

**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: 2020-01-06

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 LDPHONE19	Procurement Folder: 537006		
Document Name: LDPHONE19: Change Order No. 01	Reason for Modification:		
Document Description: STATEWIDE CONTRACT: Long Distance Telephone Services	CO#01: Issued to renew the original contract per the attached documents.		
Procurement Type: Statewide MA (Open End)			
Buyer Name: Mark A Atkins			
Telephone: (304) 558-2307			
Email: mark.a.atkins@wv.gov			
Shipping Method: Best Way	Effective Start Date: 2019-02-01		
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-01-31		

VENDOR **DEPARTMENT CONTACT** Vendor Customer Code: 000000223577 Requestor Name: Andrew Lore Requestor Phone: (304) 957-8267 METHOD ONE COMMUNICATIONS LLC Requestor Email: andrew.c.lore@wv.gov PO BOX 12230 **CHARLESTON** WV 25302230 US **Extension:** Vendor Contact Phone: (304) 720-6460 Discount Percentage: 0.0000 Discount Days: 0

IN	VOICE TO	SHIP TO				
VARIOUS AGENCY LOC	ATIONS	STATE OF WEST VIRGINIA				
AS INDICATED BY ORDE	ER	VARIOUS LOCATIONS AS INDICATE	VARIOUS LOCATIONS AS INDICATED BY ORDER			
No City	WV 99999	No City	WV 99999			
US		US				

AGENCY COPY

Open End **Total Order Amount** 

**PURCHASING DIVISION AUTHORIZATION** 

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

SIGNED BY:

DATE: O

ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION** 

SIGNED BY: Robert m Row I

ELECTRONIC SIGNATURE ON FILE

Date Printed: Jan 06, 2020

Order Number: LDPHONE19

Page:

FORM ID: WV\_PRC\_CMA\_001 8/14

#### **Extended Description:**

STATEWIDE CONTRACT:

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 02/01/2020 through 01/31/2021.

Renewal Years/Months Remaining: (2)

NO OTHER CHANGES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	83111502				\$0.000000
	Service From	Service To			
	2019-02-01	2021-01-31			

Commodity Line Description: Long Distance Telephone Service

#### **Extended Description:**

See attached Pricing Pages for contract pricing.

 Date Printed:
 Jan 06, 2020
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ALLAN MCVEY CABINET SECRETARY

# STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION

W. MICHAEL SHEETS

DIRECTOR

2019 WASHINGTON STREET, EAST CHARLESTON, WEST VIRGINIA 25305-0130

December 16, 2019

Danambay 40, 0040

Mr. Kent McMillion, President Method One Communications, LLc POB 12230 Charleston, WV 25302

Subject: WV Statewide Contract No.: CMA 0212 LDPHONE19

Dear Mr. McMillion:

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

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.

V ANUARY 3, 2020

Name/Signature

Title

Please call if you have any questions.

Very truly yours,

Mark A Athins

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) 01/03/2020

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 be endorsed. If SUBROGATIONIS 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).

	DDUCER	יוסטי			CONTACT NAME:				
MCGRIFF INSURANCE SERVICES INC/PHS 22273438				F	PHONE (866) 467-8730 FAX (888) 443-611				8) 443-6112
The Hartford Business Service Center				(	(A/C, No, Ext): (A/C, No):				
3600 Wiseman Blvd				E	E-MAIL				
Sar	n Antonio, TX 78251			A	ADDRESS:				
						URER(S) AFFORD			NAIC#
INSURED METHOD 1 COMMUNICATIONS LLC PO BOX 12230 CHARLESTON WV 25302-0230				-	INSURER A: Sentinel Insurance Company Ltd.				11000
				"	INSURER B:				
				_	INSURER C:				
				l II	INSURER D:				
		II	INSURER E:						
				II	NSURER F :				
CO	OVERAGES C	ERTII	FICAT	E NUMBER:		REVIS	SION NUMBER:	į.	
С	NDICATED.NOTWITHSTANDING ANY RECETIFICATE MAY BE ISSUED OR MA ERMS, EXCLUSIONS AND CONDITIONS	AY PE	RTAIN	, THE INSURANCE A OLICIES, LIMITS SHO	AFFORDED BY THE	POLICIES DES	CRIBED HEREIN IS	S SUBJEC	TO WHICH THIS
LTR	R	INSR		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/Y YYY)		LIMITS	44.000
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$1,000,00
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurre		\$1,000,00
	X General Liability						MED EXP (Any one pe		\$10,00
Α		Х	22 SBM AE18	22 SBM AE180	2 12/09/2019	12/09/2020	PERSONAL & ADV IN	JURY	\$1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGA	TE	\$2,000,00	
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/C	OP AGG	\$2,000,00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LI	MIT	
	ANY AUTO						BODILY INJURY (Per I	person)	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per a	accident)	
	HIRED NON-OWNED						PROPERTY DAMAGE		
	AUTOS AUTOS						(Per accident)	-	
							EACH OCCURRENCE		
	UMBRELLA LIAB OCCUR								
	UMBRELLA LIAB OCCUR CLAIMS- MADE						AGGREGATE		
	EXCESS LIAB CLAIMS-								
	EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION						AGGREGATE	ОТН-	
	EXCESS LIAB CLAIMS- MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY  YIN						AGGREGATE		
	UMBRELLA LIAB EXCESS LIAB  CLAIMS- MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/ A					AGGREGATE  PER STATUTE	OTH- ER	
	UMBRELLA LIAB EXCESS LIAB  CLAIMS- MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/ A					AGGREGATE  PER STATUTE E.L. EACH ACCIDENT	OTH- ER PLOYEE	
A	UMBRELLA LIAB EXCESS LIAB  CLAIMS- MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A		22 SBM AE180	2 12/09/2019	12/09/2020	PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE -EA EMI	OTH- ER PLOYEE Y LIMIT	\$10,000

CERTIFICATE HOLDER
STATE OF WEST VIRGINIA
CAPITOL COMPLEX

BLDG 5 10FL

1900 Kanawha Boulevard East

Charleston WV 25305

CANCELLATION

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

Susan J. Castaneda

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