<u>President</u>	
Title	

Please call if you have any questions.

Very truly yours,

Mark A. Atkins
Senior Buyer, WVPBC
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

Attachment

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2018

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 Paul Associates 1311 Chapline Street P. O. Box 990 Wheeling, WV 26003-0123	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Matthew T. Wood/Melissa S. Keller</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 304.233.3303</td> <td>FAX (A/C, No): 304.233.3333</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID #:</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: State Auto Property & Casualty</td> <td style="text-align: center;">25127</td> </tr> <tr> <td>INSURER B: Travelers Prop & Casualty</td> <td style="text-align: center;">31194</td> </tr> <tr> <td>INSURER C:</td> <td></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>	CONTACT NAME: Matthew T. Wood/Melissa S. Keller		PHONE (A/C, No, Ext): 304.233.3303	FAX (A/C, No): 304.233.3333	E-MAIL ADDRESS:		PRODUCER CUSTOMER ID #:		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Auto Property & Casualty	25127	INSURER B: Travelers Prop & Casualty	31194	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED LIBERTY DISTRIBUTORS INC PO BOX 498 TRIADDELPHIA, WV 26059																							

COVERAGES **CERTIFICATE NUMBER: 2018 - 2019** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PBP2812937	11/24/2018	11/24/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X				X
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			BAP2464734	11/24/2018	11/24/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	X	X				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS			\$			
	<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$			
							\$
A	UMBRELLA LIAB			PBP2812937	11/24/2018	11/24/2019	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE	X	X				\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP2253683	11/24/2018	11/24/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$ 1,000,000
	INCLUDES WV BROAD FORM						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LEASED/RENTED EQUIPMENT			PBP2812937	11/24/2018	11/24/2019	\$126,000/\$1,000 DEDUCTIBLE

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

EXECUTIVE RISK D&O/EPLI/FID \$1,000,000 AGGREGATE

CERTIFICATE HOLDER

CANCELLATION

STATE OF WV PURCHASING DIVISION 2019 WASHINGTON STREET E CHARLESTON, WV 25305	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="font-size: 1.2em; font-family: cursive;">Matthew T. Wood</p> <p style="text-align: right; font-family: cursive;">USK</p>
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